DEPT.-65

JOB- 21

REEL- 24

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

KP 23037

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Fowler, M.D. Title: Commissioner of Health 3/18/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A	B	C
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ] To be sold as scrap or waste paper	[X] To be Burned or shredded	[ ] Historical, (to be transferred to Dept. of Legislative Reference.)

REMARKS: 2 negative Rolls

C P Force Records Management Officer 3/18/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Spec.—5-19-13—M. & T.—600 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1561

CERTIFICATE OF DEATH.

79 D 1561

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 435 Pinkney Place ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth A Fowler

(Residence in Baltimore: No. 435 Pinkney Place St.; 70 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, March 1, 1851
(Month) (Day) (Year)

7-AGE, 65 yrs. 10 mos. 18 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Co. Md

PARENTS.

10-NAME OF FATHER, John Harper

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Co. Md

12-MAIDEN NAME OF MOTHER, Elizabeth Harper

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James D. Fowler

(Address) 435 Pinkney Place

15-

Filed JAN 21 1917 191 ROBERT P. KRAUTER Registrar.

(Over) Log House

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 19, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 16 1917, to Jan 19 1917, that I saw h[illegible] alive on Jan 19 1917, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) Valvular disease of heart

(Duration) 15 yrs. mos. ds.

(Signed) J. K. Gaskins M. D.

Jan 19, 191[illegible] (Address) 318 S. Howard St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Poplar - Balto Co Md

DATE OF BURIAL, Jan 22 1917

20-UNDERTAKER William Cook

ADDRESS 5025 North Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1562

CERTIFICATE OF DEATH.

5-64 D 1562

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 Flamsun ST.) 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Smael

(Residence in Baltimore: No. 1104 Flamsun St.) Liv (yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 27, 1858. (Month) (Day) (Year)

7-AGE, 58 yrs. 9 mos. 16 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Joseph Meyers

11-BIRTHPLACE, OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elgin Smael

(Address) 1104 Flamsun St

15- JAN 21 1917 Filed....., 191..... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 19, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1917, to Jan 19, 1917, that I saw h.. alive on Jan 19, 1917, and that death occurred, on the date stated above, at 3.45 A.m.

The CAUSE OF DEATH* was as follows:

a.....

Cerebral Hemorrhage

.....

..... (Duration) .....yrs. .....mos. 1 da.

CONTRIBUTORY.....
(Secondary)

..... (Duration) .....yrs. .....mos. .....da.

(Signed) Robert R Krauter M. D.

Jan 19, 1917. (Address) 120½ Airguith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Jan 22, 1917.

20-UNDERTAKER H. C. Cook — ADDRESS 602 E North Av.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1563

CERTIFICATE OF DEATH.

28 D 1563

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 Thomsen ST.; 5 WARD)

2-FULL NAME Anna E. Melka

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1105 Thomsen St.; Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... September ....., 1898
(Month) (Day) (Year)

7-AGE, 19 yrs. mos. ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Charles A Maxwell

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Anna Hook

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James F. Melka

(Address) 1105 Thomsen

15- JAN 21 1917 ROBERT B. KRAUTER

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan. ..... 20., 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 17, 1917, to Jan 19, 1917, that I saw her alive on Jan 19, 1917, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

..... (Duration) yrs. 2 mos. ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) yrs. mos. ds.

(Signed) Robert J. Green M. D.

Jan 20., 1917. (Address) 120½ Pasquick St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemt

DATE OF BURIAL, Jan 23 1917.

20-UNDERTAKER Wm. Cook

ADDRESS 502 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1564

CERTIFICATE OF DEATH.

113 D 1564

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 Columbia Ave ST.) 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. J. Kniesel

(Residence in Baltimore: No. 1344 Fawn St.; If not in Baltimore, write the name of the State or Country.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Aug (Month) 19 (Day) 1866 (Year)

7-AGE. 40 yrs. 5 mos. 1 ds.

If LESS than 1 day, ...hrs. or.....mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Plumber
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Troy N.Y.

PARENTS.

10-NAME OF FATHER. Frank L. Kniesel

11-BIRTHPLACE OF FATHER (State or Country) Troy N.Y.

12-MAIDEN NAME OF MOTHER Wilhelmina

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lena Kniesel

(Address) 1344 Fawn St.

15- JAN 21 1917 ROBERT R. KRAUTER

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 7 1917, to June 20 1917, that I saw h— alive on June 19 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. 7 mos. ds.

(Signed) [illegible] M. D.

June 20, 191.. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Near Cathedral County

DATE OF BURIAL, Jun 22, 191..

20-UNDERTAKER Hull Cook

ADDRESS 520 E Madison

Mary D. Styron

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 1565

CERTIFICATE OF DEATH

28 D 1565

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1903 W. Lafayette Ave St. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary D. Styron

(Residence in Baltimore: No. 1903 W. Lafayette Ave St.: 32 yrs. 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: March —, 1884 (Month) (Day) (Year)

7 AGE: 32 yrs. 10 mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9 BIRTHPLACE (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Geo Rummel

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: W Whiteflock

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edwin L Styron

(Address) 1903 W Lafayette

15. Filed JAN 21 1917, 191 ROBERT B. KRAUTER Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan 17, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec, 1908. to Jan 17 1917. that I saw h er alive on Jan 17 1917. and that death occurred, on the date stated above, at 1.15 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
& B Hyf.

(Duration) 8 yrs. 2 mos. ds

Contributory (SECONDARY) Laryngeal Tuberculosis

(Duration) yrs. 4 mos. ds.

(Signed) E. Olin Murray M. D.

Jan 19. 1917 (Address) 1211 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Fredon Park | DATE OF BURIAL: Jan 21, 1917

20 UNDERTAKER: W Risk Routzow | ADDRESS: 230 N Greene

State CAUSE OF DEATH is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 1566 — 80 — D 1566

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 2047 Hollins St. WARD 20) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Luther C. Dawson.

(Residence in Baltimore: No. 2047 Hollins St St. Life time.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-MARRIED, WIDOWED OR DIVORCED (If single, write the word): Married

6-DATE OF BIRTH: Oct 12th, 1858 (Month) (Day) (Year)

7-AGE: 58 yrs. 3 mos. 6 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Store Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): Grocery.

9-BIRTHPLACE (State or country): Balto Md.

PARENTS

10-NAME OF FATHER: Chas C Dawson

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: M Anne Dellehunt

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Margaret Dawson

(Address) 2047 Hollins St

15. Filed JAN 21 1917, 191 ROBERT R. KRAUTER REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 1 (Month) 18 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 8-12, 1916, to 1-18 1917.
that I saw h~~im~~ alive on 1-18, 1917.
and that death occurred, on the date stated above, at 3a m.
The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) Heart Disease

(Duration) ? yrs. ..... mos. ..... ds.

(Signed) Harry Goldberg M.D.
1-20, 1917. (Address) 2031 W Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cem. DATE OF BURIAL: Jan 22, 1917

20-UNDERTAKER: Geo A. Lerby ADDRESS: Balto & Pays

State CAUSE OF DEATH with particularity. See instructions on back of certificate. This is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1567

CERTIFICATE OF DEATH.

186 D 1567

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Franklin Square Hospital ST. 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John Garvey Jr.

(Residence in Baltimore: No. 2124 Vine

Life time
St.; yrs., mos. (ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.)
Male	White	Married

6-DATE OF BIRTH ..... Aug 22 ....., 1882
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
34 yrs. 4 mos. 25 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Balti Tube Works .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John J Garvey

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Margaret Murray

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary B. Garvey

(Address) 2124 Vine St

15-

JAN 21 1917 Filed, ... 191.....

ROBERT R. REAUER
Registrar.

Important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan ..... 17 ....., 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquest .....
(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said ..... Inquest .....
(Inquest, autopsy or inquiry.) and that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Skull & Laceration by being struck on head by falling tubes ..... (Duration) ..... yrs. ..... mos. 1/2 ds.

CONTRIBUTORY (Secondary) Hemorrhage & Shock ..... (Duration) ..... yrs. ..... mos. 1/2 ds.

(Signed) James M Paulon M. D.
(Coroner.)

Jan 20 1917. (Address) 7 Dove Court

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ..... Balti Tube Works .....

Former or usual residence 2124 Vine St

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery DATE OF BURIAL, Jan 22 1917

20-UNDERTAKER Geo A Gertig ADDRESS Balto & Lanvale

36

D 1568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 D 1568

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2121 E. North Ave ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Israel Holtzman

Residence in Baltimore: No. 2121 E. North Ave. St.; 84 yrs., 4 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, August 23, 1832
(Month) (Day) (Year)

7-AGE, 84 yrs. 4 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Driver
(b) General nature of industry, business, or establishment in which employed (or employer)..... Bus.

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER Samuel Holtzman

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Martha Broadwater

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Holtzman

(Address) 2121 E North Ave

15- Filed JAN 21 1917, 191.....

ROBERT P. KRAUTER
Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 18, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 14 1917, to Jan 18, 1917, that I saw h[illegible] alive on Jan 18, 1917, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

La Grippe

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Jan 20, 1917 (Address) 1206 E. Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery

DATE OF BURIAL, Jan 21, 1917

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson

Spec.—8-24-16—12,000 lks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1569

CERTIFICATE OF DEATH.

6 28

D 1569

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 201 N. Belnord Ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Julius Schaaf

(Residence in Baltimore: No. 201 N. Belnord Ave St.; 21 yrs., 11 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb 13, 1895 (Month) (Day) (Year)

7-AGE, 21 yrs. 11 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Grocers

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, John Schaaf Jr

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Louisa Bader

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Schaaf Jr

(Address) 201 N. Belnord Ave

15- JAN 21 1917 Filed....., 191...

ROBERT R. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 19th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 15th 1917, to Jan. 19th 1917, that I saw h[illegible] alive on Jan. 19 1917, and that death occurred, on the date stated above, at 8:00 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. H. Meyer Jr M. D.

Jan 20, 191 7 (Address) 201 N. Belnord Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery DATE OF BURIAL, 1/22 191 7

20-UNDERTAKER Christian Miller ADDRESS 2334 Jefferson St

Spec.—624 14—M. & T.—2000 Blks.

D 1570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 1570

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 University Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William O'Laughlin

(Residence in Baltimore: No. 827 S. Decker ave ST.; ..... yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1888 (Year)

7-AGE, 29 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment, in which employed (or employer): Generals

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Martin O'Laughlin

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Millie Mansfield

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs O'Laughlin

(Address) 827 S Decker Ave

15- Filed JAN 21 1917, 191... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1917, to Jan 19 1917, that I saw him alive on Jan 19 1917, and that death occurred, on the date stated above, at 12 10 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) — yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frank C. Ingram M. D.

1/19/17 191... (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State 29 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 827 S. Decker Ave.

19-PLACE OF BURIAL OR REMOVAL, St Patrick

DATE OF BURIAL, Jan. 22, 191.7

20-UNDERTAKER John A Moran

ADDRESS Bank & Arnolds

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1571

CERTIFICATE OF DEATH.

D 1571

1-PLACE OF DEATH St. Vincents Infant. 91

CITY OF BALTIMORE: (No. St. Vincents Infant Asylum ST.; WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Edward Bright

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; 1 yrs., 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male | 4-COLOR OR RACE, white | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb. (Month) 24 (Day), 1915 (Year)

7-AGE, 1 yrs. 10 mos. 22 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balt. Md.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Records

(Address) St. Vincents Inf. Asylum

15-

Filed JAN 21 1917 191 ROBERT B. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 17 1916, to Jan. 20 1917, that I saw h[illegible] alive on Jan. 20 1917, and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia with empyema

Congenital Syphilis (Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Empyema

(Duration) yrs. mos. 14 ds.

(Signed) Charles D'Amour M. D.

1/20/16, 191... (Address) 5 E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. 3 ds. In the State 1 yrs. 10 mos. ds.

Where was disease contracted, if not at place of death? St Vincents Infant

Former or usual residence St Vincents Infant Asylum

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cem. | DATE OF BURIAL, Jan 23, 1917

20-UNDERTAKER Jn. Doyle & Son | ADDRESS 12 E. Read St.

Spec.—8-24-14—M. & T.—2000 Bkn.

D 1572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 1572

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 15 St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Cook.

(Residence in Baltimore: No. 1518 Frestman St St.; ....yrs., ...mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, September 23, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 3 mos. 26 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....
Man.

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, James Cook

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Mabel Mathews

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Chader Snyder

(Address) Johns Hopkins Hospital

15- JAN 21 1917 ROBERT R. KRAUTER
Filed....., 191.....
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 19, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 15 1917, to Jan. 19 1917, that I saw him alive on Jan. 19 1917, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

.....

.....

..... (Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Rachitis

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) W. C. R. Whitten M. D.

1/21/17, 191... (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death....yrs....mos. 4 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 1518 Frestman St.

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, Jany. 21, 191.7

20-UNDERTAKER Edward W. Pye. ADDRESS 61 Winters Ave Catonsville Md.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 D 1573

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 328 E Federal ST.; 12 WARD)

2-FULL NAME Annie L Reiley

(Residence in Baltimore: No. 328 E Federal St.; ....yrs., ...mos. ....ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July 7, 1881 (Month) (Day) (Year)

7-AGE, 35 yrs. 6 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frank Monahan

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Annie Buckley

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Reiley

(Address) 328 Federal St

15-

Filed JAN 21 1917, 191.... ROBERT P. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 18, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 14 1917, to Jan 18 1917, that I saw h[er] alive on Jan 17 1917, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Hypertrophy

(Duration) yrs. mos. ds.

(Signed) Dr Bernard Dyer M. D.

1-19, 1917 (Address) 914 E Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Jan 22, 1917

20-UNDERTAKER C A Wiedefeld Jr — ADDRESS Fremont

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE 26

D 1574

CERTIFICATE OF DEATH.

D 1574

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William R Johnson

(Residence in Baltimore: No. Johns Hopkins Hospital St.; 5 yrs. ✓ mos. 9 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March 1, 1836
(Month) (Day) (Year)

7-AGE, 60 yrs. 8 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Grocer

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, John F Johnson

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Lucy

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Hatton

(Address) Johns Hopkins Hospital

15- Filed JAN 21 1917, 191.... ROBERT B. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 20, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 11 1917, to Jan 21 1917, that I saw h.. alive on Jan 20 1917, and that death occurred, on the date stated above, at 9.05 A.M.

The CAUSE OF DEATH* was as follows:

Gastro Duodenal Hemorrhage
Exploratory Laparotomy

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Prostatic Hypertrophy, Contributory Cervical Cancer

(Duration) yrs. mos. da.

(Signed) Edward Rumbold M. D.

Jan 21 1917. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 9 ds. In the State yrs. mos. 9 ds.

Where was disease contracted, if not at place of death? 3

Former or usual residence Baranta N C

19-PLACE OF BURIAL OR REMOVAL, Graventon N. C. DATE OF BURIAL, Jan. 21, 1917.

20-UNDERTAKER Ellis L Fuller ADDRESS 220 N Bandy

Spec.—8-24-14—M. & T.—2000 Blks.

D 1575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 1575

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2727 Hudson ST.; 1 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Sensenney

(Residence in Baltimore: No. 2727 Hudson St.: 5/12 yrs., 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Mar 21, 1891 (Month) (Day) (Year)

7-AGE: 25 yrs. 10 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Canning
(b) General nature of industry, business, or establishment in which employed (or employer): Packing House

9-BIRTHPLACE, (State or Country): U. S. A. Balto Md

PARENTS.

10-NAME OF FATHER: Henry McEvoy

11-BIRTHPLACE OF FATHER (State or Country): Baltimore

12-MAIDEN NAME OF MOTHER: Sarah Finch

13-BIRTHPLACE OF MOTHER (State or Country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Charles Sensenney

(Address): 2727 Hudson St.

15. JAN 21 1917 Filed....., 191.... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 21, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 12 1917, to Jan 21 1917, that I saw h[illegible] alive on Jan 21 1917, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia - double

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Jan 21, 1917. (Address) 613 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: [illegible] County

DATE OF BURIAL: Jan 23 1917

20-UNDERTAKER: Robt Sinner

ADDRESS [illegible] 1442 W Baltimore

Spec.—8-21-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1576 × 45 D 1576

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hosp St. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Owen Brooks Skinner

(Residence in Baltimore: No. Md Medical Hosp St.; yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 13, 1893 (Month) (Day) (Year)

7-AGE, 14 yrs. — mos. 8 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), W Va

PARENTS.

10-NAME OF FATHER, B. L. Skinner

11-BIRTHPLACE OF FATHER (State or Country), W. Va

12-MAIDEN NAME OF MOTHER P.A. Godfrey

13-BIRTHPLACE OF MOTHER (State or Country), W Va

14-THE ABOVE [illegible] TO THE BEST OF MY KNOWLEDGE

(Informant) Hospital Record

(Address)

15- JAN 21 1917 ROBERT B. KRAUTER

Filed, 191. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 21, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1917, to Jan 21 1917, that I saw him alive on Jan 21 1917, and that death occurred, on the date stated above, at 6a m.

The CAUSE OF DEATH* was as follows:

Sarcoma of Knee

Jaw (Left)

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Elmer J. Gunsenhiser M. D.

1-21, 1917. (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Orlando W Va

19-PLACE OF BURIAL OR REMOVAL, Glade W Va

DATE OF BURIAL 1-23 1917

20-UNDERTAKER A. Fitzpatrick & Co

ADDRESS 533 W. Lombard

Spec.—8-24-14—M. & T.—2000 Blks.

D 1577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 1577

REGISTERED No. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; N WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miguel Pont Zayas

(Residence in Baltimore: No. 806 N. Calvert St St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... January ....., 1 .....
(Month) (Day) (Year)

7-AGE, 75? yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Interpreter .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... " .....

9-BIRTHPLACE, (State or Country), Porto Rico

PARENTS.

10-NAME OF FATHER, Fernando Pont

11-BIRTHPLACE OF FATHER (State or Country) Porto Rico

12-MAIDEN NAME OF MOTHER [illegible]

13-BIRTHPLACE OF MOTHER (State or Country), [illegible]

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lorenzo Nazario

(Address) 806 N. Calvert St.

15- Filed JAN 21 1917, 191... ROBERT B. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... January ....., 20, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 17 1917, to Jan. 20 1917, that I saw h[illegible] alive on Jan 20 1917, and that death occurred, on the date stated above, at 9:00 m.

The CAUSE OF DEATH* was as follows:

Pneumococcus Meningitis

about

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 8 ds.

(Signed) Edward H. Smith M. D.

Jan 21, 1917 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In this State Porto Rico yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 806 N. Calvert St.

Former or usual residence 806 N. Calvert St.

19-PLACE OF BURIAL, OR REMOVAL, Druid Ridge Cemetery

DATE OF BURIAL, 1/23/17, 191...

UNDERTAKER, [illegible] Fitzpatrick

ADDRESS [illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

D 1578 HEALTH DEPARTMENT—CITY OF BALTIMORE D 1578

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin Lubinski.

(Residence in Baltimore: No. 827 S. Lakewood St.; 1 yrs., 7 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April 22, 1901. (Month) (Day) (Year)

7-AGE, 15 yrs. 9 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Week hand.

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Kazmer Lubinski

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Charles Snyder

(Address) Johns Hopkins Hospital.

15- Filed JAN 22 1917, 191... MARY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 20, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 12 1917, to Jan 20 1917, that I saw h[illegible] alive on Jan 20 1917, and that death occurred, on the date stated above, at 12 15 P. m.

The CAUSE OF DEATH* was as follows:

Typhoid fever

(Duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Hemorrhages

(Duration) yrs. mos. 6 ds.

(Signed) [illegible] M. D.

Jan 22, 191... (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. 8 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 827 S. Lakewood Ave

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary Cem DATE OF BURIAL, Jan 23, 1917.

20-UNDERTAKER Stuckert Lakewood ADDRESS 821 Lemmon St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1579

CERTIFICATE OF DEATH.

151 D 1579

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 S. Harris Alley ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria Stachakl

(Residence in Baltimore: No. 1007 S. Harris Alley St.; ..... yrs., ... mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... Jan. (Month) 20 (Day), 1917 (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 4 hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Michael Stachak

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Vinnica Ramoska

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Stachak

(Address) 1007 S. Harris Alley

15- Filed JAN 22 1917, 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 191 7 to ..... 191 ..., that I saw h e r alive on Jan 20 191 7, and that death occurred, on the date stated above, at 3 01 m.

The CAUSE OF DEATH* was as follows:

..... Premature Birth

..... Prematurity

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Jan 22 191 7 (Address) 1115 S. Kenwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, St. Stanislaus

DATE OF BURIAL, Jan. 22, 191 7.

20-UNDERTAKER Stephen J. Fralkowski

ADDRESS 1115 S. Kenwood Ave

Spec.—24-14—M. & T.—2000 Bks.

D 1580

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 1580

1-PLACE OF DEATH Montebella

CITY OF BALTIMORE: (No. 9 Hillen Road, ST.; 9 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Stouffer Garrett.

(Residence in Baltimore: No. Montebella-Hillen Road St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH March (Month) 7 (Day), 1857 (Year)

7-AGE, 65 yrs. 10 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John W. Garrett.

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Rachel Ann Harrison

13-BIRTHPLACE OF MOTHER (State or Country). Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Garrett.

(Address) Balto Co. Md.

15- JAN 22 1917 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....1913, to Jan 21 1917, that I saw him alive on Jan 19 1917, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Hypothyroidism (Cretin?)

Arteriosclerosis cerebral

Myocarditis many

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Myocarditis sudden death in 3 days

(Duration) ....yrs. ....mos. ....ds.

(Signed) Frank P Smith M. D.

Jan 22, 1917. (Address) 1126 Calhoun

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cem	1-23, 1917.
20-UNDERTAKER	ADDRESS
H.W. Jenkins Sons Co	W. Fulton & Orchard

Spec.—8-24-14—M. & T.—2000 Bks.

1581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 D 1581

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 N. Modison ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eleanor Polk Wheelwright

(Residence in Baltimore: No. 10 N. Modison St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, May (Month) 30 (Day), 1876 (Year)

7-AGE, 40 yrs. 7 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work — Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Carroll Co Maryland

PARENTS:

10-NAME OF FATHER, Charles H. Kalkmann

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Caroline Polk

13-BIRTHPLACE OF MOTHER (State or Country), Carroll Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. W. Wheelwright

(Address) 10 N Modison St

15-

JAN 22 1917 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 8 1915, to January 20 1917, that I saw h[illegible] alive on January 19 1917, and that death occurred, on the date stated above, at 12 [illegible] m.

The CAUSE OF DEATH* was as follows:

.....Arteriosclerosis.....

.....

..... (Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

..... (Duration) yrs. 2 mos. — ds.

(Signed) Julius Friedenwald M. D.

Jan 20, 1917. (Address) 1013 N. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cem	1-22, 1917.
20-UNDERTAKER	ADDRESS
J. W. Perkins Sons Co	W Fulton Orchard

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1582

CERTIFICATE OF DEATH.

79 D 1582

REGISTERED NO. C.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged Women Home ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Mrs. E. D. Attilia Koop

(Residence in Baltimore: No. 1400 W Lexington St St.; 33 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Fem

4-COLOR OR RACE, Wh

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widow

6-DATE OF BIRTH, Oct 17 (Month), ... (Day), 1836 (Year)

7-AGE, 81 yrs. 3 mos. 4 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Musician
(b) General nature of industry, business, or establishment in which employed (or employer) ..... retired

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Louis Koop

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Frederika Margret

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. Jones

(Address) Matron

15- JAN 22 1917 Filed ....., 191.... MARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 21 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1915, to Jan 1917, that I saw h..... alive on Jan 16 191., and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Sucking Cholera

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) ..... M. D.

Jan 21, 191.. (Address) 939 N Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death 6 yrs. ..... mos. 1 ds. In the State 33 yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? Aged Women Home

Former or usual residence Aged Women Home

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cemetery

DATE OF BURIAL, Jan 23 191..

20-UNDERTAKER George J. Smith

ADDRESS 1888 E. Fayette St

D 583

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

19 D 1583

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 400 N Carey ST. 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Cabell Houlton

(Residence in Baltimore: No. 400 N Carey St.: 20 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Widower

6-DATE OF BIRTH Dec 28, 1835
(Month) (Day) (Year)

7-AGE 81 yrs. mos. 23 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer) Conveyancer

9-BIRTHPLACE (State or country) Balto Md

PARENTS

10-NAME OF FATHER William Houlton

11-BIRTHPLACE OF FATHER (State or country) Md

12-MAIDEN NAME OF MOTHER Sarah P. Taylor

13-BIRTHPLACE OF MOTHER (State or country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs C. E. Graham

(Address) 400 N Carey St

15. FILED JAN 22 1917, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Jan 20, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1916, to Jan 19 1917, that I saw h.. alive on Jan 19, 1917, and that death occurred, on the date stated above, at 1.30 P.M.

The CAUSE OF DEATH* was as follows:

Edema of Lungs

(Duration) yrs. mos. 3 ds

Contributory (SECONDARY) Asthenia - Org. heart disease

(Duration) yrs. mos. ds.

(Signed), M. D.

Jan 21, 1917 (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Greenmount Cemetery

DATE OF BURIAL Jan 23, 1917

20-UNDERTAKER George J Smith

ADDRESS 1000 Fayette St

State CAUSE OF DEATH in such terms that a medical man can understand it, and give the MODE OF DYING, such as heart failure, asthenia, etc., and NOT the mode of termination, such as pneumonia, etc. This certificate is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 1584

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1527 W Fairmount Ave (St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah King

(Residence in Baltimore: No. 1527 W Fairmount St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... (Month) Jan. (Day) 20 (Year) 1869

7-AGE, 48 .....yrs. .....mos. .....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... at Home
(b) General nature of industry, business, or establishment in which employed (or employer) Housework

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Jos. Wrights

11-BIRTHPLACE OF FATHER (State or Country), don't Know

12-MAIDEN NAME OF MOTHER don't Know

13-BIRTHPLACE OF MOTHER (State or Country), don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Bruns

(Address) 756 N Sarah st

15-

Filed JAN 22 1917, 191... HARRY C. ANDREWS Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Jan. (Day) 20, (Year) 1917

17- I HEREBY CERTIFY, That I attended deceased from Jan 16 1917, to Jan 20 1917, that I saw h..... alive on ..... 191.. and that death occurred, on the date stated above, at 4 m. AM

The CAUSE OF DEATH* was as follows:

.....

Apoplexy

..... (Duration) .....yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) M. L. Bruning M. D.

1-20, 191.. (Address) 45 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemet — DATE OF BURIAL, Jan. 23, 1917.

20-UNDERTAKER Charles B. Jones — ADDRESS 2359 Pine

D 1585

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1585

CERTIFICATE OF DEATH.

92

REGISTERED No. C

PLACE OF DEATH

CITY OF BALTIMORE (No. 830 Bradley ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Mary Johnson

(Residence in Baltimore: No. 830 Bradley St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) Unknown (Day), 1887 (Year)

7-AGE, 30 yrs. Unknown mos. da.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Cleaner
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Service

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Lucy Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Perry Scott

(Address) 1023 Hanover St

15- FILED JAN 22 1917, 191.

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan. 19 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 7 da.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) yrs. mos. da.

(Signed) C. P. Wollstein M. D.
(Coroner.)

Jan. 20, 1917. (Address) 819 N. Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 830 Bradley

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, Jan. 22 1917

20-UNDERTAKER Charles B. Jones ADDRESS 235 N. Pine St.

Important. See instructions on back.

D 1586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 1586

REGISTERED No. D 1586

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1134 E Lombard St ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mollie Kaplan

(Residence in Baltimore: No. 1134 E Lombard St St.; yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female | 4-COLOR OR RACE, Hebrew | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) Unknown, (Day) 1 (Year)

7-AGE, 40 yrs. ..... mos. ..... ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Israel Borikowitz

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benny Zell

(Address) 1134 E. Lombard St

15- Filed JAN 22 1917, 191.... HARRY C. ANDREWS Registrar

Important. See instructions on back.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. ..... (Month) Jan (Day) 21, (Year) 1917

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) merely view ....find that said deceased came to ....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Bright's

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Henry Byrnes (Coroner.) M. D.

Jan 21, 1917 (Address) 1610 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Hebrew Belair Rd Cemetery | DATE OF BURIAL, Jan. 22, 1917

20-UNDERTAKER S. LEVINSON & BRO | ADDRESS 1104 E Baltimore St

D 1587

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 D 1587

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2705 Huntington ave ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha A Barton

(Residence in Baltimore: No. 2705 Huntington ave St.; 15 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	white	Widowed

6-DATE OF BIRTH: May (Month) 16 (Day), 1835 (Year)

7-AGE: 81 yrs. 8 mos. 3 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: John Stone

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) David Barton

(Address) 2705 Huntington Ave

15- Filed JAN 22 1917, 191... HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 19, 1916, to Jan 19 1917, that I saw h-- alive on Jan 19 1917, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Senility

Indefinite (Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY) Bronchitis, Insuffi-cient

(Duration) ... yrs. ... mos. ... ds.

(Signed), R B Norment M. D.

Jan 20 1917. [Address] 3543 Chestnut Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Balto Cemetery — DATE OF BURIAL: Jan 22, 1917

20-UNDERTAKER: C. LeRoy Stiffler — ADDRESS: 844 N. 36th

Spec.—8-24-14—M. & T.—5000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 1588

CERTIFICATE OF DEATH.

64 D. 1588

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 928 Mc Donough St.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Huegelmeier

(Residence in Baltimore: No. 928 Mc Donough St.; 78 yrs., 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, February 21st, 1837. (Month) (Day) (Year)

7-AGE, 79 yrs. 10 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry Heksman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Jos. Huegelmeier

(Address) 928 Mc Donough St.

15- Filed JAN 22 1917, 191.... HARRY C. ANDREWS Registrar. Burial Permit ... Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 20th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 17th 1917, to Jany 20th 1917, that I saw h[illegible] alive on Jany 20th 1917, and that death occurred, on the date stated above, at 6 38 m.

The CAUSE OF DEATH* was as follows:

(a) General Arteriosclerosis

(Duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) — yrs. 2 mos. 1 ds.

(Signed) Esther M. Tongewald M. D.

Jany 21st, 1917. (Address) 5 N. Washington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Holy Redeemer Cemy — DATE OF BURIAL, Jan. 24, 1917.

20-UNDERTAKER Henry Hoch & Son — ADDRESS 1301 E Eager St.

D 1589

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

172

D 1589

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2426 Maryland Ave ST. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Virginia Musgrave.

(Residence in Baltimore: No. 2426 Maryland Ave St. Same yrs. 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: June 17th, 1840 (Month) (Day) (Year)

7-AGE: 76 yrs. 7 mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md. (Balto City)

PARENTS

10-NAME OF FATHER: Mathew Baird.

11-BIRTHPLACE OF FATHER (State or country): N. Y.

12-MAIDEN NAME OF MOTHER: Ophelia Cantthorn.

13-BIRTHPLACE OF MOTHER (State or country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George W. S. Musgrave

(Address) Laurel - Md

15. Filed JAN 22 1917, 191 HARRY [illegible] Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 21st, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from December 20th, 1916, to January 20th 1917, that I saw her alive on January 21st, 1917, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Fracture of neck Femur left leg.
(Accidental Fall on floor)

(Duration) ..... yrs. ..... mos. 31 ds

Contributory (SECONDARY): Hypostatic Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Wm Conrad Bode M. D.

Jan 22nd, 1917 (Address) 1900 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Green Mount — DATE OF BURIAL: Jan 22, 1917

20-UNDERTAKER: Geo. Weber Son — ADDRESS: 503 Edmondson ave

Fill in Accurately and is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50 D 1590

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Callaghan

(Residence in Baltimore: No. 5 E. Mulberry St. St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Don't know (Month) (Day), 18[illegible] (Year)

7-AGE, [illegible] yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Oliver Callaghan

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Elvira Wiley

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John A. Callaghan

(Address) 2 N. Milton Ave.

15-

Filed JAN 22 1917 191 HARRY C. ANDREWS Deputy Health Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 21, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 19 1917, to Jan. 21 1917, that I saw him alive on Jan 21 1917, and that death occurred, on the date stated above, at 2:15 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Do not know

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

Do not know

(Duration) yrs. mos. ds.

(Signed) Edward L. Smith M. D.

Jan. 22, 1917. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 5 E. Mulberry St.

Former or usual residence 5 E. Mulberry St.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Jan 23, 1917.

20-UNDERTAKER Chas. H. Cross & Son ADDRESS 118 N. Eutaw St.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 1591

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew aged Home ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Abraham Wasserstein

(Residence in Baltimore: No. 111 Aisquith St St.; 25 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) ~~Widower~~ Married

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1830 (Year)

7-AGE, 87 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession or particular kind of work..... Shecter.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... (Butcher)

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant)..... J. Lewis.....

(Address)..... 1411 E Balto St

15-

Filed JAN 22 1917 191..... HARRY C. ANDREWS

Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 21 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 19 1917, to Jan 21 1917, that I saw h~~im~~ alive on Jan 21 1917, and that death occurred, on the date stated above, at 4:30 p. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Unknown)

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Oedema of the Lungs

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. H. Baylis M. D.

Jan 24 1917. (Address) 811 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. ..... mos. ..... ds. In the State 25 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence ?

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel

DATE OF BURIAL, Jan 27 1917

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E Balto St

D 1592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 91 D 1592

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1704 Crystal Place ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Evelyn D Kirchner

(Residence in Baltimore: No. 1704 Crystal Place St.; yrs., 4 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Baby

6-DATE OF BIRTH, Aug 23 1916 (Month), (Day), 1 (Year)

7-AGE. yrs. 4 mos. 27 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country), Balto

PARENTS.

10-NAME OF FATHER. Benedict Kirchner

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Mary Niber

13-BIRTHPLACE OF MOTHER (State or Country), Balt

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benedict kirchner

(Address) 1704 Crystal

15- Filed JAN 22 1917, 191. HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 20 1917 (Month), (Day), 191 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiru (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) [No other History]

(Duration) yrs. mos. ds.

(Signed) H Knox Insley M. D. (Coroner.)

Jan 20th 1917 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Jan 22nd 1917

20-UNDERTAKER Lilly Zeiler — ADDRESS 4038 Mosher

Important. See instructions.

Spec.—8-24-14—M. & T.—1000 Bks.

D 1593

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 D 1593

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Conrad Kirby

(Residence in Baltimore: No. 917 N. Fulton ave St.; 13 yrs., — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	white	single

6-DATE OF BIRTH, June 1st, 1865
(Month) (Day) (Year)

7-AGE, 51 yrs. 7 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stone cutter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick McArdle

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Mary Russell

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Kirby

(Address) 917 N. Fulton Ave

15- Filed JAN 22 1917, 191... MARY C. ARDELLE Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 21, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jun 2 1917, to Jun 21 1917, that I saw h[illegible] alive on June 21 1917, and that death occurred, on the date stated above, at 1:45 a m.

The CAUSE OF DEATH* was as follows:

Chronic Lymphatic Leukemia

Exhaustion

(Duration) 2 mos. 20 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Edward P. [illegible] M. D.

Jun 20, 1917. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 16 ds. In the State Did not know yrs. mos. ds.

Where was disease contracted, if not at place of death? 917 N. Fulton ave

Former or usual residence 917 N. Fulton

19-PLACE OF BURIAL OR REMOVAL, Loudon Cathedral Cemetery — DATE OF BURIAL, Jun 24, 1917.

20-UNDERTAKER Mrs Mrs John H Deufel — ADDRESS 601 N Fayette St.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 1594

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 N. Eden ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Purviance

(Residence in Baltimore: No. 209 N Eden St.; Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug 17 1916. (Month) (Day) (Year)

7-AGE, ...yrs. 5 mos. 3 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Edward Purviance

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Marion Berry

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marion Purviance

(Address) 209 N. Eden St.

15-

Filed JAN 22 1917, 191.....

HARRY C. ANDERS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jany 20th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 14 1917, to Jany 20th 1917, that I saw h m alive on July 15th 1917, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration).....yrs.....mos. ?.....ds.

CONTRIBUTORY (Secondary) Knows of none

..... (Duration).....yrs.....mos.....ds.

(Signed) W. Wilson M. D.

Jany 21., 1917. (Address) 1220 E Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Asbury	Jan 23, 1917.
20-UNDERTAKER	ADDRESS
John W Henderson	314 N. Caroline

Spec.—8-24-14—M. & T.—2000 Bks.

D 1595

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1595

CERTIFICATE OF DEATH.

50

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Watkins

(Residence in Baltimore: No. Mercy Hospital ST.; — yrs. — mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, August (Month) 25 (Day), 1889 (Year)

7-AGE, 27 yrs. 5 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Sparrows Point

9-BIRTHPLACE, (State or Country) Smithfield Va

PARENTS.

10-NAME OF FATHER, Samuel Watkins

11-BIRTHPLACE OF FATHER (State or Country) Smithfield Va

12-MAIDEN NAME OF MOTHER Ann Porter

13-BIRTHPLACE OF MOTHER (State or Country) Smithfield Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Solomon Watkins

(Address) Sparrows Point

15- Filed JAN 22 1917 191.... HARRY C. ARNOLD Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20, 191 7, to Jan 21 191 7, that I saw h alive on Jan 21 191 7, and that death occurred, on the date stated above, at 6.20 p. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) Dont Know ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward F Smith M. D.

Jan 24, 191 7. (Address) Mercy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Sparrows Pt Md

Former or usual residence Sparrows Point Md

19-PLACE OF BURIAL OR REMOVAL, Suffolk Va

DATE OF BURIAL, Jan 24 191 7

20-UNDERTAKER Robert Brothers

Cortege and Funeral

Spec.—8-24-14—M. & T.—2000 Bks.

D 1596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 D 1596

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2010 St. Paul St. ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anne C. Barnitz

(Residence in Baltimore: No. 2010 St. Paul St.; 69 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, Dec 21 (Month) (Day), 1828 (Year)

7-AGE, 88 yrs. 1 mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), city

PARENTS.

10-NAME OF FATHER, Eby Claytt

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Mary Brantz

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Grace Barnitz

(Address) 2010 St. Paul St

15-

Filed JAN 22 1917, 191.... HARRY C. ANDREWS

Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jany (Month) 22 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jany 14 1917, to Jany 22 1917, that I saw h[illegible] alive on Jany 21st 1917, and that death occurred, on the date stated above, at 7 30 a. m.

The CAUSE OF DEATH* was as follows:

La Grippe

(Duration) ....yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) ....yrs. mos. 4 ds.

(Signed) W. H. F. Adams M. D.

Jany 22, 191.. (Address) 17 E 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount

DATE OF BURIAL, Jan 24 191.7

20-UNDERTAKER G. F. Walker

ADDRESS 723 W Lexington

Spec.—8-24-14—M. & T.—2000 Bks.

D 1597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x120

D 1597

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md General Hosp WARD)
REGISTERED NO. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joshua Mathews

(Residence in Baltimore: No Md General Hospital St.; ....yrs., mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown
(Month) (Day) (Year)

7-AGE. 70 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. Tom Mathews

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER. Margaret Nelson

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Emma W. Thomas

(Address) Emmorton Md

15- JAN 22 1917 HARRY C. ANDREAE

Filed....., 191..Burial Permit Clerk..
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 20, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 27 1917, to Jan 20 1917, that I saw him alive on Jan 20 1917, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
General Arterio Sclerosis
Chronic Interstitial Nephritis

(Duration) ....yrs. ....mos. 24 ds.

CONTRIBUTORY.....
(Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Elmer Hewetson M. D.

1-22, 1917. (Address) 1104 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 24 ds. In the State ....yrs. Life mos. ....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence Forest Hill Md

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet — DATE OF BURIAL, January 22 1917

20-UNDERTAKER W J Richardson — ADDRESS Fork Hall

Spec.—8-14-14—M. & T.—2000 Blks.

D 1598

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1598

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Richardson

(Residence in Baltimore: No. 1158 E. North ave St.; ... yrs., ... mos. ... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec 5, 1858 (Month) (Day) (Year)

7-AGE, 58 yrs. 1 mos. 16 ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... Milliner
(b) General nature of industry, business, or establishment in which employed (or employer) ... at Home

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Benjamin Richardson

11-BIRTHPLACE OF FATHER (State or Country), —

12-MAIDEN NAME OF MOTHER Elizabeth Duke

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benjamin Richardson

(Address) 1338 E N Ave

15-

Filed JAN 22 1917, 191... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 21, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 16 1916, to Jan 21 1917, that I saw h[illegible] alive on Jan 21 1917, and that death occurred, on the date stated above, at 4.50 p.m.

The CAUSE OF DEATH* was as follows:

... Myocarditis

... (Duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis

... (Duration) ... yrs. 6 mos. ... ds.

(Signed) Edward Bassett M. D.

10/27, 191.7 (Address) Same

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 18 ds. In the State 67 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 1158 E North Ave

Former or usual residence Same

19-PLACE OF BURIAL OR REMOVAL, Denton, Md. DATE OF BURIAL, June 22 1917.

20-UNDERTAKER W J Jackson ADDRESS North Penn

1599 HEALTH DEPARTMENT--CITY OF BALTIMORE 64 D 1599

CERTIFICATE OF DEATH

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 703½ W. Saratoga ST. 18 WARD)

2-FULL NAME George W. Mathews

(Residence in Baltimore: No. 703½ W. Saratoga St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7-AGE: 47 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE (State or country): Balto

PARENTS

10-NAME OF FATHER: Solomon Matthews

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Georgianna Parker

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie Disco

(Address) 703 1/2 Saratoga

15. Filed JAN 22 1917 HARRY C. ANDREWS Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 30, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1917, to Jan 30 1917.
that I saw him alive on Jan 19, 1917.
and that death occurred, on the date stated above, at 3A, m.
The CAUSE OF DEATH* was as follows:
Paralysis (Cerebral Hemorrhage)

(Duration) yrs. mos. 5 ds

Contributory (SECONDARY) Arteriosclerosis

(Duration) yrs. mos. 5 ds.

(Signed) C. H. Finsen M. D.

Jan 21, 1917 (Address) 712 S. Mary's St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: Jan 27 1917

20-UNDERTAKER: Saml Weinsberg

ADDRESS: 5 7/8 W. Baltimore

Fill out all items. See instructions on back of certificate. It is very important.

Spec. 5-19-13—M. & T.—500 Bks.

D 1600

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1600

CERTIFICATE OF DEATH.

92

REGISTERED NO. D1600

PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 W. Henrietta st ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME James Jackson

(Residence in Baltimore: No. 406 W. Henrietta st. St.: — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) (Day) 1880 (Year)

7-AGE, 36 yrs. unknown mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stevedor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Polly Jackson

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lizzie Drummond

(Address) 406 W. Henrietta St

15-

Filed JAN 22 1917 191 HARRY C. [illegible]

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 20 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan 10. 1917, to Jan 19. 1917, that I saw h[illegible] alive on Jan. 19. 1917, and that death occurred, on the date stated above, at 5.30 a.m.

The CAUSE OF DEATH* was as follows:

Primary Gastritis & Tonsillitis

Immediate Lobar Pneumonia & Exhaustion (Duration) yrs. mon. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mon. 9 ds.

(Signed) J. P. Young M.D. M. D.

1/20/ 1917 (Address) 406 Hanover st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Byrd St Richmond Va

DATE OF BURIAL, Jan 22., 1917.

20-UNDERTAKER C & B Brown & Son

ADDRESS 18 N. Foushee St

Bank & RR. Block Va Richmond Va

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1601 D 1601

CERTIFICATE OF DEATH.

91

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1721 Longwood ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grace M. Buracker

(Residence in Baltimore: No. 1721 Longwood St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, (Month) Nov (Day) 14, (Year) 1916

7-AGE, yrs. 10 mos. 7 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Single
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Harry L Buracker

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ida C. Macnab

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry L Buracker

(Address) 1721 Longwood St

15- JAN 22 1917 Filed, 191. HARRY C. ANDREAE Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) Jan (Day) 21, (Year) 1917.

17- I HEREBY CERTIFY, That I attended deceased from Jan 6th 1917, to Jan 21st 1917, that I saw her alive on Jan 20th 1917, and that death occurred, on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia
(Mother too delicate since birth)

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) yrs. mos. 7 ds.

(Signed) Herbert E. Zepp M. D.

Jan 21, 1917. (Address) 3.0.S.A. N. Wolfe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem'y — DATE OF BURIAL, Jan 23, 1917

20-UNDERTAKER Albert L Fuller — ADDRESS 221 N Brady

Spec.—5-19-13—M. & T.—500 Bks.

D 1602

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1920 D 1602

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 Harlem Ave. ST.; 16 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Adel Broadbent

(Residence in Baltimore: No. 1017 Harlem Ave. St.; 65 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 65 yrs. - mos. - ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Music teacher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Stephen Broadbent

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Mary E. Scotti

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) F. A. Broadbent

(Address) 10 East Fayette Street

15- Filed JAN 22 1917, 191.... HARRY C. ARNOLD Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 21st, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 10 1917, to January 21 1917, that I saw her alive on January 20th 1917, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 1 day mos. 14 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) 5 yrs. mos. ds.

(Signed) Chas. O'Donovan M. D.

Jan 22, 191.. (Address) S. E. Pres. & Lex. Sts.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, 1/23, 191.7

20-UNDERTAKER Lemmon & Sons

ADDRESS 805 N. Gilmore

Spec.—5-19-13—M. & T.—500 Bks.

D 1603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4 28 D 1603

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 East Pleasant ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Agnes Lamb

(Residence in Baltimore: No. 102 East Pleasant St.; 24 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, September 28, 1892 (Month) (Day) (Year) 1

7-AGE, 24 yrs. 3 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Richard V. Lamb

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Catherine C. Bennett

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard V. Lamb

(Address) 102 East Pleasant St.

15- Filed JAN 22 1917, 191.... HARRY C. ANDEL, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 20 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Dec 1, 1916, to Jan 19, 1917, that I saw h er alive on Jan 19, 1917, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Robert J. Green M. D.

Jan 22 1917. (Address) 120½ Ringgold St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, 1/23, 191.)

20-UNDERTAKER Roberts & Sons

ADDRESS 8 & 10 N. Calvert St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1604

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 136 D 1604

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Jms Hopkins Hospital St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James [redacted] Jimmy Johns Hopkins Hospital

(Residence in Baltimore: No. [redacted] St.; ....yrs. ....mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, October 24, 1840
(Month) (Day) (Year)

7-AGE, 76 yrs. 2 mos. 27 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Saloon Keeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm Jimmy

11-BIRTHPLACE OF FATHER (State or Country). md.

12-MAIDEN NAME OF MOTHER Mary

13-BIRTHPLACE OF MOTHER (State or Country). md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [illegible]

(Address) Johns Hopkins Hospital

15-

Filed JAN 22 1917 HARRY C. ANDREWS Registrar.

Burial Permit 21[illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 20, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 12 1917, to January 20 1917, that I saw h[illegible] alive on January 16 1917, and that death occurred, on the date stated above, at 3.40 p. m.

The CAUSE OF DEATH* was as follows:

Senile Debility Pneumonia
Post Operative, Pneumococcus
Syphilis Remota
(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Hypertrophy of Prostate
(Duration) ....yrs. 2 mos. ....ds.

(Signed) [illegible] M. D.

Jan 22, 1917. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state: (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 8 ds. In the State Life yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? [illegible]

Former or usual residence Chesapeake Ave. York Rd Towson

19-PLACE OF BURIAL OR REMOVAL, MD DATE OF BURIAL, 1-23, 1917.

20-UNDERTAKER Henry W. Jenkins & Son Co ADDRESS Orchard & Calhoun

Spec.—8-24-14—M. & T.—2000 Bks.

D 1605

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1605

CERTIFICATE OF DEATH.

92

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 544 Quarry Ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta Knight

(Residence in Baltimore: No. 544 Quarry Ave St.; 14 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1856. (Year)

7-AGE, 60 yrs. 4 mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): HW

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Harrison Knight

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Matilda Jenkins

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. D. Knight

(Address) 544 Quarry Ave.

15- JAN 22 1917

Filed ....., 191.... HARRY C. ANDREWS

Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 21, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1917, to Jan 20 1917, that I saw her alive on Jan 20 1917, and that death occurred, on the date stated above, at 7.55 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Terminal

..... (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Chron. Interstitial Nephritis

..... (Duration) 2 yrs. ... mos. ... ds.

(Signed) H. Woundrell M. D.

Jan 21, 1917. (Address) 846 W 36th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state: (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Mary's Hampden — DATE OF BURIAL, Jan. 23. 1917.

20-UNDERTAKER Horace Burger Son — ADDRESS 363 Wells Rd

D 1606 HEALTH DEPARTMENT—CITY OF BALTIMORE D 1606

CERTIFICATE OF DEATH.

150

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 537 Dolphin St. 17 Ward)
2-FULL NAME Charles Johnson
(Residence in Baltimore: No. 537 Dolphin St.; yrs., mos. ds.)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col'd	Single

6-DATE OF BIRTH, ... Jan. 20, 1917
(Month) (Day) (Year)

7-AGE. ..... yrs. ..... mos. 1 ds.
If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.
10-NAME OF FATHER, Ivor Johnson
11-BIRTHPLACE OF FATHER (State or Country), Baltimore
12-MAIDEN NAME OF MOTHER Mary Gray
13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE ~~BEST~~ OF MY KNOWLEDGE.
(Informant) ..... Father
(Address) ..... 537 Dolphin

15- JAN 22 1917 HENRY O. ANDRE...S Burial Permit Clerk
Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan. 21, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

a Pneumonia
b Coma
(Duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Unknown
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) ..... M. D.
(Coroner)
Jan. 24, 191.7 (Address) 519 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence 537 Dolphin

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cemetery
DATE OF BURIAL, Jan. 23, 19 17
20-UNDERTAKER James H Dennis
ADDRESS 1303 Pennsylvania Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1607

CERTIFICATE OF DEATH.

28 D 1607

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 N Gilmor ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Taylor

(Residence in Baltimore: No. 409 N Gilmor St.; ..... yrs. ..... mos. 22 ds.)

31 yrs in City.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Married

6-DATE OF BIRTH, ... Dec (Month) 31 (Day), 1875 (Year)

7-AGE, 41 yrs. 0 mos. 20 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... House Wife .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Prince George Co Md

PARENTS.

10-NAME OF FATHER, Frank Hawkins

11-BIRTHPLACE OF FATHER (State or Country), Prince George Co

12-MAIDEN NAME OF MOTHER Nancy Gray

13-BIRTHPLACE OF MOTHER (State or Country), Calvert Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margret Sellman

(Address) 409 N. Gilmor st

15-

Filed JAN 22 1917, 191.... Burial Permit Clark Registrar.

HARRY C. ANDREWS

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 25 1916, to Jan 21 1917, that I saw h er alive on Jan 20 1917, and that death occurred, on the date stated above, at 9.15 A. m.

The CAUSE OF DEATH* was as follows:

..... Pulmonary Tuberculosis .....

..... 6-7 ? .....

..... (Duration) ..... yrs. 7 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) ..... Wm H Wright ..... M. D.

Jan 21, 1917 (Address) 1709 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? -

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Jan 23, 1917

20-UNDERTAKER James H. Dennis

ADDRESS 1303 Eastern

Spec.—8-24-14—M. & T.—2000 Bks.

D 1608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

172 D 1608

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 Ostend ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Ottman,

(Residence in Baltimore: No. 1216 W. Ostend St. St.; 57 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	married

6-DATE OF BIRTH, Unknown, (Month) 1 (Day) (Year)

7-AGE, 57 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Jacob Smith

11-BIRTHPLACE OF FATHER (State or Country), York, Pa.

12-MAIDEN NAME OF MOTHER Miss Small

13-BIRTHPLACE OF MOTHER (State or Country), York, Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Ottman,

(Address) 1216 W. Ostend St.

15- Filed JAN 22 1917, 191... HENRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jany (Month) 20 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 15 1917, to Jany 20 1917, that I saw Her alive on Jany 20 1917, and that death occurred, on the date stated above, at 2 1/2 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Duration yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Accidental Fall down Stairs,

Duration yrs. mos. 10 ds.

(Signed) Lightbody M.D.

Jan 22, 191... (Address) 1212 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
5th German Reformed	Jan. 23, 1917.
20-UNDERTAKER Joseph B. Cook	ADDRESS 1503 W. Balto.

D 1609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 1609

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 315 N Carey ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sally E. Harkins

(Residence in Baltimore: No. 315 N Carey St.; yrs., 30 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 70 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Harford Co. Md

PARENTS.

10-NAME OF FATHER, Mr. Foy.

11-BIRTHPLACE OF FATHER (State or Country), Harford Co. Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. E. Jones.

(Address) 315 N. Eden Ave.

15- Filed JAN 22 1917, 191.. HARRY O. ANDREWS Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchiditis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilation of heart (Duration) yrs. Sudden mos. ds.

(Signed) James M Jones M. D. (Coroner.)

Jan 21, 1917. (Address) 710 E Clay St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Edgar Hill Cem.	Jan 19 17
20-UNDERTAKER Joseph B Cook	ADDRESS 1003 W Balto St

Important: See instructions on back.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 1610

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Altamont Hotel ST.; 1st WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Robbins Hoffman

Residence in Baltimore: No. Altamont Hotel St.; 64 yrs., 7 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-[illegible] MARRIED, [illegible] OR WIDOWED, (Write the word.) Married

6-DATE OF BIRTH, May Ninth, 1852
(Month) (Day) (Year)

7-AGE, 64 yrs. 7 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Horace K Robbins

11-BIRTHPLACE OF FATHER (State or Country), Rocky Hill Conn

12-MAIDEN NAME OF MOTHER Mary E. Hyde

13-BIRTHPLACE OF MOTHER (State or Country), Norwich Conn

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederic A Hoffman

(Address) Baltimore Md.

15- Filed JAN 22 1917 191.....

ROBERT B. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 22, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 2 1916, to Jan 22 1917, that I saw h e alive on Jan 22 1917, and that death occurred, on the date stated above, at 9.45 a.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

Cerebral Hemorrhage

Suddenly (Duration)..... yrs. ..... mos. 10 m. ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

..... (Duration)..... yrs. 2 mos..... ds.

(Signed) Nellie W. Taylor M. D.

Jan 22, 191 7. (Address) 823 Hamilton Terrace.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ✓ yrs. ✓ mos. ✓ ds. In the State ✓ yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death? ✓ ✓ ✓ ✓

Former or usual residence ✓ ✓ ✓ ✓

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cty DATE OF BURIAL, Jan 25th, 191 7.

20-UNDERTAKER Edward Mowen Co ADDRESS 108 W. North Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1611

CERTIFICATE OF DEATH.

79 D 1611

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 Gough ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Johnson

(Residence in Baltimore: No. 1503 Gough St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, black

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) Feb (Day) ..... (Year) 1877.

7-AGE, 40 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Louisa County Va

PARENTS.

10-NAME OF FATHER, Daniel Wright

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Francis

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James J. Harris

(Address) 1501 Gough St

15- Filed JAN 22 1917, 191... ROBERT B. KRAUTER Registrar.

Daniel Purnell Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 20, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Decem 1916, to Jan 11 1917, that I saw h.. alive on Jan 11 1917, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Heart Failure

(Duration) ...yrs. 6 mos. ...ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(Duration) ...yrs. 6 mos. ...ds.

(Signed) Nathan J. Hellman M. D.

Jan 22, 191 7 (Address) 258 W Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Cemetery

DATE OF BURIAL, Jan 24, 191 7

20-UNDERTAKER Chas E Bailey

ADDRESS Ellicott

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 1612
1-PLACE OF DEATH

CERTIFICATE OF DEATH

28 D 1612
REGISTERED NO. C

CITY OF BALTIMORE (No. Hahnemann General Hospital ST. 4 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George L. Halloran

(Residence in Baltimore: No. 704 W. Lexington St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male
4-COLOR OR RACE: white
5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: [illegible] (Month) (Day) 1870 (Year)

7-AGE: 47 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Michael Halloran
11-BIRTHPLACE OF FATHER (State or country): Ireland
12-MAIDEN NAME OF MOTHER: Margaret Kane
13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary Halloran
(Address) 935 Franklin St

15. Filed JAN 22 1917, 19 ROBERT B. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 20, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1917, to Jan 20 1917, that I saw h~~im~~ alive on Jan. 20, 1917, and that death occurred, on the date stated above, at 8 A. m.
The CAUSE OF DEATH* was as follows:
Pulmonary tuberculosis

(Duration Several yrs. — mos. — ds

Contributory (SECONDARY)

(Duration) — yrs. — mos. — ds.

(Signed) H. E. Kane, M. D.
Jan 22, 1917 (Address) 1235 N. Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death — yrs. — mos. 18 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death? Do not know
Former or usual residence 704 W Lexington St.

19-PLACE OF BURIAL OR REMOVAL: St Peters — DATE OF BURIAL: Jan 23, 1917
20-UNDERTAKER: M Fahey & Sons — ADDRESS: 406 Lafayette Ave

is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1613

CERTIFICATE OF DEATH.

91 D 1613

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 224 N. Hoffman St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Brown

(Residence in Baltimore: No. 224 N. Hoffman St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE. C

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Dec. 16th, 1916
(Month) (Day) (Year)

7-AGE. ..... yrs. 1 mos. 3 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Infant
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Lorain Brown

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Brown

(Address) 1207 Fulton Ave

15- Filed JAN 22 1917, 191... ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 19th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 17th 191 7, to Jan 19th 191 7, that I saw h[illegible] alive on Jan 19th 191 7, and that death occurred, on the date stated above, at 8:30 a. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

Duration Unknown.... (Duration)..... yrs..... mos..... 1 ds.

CONTRIBUTORY (Secondary)

..... (Duration)..... yrs..... mos..... ds.

(Signed) A. [illegible] Smith M. D.

1/22, 191 7. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL. ....., 191...
JOHNS HOPKINS HOSPITAL	JAN 22 1917
20-UNDERTAKER	ADDRESS
Commissioner Health.	

Per. WM. E. WOODALL.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1614

CERTIFICATE OF DEATH.

D 1614

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 North Eden ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby White

(Residence in Baltimore: No. 507 North Eden Street St.; ...yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, January 17 (Month) (Day), 1917 (Year)

7-AGE.	If LESS than 1 day,
...yrs....mos. 2 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George White

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Bessie Chase

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Gherman M. D.

(Address) Johns Hopkins Hospital

15- Filed JAN 22 1917, 191. ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 19 (Month) 1917 (Day), 191 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 17 1917, to January 19 1917, that I saw him alive on January 18 1917, and that death occurred, on the date stated above, at ? m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(Duration) ...yrs....mos....ds.

CONTRIBUTORY (Secondary) None

(Duration) ...yrs....mos....ds.

(Signed) John Gherman M. D.

Jan 19 1917. (Address) Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs....mos....ds. In the State ...yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
JOHNS HOPKINS HOSPITAL	JAN 20 1917, 191...
20-UNDERTAKER	ADDRESS
Commissioner Health.	

D 1615

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

D 1615

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 3139 Cedar Ave ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Inf of Chas Ed & Nora E. James

(Residence in Baltimore: No. 3139 Cedar Ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Jan 15, 1917 (Month) (Day) (Year)

7-AGE: — yrs. — mos. — ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: Chas. Edwin James

11-BIRTHPLACE OF FATHER (State or country): Balto. Md.

12-MAIDEN NAME OF MOTHER: Nora Ellen Reynolds

13-BIRTHPLACE OF MOTHER (State or country): Delta, Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Chas. Ed. James

(Address)

15-

Filed JAN 22 1917, 191 ROBERT E. LEE, JOHNS HOPKINS HOSPITAL, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 15, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 191..., to ....., 191...,
that I saw h... alive on ....., 191...,
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:

Premature birth
4 mos. Intra-Uterine

(Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Roscoe Stroudsburg M. D.

Jan 18, 191 7 (Address) 748 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: JAN 25 1917

20-UNDERTAKER: Commissioner Health.

ADDRESS

"Please call for disposal."

...is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1616

CERTIFICATE OF DEATH.

28 D 1616

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2013 Fleet ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fredrick Lindhorst

(Residence in Baltimore: No. 2013 Fleet St. 25 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, April 3 (Month) (Day), 1876 (Year)

7-AGE,			If LESS than 1 day,
40 yrs.	9 mos.	17 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stationary engineer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER, Henry Lindhorst

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Lindhorst Jr.

(Address) 512 N. Curley St.

15-

Filed JAN 22 1917, 191.....

ROBERT B. KRAUTER

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June. (Month) 20 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 9 1917, to June 20 1917, that I saw him alive on June 20 1917, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis (Pulmonary)

(Duration) 7 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John H. Rehberger M. D.

June 22, 1917. (Address) 1709 Alice Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Hill	Jan. 23, 1917.
20-UNDERTAKER	**ADDRESS**
Robt. L. Turner	Broadway & Lee

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1617

CERTIFICATE OF DEATH.

79 D 1617

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3109 Elliot St (ST.; WARD) 1 REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H Gibson

(Residence in Baltimore (No.) 3109 Elliot St St.; 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Sept (Month) 16 (Day) 1846 (Year)

7-AGE, 70 yrs. 4 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer on
(b) General nature of industry, business, or establishment in which employed (or employer): Street work

9-BIRTHPLACE, (State or Country), Italy S.G.

PARENTS.

10-NAME OF FATHER, Alexander Gibson

11-BIRTHPLACE OF FATHER (State or Country), Dalto Tyrol.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H Gibson

(Address) 3109 Elliott St

15-Filed JAN 22 1917, 191 ROBERT B. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 21 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from July 25 1916 to Jan 21 1917, that I saw him alive on Jan 21 1917, and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Chronic Kidney Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis Laryngitis

(Duration) 3 yrs. mos. ds.

(Signed) L. L. Kardinsky M. D.

Jan 21, 1917 (Address) 1116 S. Kenwood Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, Jan 24, 1917.

20-UNDERTAKER Robb Turner — ADDRESS 1922 Druid Hill Ave

OFFICE ADDRESS:
19-41 N. CHARLES ST.
MT. VERNON 2601

RESIDENCE ADDRESS:
1705 N. MONROE ST.
MADISON 1893-W

JAMES A. MURRAY
NOTARY PUBLIC

BALTIMORE, MD., February 8, 1917

I hereby certify that the correct age of my late husband, John H. Gibson, who died on the twenty-first day of January 1917, is 62 years.

Witness James A. Murray Signed Mary Theresa Gibson

I hereby certify that on this 9th day of February, 1917, before the subscriber, a Notary Public of the State of Maryland, in and for the City of Baltimore, personally appeared Mary Theresa Gibson and made oath in due form of law that the correct age of her late husband, John H. Gibson is 62 years.

(SEAL)

James A. Murray
Notary Public

My Commission Expires April 30th 1918

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1618

CERTIFICATE OF DEATH.

D 1618

REGISTERED No. C 157

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Nelden.

(Residence in Baltimore: No. John Hopkins Hospital St.; 4hr yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Sing

6-DATE OF BIRTH, ... (Month) 9 (Day), 1917 (Year)

7-AGE, ... yrs. ..... mos. 3 da. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Charles Nelden

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER —

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P Phillips

(Address) Johns Hopkins Hosp

15- Filed JAN 22 1917, 191... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 18 1917, to Jan 21 1917, that I saw h[illegible] alive on Jan 21 1917, and that death occurred, on the date stated above, at 2 30 p. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) 0 yrs. 0 mos. 3 da.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. da.

(Signed) Henry B. Conrad M. D.

Jan. 21, 1917 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 3 da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Woodlawn.	Jan 23, 1917.
20-UNDERTAKER William Cook	ADDRESS 502 S Monroe

Spec.—8-24-14—M. & T.—2000 Blks.

D 1619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 79 D 1619

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.) 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter a. Jones.

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White	married

6-DATE OF BIRTH, Dec. (Month) 20 (Day), 1872 (Year)

7-AGE, 44 yrs. 1 mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Rayen Jones.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Marcella Childs

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Hatton

(Address) Johns Hopkins Hospital

15- Filed JAN 22 1917 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 20 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 11, 1916, to Jan 20 1917, that I saw h... alive on Jan 20 1917, and that death occurred, on the date stated above, at 7 53 p. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

..... (Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

..... (Duration) 3 yrs. 6 mos. ....ds.

(Signed) Chas. E. Southworth M. D.

Jan ....., 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Mt. Rayen, Md.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL,
Loudon Park	Jan. 22, 1917.
20-UNDERTAKER William Cook	ADDRESS 502 E. North Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1620

CERTIFICATE OF DEATH.

130 D 1620

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 W 37th St.; 13 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary P Miles

(Residence in Baltimore: No. 1017 W 37th St.; 6y yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, April 13, 1840 (Month) (Day) (Year)

7-AGE, 76 yrs. 9 mos. 8 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... at Home
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Housework

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, William H Purden

11-BIRTHPLACE OF FATHER (State or Country) Balto City

12-MAIDEN NAME OF MOTHER Mary Purden

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence Miles

(Address) 1017 W 37th

15-

Filed JAN 22 1917, 191... ROBERT P. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1 21, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12-12 1916, to 1-22 1917, that I saw her alive on 1-21 1917, and that death occurred, on the date stated above, at 11 45a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Old age.

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C O'Gallagher M. D.

1/22, 191 7 (Address) 39 Bolton Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet — DATE OF BURIAL, Jan 24 191 7

20-UNDERTAKER William Cook — ADDRESS 501 E Balt

Dr Gallagher 39 Bolton Rd.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1621

CERTIFICATE OF DEATH.

× 92 D 1621

REGISTERED No. C.....

1-PLACE OF DEATH Womans Hospital

CITY OF BALTIMORE: (No. ..... ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Lottie Price

(Residence in Baltimore: No. 422 Eversham Ave (Grove) St.; ..... yrs., 23 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Dont Know ....., 1..... (Month) (Day) (Year)

7-AGE, ...65..... yrs. — mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Missionary .....
(b) General nature of industry, business, or establishment in which employed (or employer)..... to China .....

9-BIRTHPLACE, (State or Country), Pennsylvania -

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont know

12-MAIDEN NAME OF MOTHER Dont know

13-BIRTHPLACE OF MOTHER (State or Country), Dont know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. A. S. Taylor

(Address) 422 Eversham Ave

15- Filed JAN 22 1917, 191.... Jolans ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan. (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 17 1917, to Jan. 22 1917, that I saw h.r alive on Jan. 22 1917, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

..... Lobar Pneumonia .....

..... (Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) ..... Mitral stenosis .....

..... (Duration) (?) yrs. ..... mos. ..... ds.

(Signed) ..... P.K. Lukeatis ..... M. D.

1-22-17, 191... (Address) ... Womans Hosp. ..

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 6 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 422 Eversham St -

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Woodlawns Cemetery	Jan 24th, 1917
20-UNDERTAKER William Cook	ADDRESS 502 E North Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1622 — CERTIFICATE OF DEATH. — 79 — D 1622

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 412 E. Cross ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Rodgers

(Residence in Baltimore: No. 412 E. Cross St.; Life yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Feb. (Month) 20 (Day) 1861 (Year)

7-AGE 55 yrs. 11 mos. 1 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Harry L. Rogers

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Mary J. Rodgers

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret A. Zilch

(Address) 412 E. Cross St

15- JAN 22 1917 ROBERT B. KRAUTER

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 1916, to January 21 1917, that I saw him alive on January 20 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Senile Myocarditis

(Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Organic Heart Disease

(Duration) ..... yrs. 2 mos. ..... ds.

(Signed) H. Weismiller M. D.

January 22, 191.. (Address) 538 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Jan 25 ..... 191 7
20-UNDERTAKER Williams Cook	ADDRESS 502 6 North Ave

D 1623

HEALTH DEPARTMENT--CITY OF BALTIMORE

168 D 1623

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 135 W.Barre St. ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Cooney.

(Residence in Baltimore: No. 135 W.Barre St. St.: 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male.	White.	Widower.

6-DATE OF BIRTH, Do not know. (Month) , / (Day) (Year)

7-AGE, About 60 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Street sweeper.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, Do not know.

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Do not know.

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs.Mary Norton.(daughter)
(Address) Hamilton,Md.

15- Filed JAN 22 1917, 191... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 20th.1917., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating gas Asphy xia.
Accidental.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) from a gas stove

(Duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)
Jan,21,1917 (Address) 1617 S.Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cem.	Jan 23 1917
20-UNDERTAKER	ADDRESS
F.A. Krause	703 Hanover

D 1624

HEALTH DEPARTMENT—CITY OF BALTIMORE

168 D 1624

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 135 W.Barre St. St.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John T.Cooney

(Residence in Baltimore: No. 135 W.Barre St.

St.; yrs. 41 mos. 1 ds. 11)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWER OR DIVORCED, (*Write* the word.)
Male.	White.	Single.

6-DATE OF BIRTH, December 9th. 1875, 1
(Month) (Day) (Year)

7-AGE, 41 yrs. 1 mos. 11 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer): Glass Factory

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: Thomas Cooney.

11-BIRTHPLACE OF FATHER (State or Country): Ireland.

12-MAIDEN NAME OF MOTHER: Jennie McNaney.

13-BIRTHPLACE OF MOTHER (State or Country): Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs.Mary Norton.(sister)
(Address) Hamilton Md.

15- Filed JAN 22 1917, 191... ROBERT E. KRAUTER Registrar. Burial Permit (Clerk)

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 20th. 1917., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Illuminating gas Asphyxia.
Accidental.

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) From a gas stove.

(Duration) ...yrs. ...mos. ...ds.

(Signed) Otto M Kernhardt M. D.
(Coroner)

Jan.21,1917. (Address) 1017 S.Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cem.	Jan. 23, 1917
20-UNDERTAKER	ADDRESS
F.A. Kranse	703 Hanover

Spec.—8-24-14—M. & T.—2000 Bks. Mary Glassner.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1625 D 1625

CERTIFICATE OF DEATH.

1 REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Glassner

(Residence in Baltimore: No. 519 E. Madison St.; 35 yrs., mos., da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Jan 10, 1857 (Month) (Day) (Year)

7-AGE, 59 yrs. — mos. 12 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Scrubwoman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Adam Casper

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mathilda Brickman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Record

(Address) Mercy Hospital

15- JAN 22 1917 ROBERT R. KRAUTER Registrar.

Filed....., 191.... Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 22, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 11 1917, to Jan 22 1917, that I saw her alive on Jan 22 1917, and that death occurred, on the date stated above, at 6-15 a m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) ....yrs. ....mos. 11 da.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....da.

(Signed) Jno. E. Magruder M. D.

1/22/, 1917. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 10 da. In the State 35 yrs. ....mos. ....da.

Where was disease contracted, if not at place of death? 519 E Madison St

Former or usual residence Same

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem — DATE OF BURIAL, 1/25/, 1917

20-UNDERTAKER Chas S. Crane & Son — ADDRESS 1121 Mt Royal Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1626

CERTIFICATE OF DEATH

41 D 1626

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2225 Huntingdon Ave St. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Thomas B. McGee

(Residence in Baltimore: No. 2225 Huntingdon Ave St.; 30 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: May 25th (Month) (Day), 1862 (Year)

7 AGE: 54 yrs. 9 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Restaurant
(b) General nature of industry, business, or establishment in which employed (or employer): Keeper

9 BIRTHPLACE (State or country): Ireland

PARENTS

10 NAME OF FATHER: Patrick McGee

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Margaret Gentney

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Margaret McGee

(Address) 2225 Huntingdon Ave

15.

Filed JAN 22 1917, 191 ROBERT B. KRAUTER

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 22nd (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 2nd, 1914, to Jan 21st, 1917, that I saw him alive on Jan 21st, 1917, and that death occurred, on the date stated above, at 12.15 A.M.

The CAUSE OF DEATH* was as follows:

Cancer of Rectum
Clinical Diagnosis

(Duration) 1 yrs. 6 mos. ds

Contributory (SECONDARY) Toxaemia, Heart failure

(Duration) yrs. mos. 4 ds.

(Signed) Camille A. Stengel M. D.

Jan 22nd, 1917 (Address) 1227 W. 23rd St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cathedral Cem — DATE OF BURIAL: 1/24, 1917

20 UNDERTAKER: Chas. H. Evans & Son — ADDRESS: 1180 N. Royal Ave

is very important. See instructions on back of certificate.

D 1627

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 D 1627

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1827 Asquith St. ST. 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Arthur Gorman Phillips

(Residence in Baltimore: No. 1827 Asquith St ~~Sr.~~ ~~yrs.~~ 8 mos. ~~ds.~~)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH June (Month) 9 (Day), 1903 (Year)

7-AGE 13 yrs. 7 mos. 12 ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work School Boy
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Orange Grove, Md.

PARENTS

10-NAME OF FATHER Michael Thomas Phillips.

11-BIRTHPLACE OF FATHER (State or country) Baltimore Md

12-MAIDEN NAME OF MOTHER Elizabeth Jane Sewell.

13-BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thos. L. Phillips.

(Address) Louisville, Ky.

15 JAN 22 1917 Filed ..... 191 ROBERT R. KRAUTER Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH January (Month) 2 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 , 191 , to. Jan 2 191 , that I saw h[illegible] alive on January 2 , 191 , and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Acute indigestion

(Duration) ... yrs. ... mos. 7 ds

Contributory (SECONDARY) Bright's disease-following Diphtheria

(Duration) 2 yrs. ... mos. ... ds.

(Signed) D. C. Aldridge M. D.

1-22, 191 7. (Address) 210 East Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Loudon Park.

DATE OF BURIAL January 22, 1917.

20-UNDERTAKER Geo. L. Schwab & Bro

ADDRESS 2101 Frederick Ave.

2 P. M.

is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 1628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 D 1628

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 336 Garrison Lane ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia C Hutchinson

(Residence in Baltimore: No. 336 Garrison Lane St.; yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, (Month) 7, (Day) 23, (Year) 1910

7-AGE, yrs. 5 mos. 29 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto City,

PARENTS.

10-NAME OF FATHER, Gaither D. Hutchinson

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER, Nellie Viola Stevens

13-BIRTHPLACE OF MOTHER (State or Country), Balto City,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gaither Dennis Hutchinson.

(Address) 336 Garrison Lane.

15-JAN 22 1917 ROBERT B. KRAUTER

Filed....., 191.... Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) Jan (Day) 21, (Year) 1917

17- I HEREBY CERTIFY, That I attended deceased from Jan 17, 1917, to Jan 21, 1917, that I saw her alive on Jan 21, 1917, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. 6 mos. ds.

(Signed) R Watson M. D.

1/22, 1917 (Address) 1535 Hollins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cemetery. DATE OF BURIAL, January 23, 1917.

20-UNDERTAKER Geo. L. Schwab & Bro. ADDRESS 2101 Frederick Ave.

Spec.—9-24-14—M. & T.—2000 Bks.

D 1629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

17 D 1629

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2323 Frederick ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary C Batz

(Residence in Baltimore: No. 2323 Frederick St.; 58 yrs., 2 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Nov. (Month) 15 (Day), 1858 (Year)

7-AGE, 58 yrs. 2 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Frank Cosper.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Elizabeth Schmidtner.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Francis A. Bonsall

(Address) 2323 Frederick Ave

15- Filed JAN 22 1917 191.... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1917, to Jan 20 1917, that I saw h[illegible] alive on Jan 20 1917, and that death occurred, on the date stated above, at 4.45 m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonal Hyst
Disease

(Duration) ....yrs. unknown mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Walter A Cop M. D.

1.23., 1917. (Address) Jarrison & Lemmon

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral. DATE OF BURIAL, Jan. 23., 1917.

20-UNDERTAKER Geo. L. Schwab & Bro. ADDRESS 2101 Fred'k Ave.

D 1630

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 D 1630

1. PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 1117 S Sharp ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Christina Krause

(Residence in Baltimore: No. 1117 Sharp St

St.: 70 yrs. 7 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6. DATE OF BIRTH: June 11, 1846 (Month) (Day) (Year)

7. AGE: 70 yrs. 7 mos. 10 ds. If LESS than 1 day, ... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or country): Germany

PARENTS

10. NAME OF FATHER: Wilhelm Metzger

11. BIRTHPLACE OF FATHER (State or country): Germany

12. MAIDEN NAME OF MOTHER: Christina Eckard

13. BIRTHPLACE OF MOTHER (State or country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Edward T Baker

(Address) 1117 Sharp St

15. Filed JAN 23 1917, 191 ..... MARY O. ANDELOT Chief Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan 21st, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 12th, 1917, to Jan 21st 1917, that I saw her alive on Jan 21st, 1917, and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 9 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry D Kolb M. D.

Jan 22nd, 191 (Address) 1103 E Fort

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: 1/24, 1917

20. UNDERTAKER: J. Few McCully — ADDRESS: 130 E. Fort

is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1631

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

38 D 1631

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Berna Unger

(Residence in Baltimore: No. 655 W. Fayette St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, Unknown (Month) (Day), 1894. (Year)

7-AGE, 23 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House wife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Brinton Toms

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Grace Harbaugh

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. A. Bauer

(Address) 421 Lamden St

15-

Filed JAN 23 1917, 191.

HARRY C. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 27, (Day) 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 24 1916, to Jan 27 1917, that I saw her alive on Jan 27 1917, and that death occurred, on the date stated above, at 9:10 P. m.

The CAUSE OF DEATH* was as follows:

General Peritonitis following
Surg. septic abortion

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Pulmonal Tuberculosis

(Duration) yrs. mos. 3 ds.

(Signed) C. G. Burgchmidt M. D.

1/27, 1917. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 29 ds. In the State 23 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? At her home

Former or usual residence 655 W Fayette St

19-PLACE OF BURIAL OR REMOVAL, Druid Hill Cemetery DATE OF BURIAL, Jan 29 1917.

20-UNDERTAKER W. J. Tuckerman ADDRESS with Penn Co

Spec.—8-24-14—M. & T.—2000 Blks.

D 1632

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 1632

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital WARD)

REGISTERED NO. C 152

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Whittington

(Residence in Baltimore: No. University Hospital St.; ... yrs., ... mos. ... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, 1 (Month) 20 (Day), 1917 (Year)

7-AGE, ... yrs. ... mos. ... da. If LESS than 1 day, 23 hrs. or 2 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William E. Whittington

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Celia Wells

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eugene Payne

(Address) 2306 Pine

15-

Filed JAN 23 1917, 191... HARRY O. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1 (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1-20 1917, to 1-21 1917, that I saw ... alive on 1-21 1917, and that death occurred, on the date stated above, at 11.30 p. m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(Duration) ... yrs. ... mos. ... da.

CONTRIBUTORY (Secondary) Premature Birth

(Duration) ... yrs. ... mos. ... da.

(Signed) J. J. Wolff M. D.

1-23, 1917. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, Jan 23 1917

20-UNDERTAKER Charles B. Jones ADDRESS 2356 Pine

Spec.—8-24-14—M. & T.—2000 Bks.

D 1633

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1633

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 742 Waschc ST.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carroll Dwight Thomas

(Residence in Baltimore: No. 742 Waschc St.; Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown (Month), 1 (Day), ... (Year)

7-AGE, 1 yrs. 7 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balt. Md.

PARENTS.

10-NAME OF FATHER, Edward Thomas

11-BIRTHPLACE OF FATHER (State or Country), Balt. Md.

12-MAIDEN NAME OF MOTHER Amelia Wilson

13-BIRTHPLACE OF MOTHER (State or Country), Balt. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Thomas

(Address) 742 Waschc St.

15-

JAN 23 1917 HARRY C. ARLETT

Filed....., 191... Deputy Health Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 19 1917, to Jan. 22 1917, that I saw h.. alive on Jan. 21 1917, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Jno. G. Steiner M. D.

Jan 22, 1917 (Address) 206 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery DATE OF BURIAL, Jan 24 1917

20-UNDERTAKER Felix B. Pye ADDRESS 822 E. Mulberry St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1634

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1634

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1747 E Ashland Ave St.; 7 WARD)

REGISTERED No. C 15

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Diggs

(Residence in Baltimore: No. 1747 E. Ashland Ave St.; ...yrs.. ...mos. 9 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Child

6-DATE OF BIRTH, January (Month) 13 (Day), 1917 (Year).

7-AGE, ...yrs. ...mos. 9 da.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, Seymour Diggs

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Martha Parrot

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John A Sperry

(Address) Johns Hopkins Hosp.

15- Filed JAN 23 1917, 191... HARRY S. ANDREWS Asst. Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 13 1917, to Jan. 22 1917, that I saw h alive on Jan 21 1917, and that death occurred, on the date stated above, at 2 9 m.

The CAUSE OF DEATH* was as follows:

Premature (9 mos)

(Duration) ...yrs. ...mos. ...da.

CONTRIBUTORY (Secondary) Inanition.

(Duration) ...yrs. ...mos. ...da.

(Signed) John Sherman Jr. M. D.

Jan 22, 191. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...da. In the State ...yrs. ...mos. ...da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Laurel Cem.

DATE OF BURIAL. 23, 1917

20-UNDERTAKER Mrs J. G. Locke

ADDRESS 1302 Jefferson St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1635 + 115 D 1635

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theodore Korner

(Residence in Baltimore: No. Shady Side Mercy Hospital St.; — yrs., — mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug 18, 1844. (Month) (Day) (Year)

7-AGE, 72 yrs. 5 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Ohio

PARENTS.

10-NAME OF FATHER, Henry Korner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Doris Humphreys

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Willard L. Howard

(Address) Shady Side Md

15- HARRY C. ANDREWS

Filed JAN 23 1917, 191. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 22, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 11 1917, to Jan 22 1917, that I saw h— alive on Jan 22 1917, and that death occurred, on the date stated above, at 3.00 p. m.

The CAUSE OF DEATH* was as follows:

Ruptured Gall Bladder

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Peritonitis

(Duration) yrs. mos. 3 ds.

(Signed) Owen E Meagher M. D.

1/22, 1917. (Address) Mercy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 10 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Shady Side Md

Former or usual residence same

19-PLACE OF BURIAL OR REMOVAL, Portsmouth Va — DATE OF BURIAL, Jany 24, 1917.

20-UNDERTAKER E. M. Mitchell & Co — ADDRESS 201 W. Fayette St

D 1636

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 1636

40

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2607 Huntingdon Ave. ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elisabeth Edmonston

(Residence in Baltimore: No. 2607 Huntingdon Ave. St.; —yrs. —mos. —da.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Jan. (Month) 10 (Day) 1858. (Year)

7-AGE: 59 yrs. 11 mos. ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House-work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Edwin Phillips

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Marshall Edmonston

(Address) 2605 Huntingdon Ave.

15- JAN 23 1917 (Filed) 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan. 22/17. (Month) (Day) 191 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 3/16. 191 to Jan. 22/17. 191, that I saw her alive on Jan. 20/17. 191, and that death occurred, on the date stated above, at 10.15 m. AM.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach.
Clinical 2d also Operation

(Duration) 1 yrs mos ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs ..... mos ..... ds.

(Signed) Henry Vandersluis M. D.

Jan. 22/17 191 [Address] 933 Hanover st.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge — DATE OF BURIAL: Jan 20 191 7

20-UNDERTAKER: Wm Cook — ADDRESS: 502 E Mulberry

D 1637

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 1637

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 2608 Bruce Pl ST. 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Frank A Evans

(Residence in Baltimore: No. 2608 Bruce Pl St.: ~~Left~~ mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Oct 4, 1893 (Month) (Day) (Year)

7 AGE: 23 yrs. 3 mos. 17 ds. | If LESS than 1 day, ...hrs. or ....min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: William H Evans

11 BIRTHPLACE OF FATHER (State or country): Pa

12 MAIDEN NAME OF MOTHER: Fannie R Zimmerman

13 BIRTHPLACE OF MOTHER (State or country): Washington D.C.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm H Evans

(Address) 2608 Bruce St

15 Filed JAN 23 1917 BARRY C. ANDELOT Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan 21, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1917, to Jan 21 1917.

that I saw h~~im~~ alive on Jan 21, 1917.

and that death occurred, on the date stated above, at 5 ~~30~~ p.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart disease

(Duration) Lifelong yrs. mos. ds

Contributory (SECONDARY) Acute dilation

(Duration) yrs. mos. ds.

(Signed) Fred B Jones M. D.

Jan 22, 1917 (Address) 2516 Penn ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery | DATE OF BURIAL: Jan 24, 1917

20 UNDERTAKER: John J Wells | ADDRESS: 120 N Eutaw st

is very important. See instructions on back of certificate.

D 1638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 1638

REGISTERED No. C.....

PLACE OF DEATH

CITY OF BALTIMORE (No. 108 N Bruce ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George West

(Residence in Baltimore: No. 108 N Bruce St.; ...yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	Colored	Single

6-DATE OF BIRTH, Dec. (Month) 22 (Day), 1915 (Year)

7-AGE	If LESS than 1 day,
1 yrs. 1 mos. ds.	...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Samuel West

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Lucy Brown

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucy West

(Address) 105 N Bruce St

15- Filed JAN 23 1917, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Enteric-Colitis

(Duration) ... yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Intestinal Intoxication

(Duration) ... yrs. mos. 2 ds.

(Signed) James M. Renton M. D. (Coroner.)

Jan. 22, 1917. (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Jan 25, 1917
20-UNDERTAKER Geo H Hooper	ADDRESS 610 Pitt East

D 1639

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED No. C 1720 — D 1639

CITY OF BALTIMORE: (No. 867 Valentine St. 21 WARD)

2-FULL NAME Lottie Carey

(Residence in Baltimore: No. 867 Valentine St.; — yrs. — mos. — ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female | 4-COLOR OR RACE: Colored | 5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month) (Day), 1864 (Year)

7-AGE: 53 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Do not Know

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Do not Know

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): C. Merideth

(Address): 867 Valentine st

15- JAN 23 1917 Filed ..., 191... HARRY C. ANDERSON Burial Permit Clerk

REGISTRAR

TION is very important. Every item should be carefully answered.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan. (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1916, to, Jan 22 1917, that I saw h[er] alive on Jan 21 1917, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs Unknown ds.

Contributory (SECONDARY)

(Duration) yrs mos. ds.

(Signed), C. Merideth M. D.

Jan 23 1917. [Address] 727 Columbia Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos. ds. | In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Port Covington cemetery | DATE OF BURIAL: January 23, 1917

20-UNDERTAKER: Geo H Hooper | ADDRESS: 602 Little Pratt St

Spec.—8-24-14—M. & T.—2000 Blks.

D 1640

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 1640

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1364 Reynold. ST.: 24 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stefan Lesniewski

(Residence in Baltimore: No. 1364 Reynold. St. St.; yrs., 5 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male | 4-COLOR OR RACE White | 5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, August 8, 1911
(Month) (Day) (Year)

7-AGE, yrs. 5 mos. 10 ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer) Infant.

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Stanislaw Leszczynski

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland

12-MAIDEN NAME OF MOTHER Stanislawa Gasiorek

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE,

(Informant) M. Lesniewski

(Address) 1364 Reynold

15-

Filed JAN 23 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 22, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 21 1917, to Jan. 22 1917, that I saw him alive on Jan. 21 1917, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Maurice Jones M. D.

Jan 22, 1917 (Address) 1434 Fort

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary DATE OF BURIAL, Jan 23 1917.

20-UNDERTAKER W. H. Faulkner ADDRESS W. Fayette

D 1641

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1641

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Kobuski

(Residence in Baltimore: No. 1101 Hanbert St

St., 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... December 1891
(Month) (Day) (Year)

7-AGE, 25 yrs. 6 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Tube Works

9-BIRTHPLACE, (State or Country), Poland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Tom Fralkowski

(Address) 618 Eastern Ave.

15- Filed JAN 23 1917, 191.. HARRY C. ANDREWS Deputy Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... January 21, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) had that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun Shooting (accidental)
From a wound in Chest and Abdomen
Autopsy Dr. Chase (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia
(Duration) 4 days mos. ds.

(Signed) A. Bruhy M. D.
(Coroner.)

Jan 22, 1917. (Address) 622 Bunday

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos. 11 ds.

Where was disease contracted, if not at place of death? 1101 Hanbert St

Former or usual residence 1101 Hanbert St

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Jan 24, 1917

20-UNDERTAKER William Fralkowski — ADDRESS 618 Eastern Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45

D 1642

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Cohen

(Residence in Baltimore: No. 2014 Mc Culloh St.: 71 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1876 (Year)

7-AGE, 41 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Manufacturer of Trousers

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Abraham Cohen

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Sarah —

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E Balto St

15-

Filed JAN 23 1917, 191... GARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 22, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1917, to Jan 22 1917, that I saw h[illegible] alive on Jan 22 1917, and that death occurred, on the date stated above, at 7.20 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas with general Exhaustion

Clinical (Duration) not known yrs. mos. ds.

CONTRIBUTORY (Secondary) Duodenal Ulcer of Mucous Atrophy (Duration) 11 yrs. mos. ds.

(Signed) Frank C. Marino M. D.

Jan 22, 191 7 (Address) Maryland Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 22 ds. In the State 26 yrs. mos. ds.

Where was disease contracted, if not at place of death? Not known

Former or usual residence 2014 Mc Culloh St

19-PLACE OF BURIAL OR REMOVAL Hebrew Union Belair Road

DATE OF BURIAL, Jan 23, 191 7

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E Balto St

over.

FILM ETY

Spec.—8-24-14—M. & T.—2000 Bks.

D 1643 HEALTH DEPARTMENT—CITY OF BALTIMORE 64 D 1643

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 939 N Mulberry ST.; 18 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William C. Loewer

(Residence in Baltimore: No. 939 N. Mulberry St.; 53 yrs., 9 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, March 29, 1863 (Month) (Day) (Year)

7-AGE, 53 yrs. 9 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Conrad Loewer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Hass

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Elizabeth Loewer

(Address) 939 N Mulberry St

15- Filed JAN 23 1917, 191... HARRY C. ANDREWS Burial Permit Clerk and Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 22, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1916, to Jan 22 1917, that I saw him alive on Jan 19 1917, and that death occurred, on the date stated above, at 7:35 a.m.

The CAUSE OF DEATH* was as follows:

.....

.....

.....

Spec.—8-24-14—M. & T.—2000 Bks.

D 1644

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 170

D 1644

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 201 East 23rd St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Dora Louisa Griffith

(Residence in Baltimore: No. 201 East 23rd St.; 2 Life yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, July 20, 1855 (Month) (Day) (Year)

7-AGE, 61 yrs. 6 mos. 1 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Styles

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ida Stidemann

(Address) 201 East 23rd

15-

Filed JAN 23 1917, 191.....

HARRY D. ANDREWS
STATE Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jany 21, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 1915, to Jany 21 1917, that I saw h[er] alive on Jany 21 1917, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

..... (Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardio Sclerosis

..... (Duration) 2 yrs. ..... mos. ..... ds.

(Signed) H. L. Hoberth M. D.

....., 191... (Address) 514 N. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, Jan. 24, 191.7

20-UNDERTAKER Mrs A Robertson

ADDRESS 730 Pa Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 1645

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 1645

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 438 Orchard ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Jane Robinson

(Residence in Baltimore: No. 438 Orchard St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Femal.

4-COLOR OR RACE, Colored.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widowed

6-DATE OF BIRTH, Oct 18th, 1851. (Month) (Day) (Year)

7-AGE, 65 yrs. 3 mos. 2 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Princess Ann Md

PARENTS.

10-NAME OF FATHER, Peter Collins

11-BIRTHPLACE OF FATHER (State or Country), Princess Ann Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Robinson

(Address) 438 Orchard

15-

Filed JAN 23 1917, 191... HARRY [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 20th, 1917. (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan 5th 1917, to Jan 20 1917, that I saw her alive on Jan 20 1917, and that death occurred, on the date stated above, at 1130 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Second attack

(Duration) yrs. mos. 2 ds.

(Signed) Samuel A Bau M. D.

Jan 22, 1917. (Address) 937 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn Cem. DATE OF BURIAL. Jan 23, 1917.

20-UNDERTAKER George A Holland ADDRESS 519 Robert St

Spec.—8-24-14—M. & T.—2000 Blks.

D 1646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 1646

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 935 Saratoga ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith C. Ospinga

(Residence in Baltimore: No. 935 Saratoga St.; 24 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 24 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hand
(b) General nature of industry, business, or establishment in which employed (or employer): Laundress

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Geo. A. Hawkins

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Hattie Holland

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hattie Jones

(Address) 935 N. Saratoga St

15-

JAN 23 1917

Filed ....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 18, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 14th 1917, to Jan 18 1917, that I saw her alive on Jan 18 1917 and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. W. Haddock M. D.

1/23, 1917. (Address) 1127 N Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	Jan. 24, 1917
20-UNDERTAKER	ADDRESS
John J. Bowers & Son	901 Hollins

D 1647

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1647

CERTIFICATE OF DEATH.

REGISTERED NO. C. 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 N. Port ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick William Jenkins

(Residence in Baltimore: No. 708 N. Port St.; yrs., 4 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, August 24, 1916 (Month) (Day) (Year)

7-AGE, yrs. 4 mos. 29 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James B. Jenkins

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Katherine H. Limpert

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James B. Jenkins

(Address) 708 N. Port St

15-

Filed JAN 23 1917, 191... HARRY O. ANDERSON Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 22, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 19 1917, to Jan 22 1917, that I saw him alive on Jan 22 1917, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) No other Existed

(Duration) yrs. mos. ds.

(Signed) Louis Vogt M. D.

Jan 22, 1917 (Address) 1601 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel Cemetery	1/24/17 191...

20-UNDERTAKER Christian Miller ADDRESS 2334 Jefferson St

Spec.—8-24-14—M. & T.—2000 Bks.

Bro. Chrysostom

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1648

CERTIFICATE OF DEATH.

x 28 D 1648

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bro Chrysostom

(Residence in Baltimore: No Mercy Hospital St.; ... yrs., ... mos. 51 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, [illegible] (Month) (Day) 1864 (Year)

7-AGE, 53 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Teacher
(b) General nature of industry, business, or establishment in which employed (or employer) School

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bro Chrys

(Address) Rockville Md

15- JAN 23 1917 HARRY C. ARDEL

Filed ..., 191... Clerk Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 23, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 2 1916, to Jan 23 1917, that I saw h[illegible] alive on Jan 23 1917, and that death occurred, on the date stated above, at 6 55 a.m.

The CAUSE OF DEATH* was as follows:

(a) Pulmonary T. B.

(b) Tuberculosis

(Duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) Tuberculosis Peritonitis

(Duration) ... yrs. 3 mos. ... ds.

(Signed) [illegible] M. D.

1/23, 191 9 (Address) Mercy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 51 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Unknown Md

Former or usual residence Same

19-PLACE OF BURIAL OR REMOVAL Loudon Park Cem DATE OF BURIAL, Jan 25, 1917.

20-UNDERTAKER John J. Dwyer ADDRESS 38 Light St

Spec.—6-24-14—M. & T.—2000 Mts.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1649

CERTIFICATE OF DEATH.

28 D 1649

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2111 W Pratt ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick L Hofmann

(Residence in Baltimore: No. 2111 W Pratt St St.; 15 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Feb. 15th, 1879 (Month) (Day) (Year)

7-AGE, 37 yrs. 11 mos. 7 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Jeweler
(b) General nature of industry, business, or establishment in which employed (or employer). Wm. S. Burnham

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Emilie Mantel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose L. Hofmann

(Address) 2111 W. Pratt St

15- Filed JAN 23 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 22nd, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1914, to Jan 22 1917, that I saw him alive on Jan 22 1917, and that death occurred, on the date stated above, at 9.45 a.m.

The CAUSE OF DEATH* was as follows:

Laryngeal & Pulmonary Tuberculosis

(Duration) 1 yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John H. Huff M. D.

Jan. 22, 1917. (Address) 1848 W. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Jan. 25, 1917

20-UNDERTAKER, Mr & Mrs John W. Leuser — ADDRESS 2011 W Pratt St

Spec.—8-24-14—M. & T.—2000 Blks.

D 1650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 1650

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 931 Fell ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ladislaus Kulikowski

(Residence in Baltimore: No. 931 Fell St.; .....yrs., 3 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Oct 6, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 3 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS:

10-NAME OF FATHER, Antony Kulikowski

11-BIRTHPLACE OF FATHER (State or Country). Russian Poland

12-MAIDEN NAME OF MOTHER Anna Lunacka

13-BIRTHPLACE OF MOTHER (State or Country). Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Anna Kulikowski

(Address). 931 Fell St.

15- JAN 23 1917 HARRY O. ANDREWS

Filed....., 191.... Special Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 23, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1-20 1917, to Jan 22 1917, that I saw h[illegible] alive on January 22 1917, and that death occurred, on the date stated above, at 7 A.m.

The CAUSE OF DEATH* was as follows:

Exhaustion & Convulsions

(Duration).....yrs.....mos. 2 ds.

CONTRIBUTORY (Secondary) Measles Pneumonia

(Duration).....yrs.....mos. 1 ds.

(Signed) Wm. A. Bullock M. D.

1-23, 1917 (Address) 1.6.7.E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary,	Jany 24, 1917.

20-UNDERTAKER W. F. Sadowski. ADDRESS 705 S. Ann

Spec.—8-24-14—M. & T.—2000 Blks.

D 1651

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1651

CERTIFICATE OF DEATH.

REGISTERED NO. C 15

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 S. Glover ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Ozmuski.

(Residence in Baltimore: No. 802 S. Glover. St.; ...yrs. 4 mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept (Month) 22 (Day), 1916 (Year)

7-AGE, ...yrs. 4 mos. ...ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ~
(b) General nature of industry, business, or establishment in which employed (or employer) ~

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Paul Ozmuski.

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Julia Muszkowski

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia Ozmuski

(Address) 802 S. Glover St.

15-

Filed JAN 23 1917, 191... HARRY C. ARNESTS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, JAN 22 1917 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 191 7, to Jan 22 191 7, that I saw h[illegible] alive on Jan 22 191 7, and that death occurred, on the date stated above, at 10 [illegible] m.

The CAUSE OF DEATH* was as follows:

Congenital Weakness

Congenital Weakness

(Duration) since Birth yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Malenbaum M. D.

Jan 20, 191 7 (Address) 16 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, Jan. 24, 1917

20-UNDERTAKER M. F. Sadowski ADDRESS 705 S. Ann

Spec.—8-24-14—M. & T.—2000 Blks.

D 1652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 D 1652

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 931 N Strieker ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Bedford Beatty

(Residence in Baltimore: No. 931 N Stricker St.; 34 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... Sept. (Month) 28 (Day) 1866 (Year)

7-AGE, 50 yrs. 3 mos. 25 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Gen. Agent
(b) General nature of industry, business, or establishment in which employed (or employer): /

9-BIRTHPLACE, (State or Country) New York State

PARENTS.

10-NAME OF FATHER, John B Beatty

11-BIRTHPLACE OF FATHER (State or Country), New York State

12-MAIDEN NAME OF MOTHER Isabell Swartz

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lillian Beatty

(Address) 931 N. Stricker St

15- JAN 23 1917 ROBERT R. KRAUTER
Filed....., 191.....
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan. (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 4 - 1917, to Jan. 22 1917, that I saw h-m alive on Jan. 22 - 1917, and that death occurred, on the date stated above, at 8 Cp m.

The CAUSE OF DEATH* was as follows:

..... Laryngitis

..... (Duration) 3 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Contributory

..... (Duration) yrs. mos. 10 ds.

(Signed) Chas. L. McCarty M. D.

Jan. 23, 1917 (Address) 906 N Stricker St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Jan. 24 1917.

20-UNDERTAKER Hill Funk — ADDRESS 502 Eutaw

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 1653

CERTIFICATE OF DEATH

84 D 1653

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1572 Richland ST. 13 WARD)

2-FULL NAME Eleanora Marie Wendler

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1572 Richland St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem

4-COLOR OR RACE: W't

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: June (Month) 27 (Day), 1916 (Year)

7-AGE: 0 yrs. 6 mos. 26 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: Paul A Wendler

11-BIRTHPLACE OF FATHER (State or country): Ger.

12-MAIDEN NAME OF MOTHER: May Yinglin

13-BIRTHPLACE OF MOTHER (State or country): Balto. Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Mary Wendler

(Address) 1572 Richland St.

15- JAN 23 1917 ROBERT R. KRAUTER
Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 22nd (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 22, 1917, to January 22 1917, that I saw her alive on January 22 1917, and that death occurred, on the date stated above, at 9.50 a.m.

The CAUSE OF DEATH* was as follows:

Bronchitis

..... (Duration) ..... yrs ..... mos. 6 ds.

Contributory (SECONDARY) Convulsions & weak Lungs & Bowels

..... (Duration) ..... yrs ..... mos. ..... ds.

(Signed) E. E. Smith M. D.

January 22 1917 (Address) 1605 N. Monroe

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cem. DATE OF BURIAL: June 24, 1917

20-UNDERTAKER: William Cook ADDRESS: 502 E Baltimore

Spec.—8-24-14—M. & T.—2000 Bks. Thomas B. O'Neill

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1654

CERTIFICATE OF DEATH.

91 D 1654

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 E. Lafayette ave St. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas B. O'Neill

(Residence in Baltimore: No. 1606 E Lafayette ave St.; 7 yrs., 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, March (Month) ——— (Day), 1910 (Year)

7-AGE 6 yrs. 2 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ——
(b) General nature of industry, business, or establishment in which employed (or employer) ——

9-BIRTHPLACE, (State or Country). Md. Balto

PARENTS.

10-NAME OF FATHER, Thomas B O'neill

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Ella Tully.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas B. O'neill

(Address) 1606 E. Lafayette ave.

15- JAN 23 1917 ROBERT R. KRAUTER

Filed ..... 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan-17 1917, to Jan 22 1917, that I saw h[illegible] alive on Jan 21 1917, and that death occurred on the date stated above, at 8-45 a.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Oedema of Lung

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Elmer G. Hall M. D.

Jan 23, 1917 (Address) 1617 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery

DATE OF BURIAL, Jan 24 191..

20-UNDERTAKER George J. Ruth

ADDRESS 1735 Hanford ave.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1655 HEALTH DEPARTMENT—CITY OF BALTIMORE

81 D 1655

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 6 ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Korbel

(Residence in Baltimore: No. 208 N Duncan St.; 47 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... Oct (Month) Known (Day) 1 (Year)

7-AGE, 75 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Bohemian

PARENTS.

10-NAME OF FATHER, Michael Korbel

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Mary Nahang Kopter

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- JAN 23 1917 Filed ..... 191.. ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 23d (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Never 191.., to ..... 191..,
that I saw h[illegible] alive on January 22 1917,
and that death occurred, on the date stated above, at 10:30 a.m.
The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

Unknown (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) J. A. Damen M. D.

Jany 23.., 191.. (Address) 1637 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. ~ mos. ~ ds. In the State 47 yrs. mos. ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 208 N. Duncan St.

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Jan 26 1917.

20-UNDERTAKER Frank Crack & Son — ADDRESS 1904 Eastern Ave

D 1656

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

10

D 1656

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1010 E Biddle ST.: 10 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Dobler

(Residence in Baltimore: No. 1010 E Biddle St.: 90 yrs. 7 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: June 16th, 1823 (Month) (Day) (Year)

7-AGE: 93 yrs. 7 mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Adam Tot

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Kath. Spitzer

13-BIRTHPLACE OF MOTHER (State or country): Not Given

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rea Dobler

(Addres) 1010 E Biddle St

15.

Filed JAN 23 1917 ROBERT R. KRAUTER REGISTRAR

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 22, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 17th, 1917, to. January 22nd 1917, that I saw her alive on January 21st 1917, and that death occurred, on the date stated above, at 7.50 a.m.

The CAUSE OF DEATH* was as follows:

La Grippe

Chronic Bronchitis

(Duration) ..... yrs. ..... mos. 8 ds

Contributory (SECONDARY) Debility of old age

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Saml J Bolt M. D.

January 23rd, 1917 (Address) 1576 E Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Jan 24 1917

20-UNDERTAKER: H. C. Wedefeld — ADDRESS: 914 Greenmount Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each item is very important. See instructions on back of certificate.

D 1657

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1657

CERTIFICATE OF DEATH.

15

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1368 N. Fremont ST., 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME No Name (Son of Sarah Davis)

(Residence in Baltimore: No. 1368 N. Fremont St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Col'd	Single

6-DATE OF BIRTH. Jan 21, 1917
(Month) (Day) (Year)

7-AGE. ....yrs. ....mos. 1 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country), Md

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Sarah Davis

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosa Bunch

(Address) 1368 N Fremont

15-

Filed JAN 23 1917 191 ROBERT R. KRAUTER
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 22, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Non Communicable
Premature Birth
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

Jan 22, 1917. (Address) 19 E Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL, ...19....
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL JAN 23 1917

Commissioner Health

Please see instructions on back of certificate. It is important.

D 10 HEALTH DEPARTMENT—CITY OF BALTIMORE 15 D 1058

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 702 S Dallas ST. 3 WARD)
2-FULL NAME Alfred Swanson
(Residence in Baltimore: No. 702 S Dallas St

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown ....., 1.....
(Month) (Day) (Year)

7-AGE, 16 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.
10-NAME OF FATHER, Unknown
11-BIRTHPLACE OF FATHER (State or Country), Unknown
12-MAIDEN NAME OF MOTHER Unknown
13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant)..... Gustav Rahe Slater
(Address)... Bond & Broadway

15- JAN 23 1917 ROBERT B. EMMETT
Filed....., 191..... Baptist Ferry Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 22, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said
(Inquest, autopsy or inquiry.)
find that said deceased came to her death on the day stated above.
The CAUSE OF DEATH* was as follows:

Natural Causes due to old age

(Duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Thomas Ryan Asst Cor. M. D.
(Coroner.)
....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL — DATE OF BURIAL, JAN 22 1917, 19....

20-UNDERTAKER Commissioner Health. — ADDRESS

FRED. WM. E. WOODALL

CAUSE OF DEATH must be filled in plainly and completely. Every question must be answered or the words "Unknown" or "None" written, as the case may be. Use only black ink. Do not use lead pencil. Typewriting is preferable. Be sure to read carefully the instructions on back of certificate. Omissions will cause unnecessary correspondence, and are important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1659

HEALTH DEPARTMENT—CITY OF BALTIMORE

138

D 1659

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Woman's Hospital

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Jane Burton

(Residence in Baltimore: No. 139 E. Preston Street - St.; 20 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female-

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... Jan. (Month) 3 (Day), 1887 (Year).

7-AGE, 30 yrs. 1 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, P. H. Mc Kamy

11-BIRTHPLACE OF FATHER (State or Country), Middlesex Co. Va

12-MAIDEN NAME OF MOTHER Sallie Evans -

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Sallie McKamy

(Address) 739 E. Preston

15-

Filed JAN 22 1917, 191... ROBERT P. MAGOTH Registrar.

Buried Pa...

Important. See instructions on back.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan. (Month) 22 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan. 191..., to Jan 22 191 1, that I saw h.. alive on Jan 22 191 1, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

Eclampsia

..... (Duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Pregnancy

..... (Duration) ... yrs. 8 mos. ... ds.

(Signed) W. H. Silvestry M. D.

1-22-17, 191... (Address) Woman's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 739 E Preston St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Jan 25, 191 7

20-UNDERTAKER W. M. Caulk — ADDRESS 1624 W. Fayette

Spec.—5-24-17—M. A. T.—2000 blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1660 — CERTIFICATE OF DEATH. — 10 — D 1660

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1935 Orleans St. ST.; 6 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Margaret Schupp.

(Residence in Baltimore: No. 1935 Orleans St. 47 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, September (Month) 7th (Day), 1850 (Year)

7-AGE, 66 yrs. 4 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany.

PARENTS.

10-NAME OF FATHER: Henry Miller

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Dont Know

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Christian Schupp

(Address) 1935 Orleans

15-

Filed JAN 23 1917, 191 ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 17, 1917, to January 22 1917, that I saw her alive on January 22, 1917 and that death occurred, on the date stated above, at 8.55 P M.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(Duration) 22 yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) yrs. mos. 6 ds.

(Signed) Edw. M. Townsend M. D.

Jan. 23, 1917. (Address) 5 N. Washington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cem. DATE OF BURIAL: Jan 25 th, 1917

20-UNDERTAKER: John Herwig & Co. ADDRESS: 2008 Orleans St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 1661

D 1661

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 635 S. Streper ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth F. Jones

(Residence in Baltimore: No. 635 S. Streper St.; 69 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, March (Month) 17 (Day), 1847 (Year)

7-AGE, 69 yrs. 10 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Frazer

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Jane Mullen

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eugene Jones

(Address) 635 S. Streper

15- JAN 23 1917 ROBERT E. KRAUTER

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 4 1916, to Jan 21 1917, that I saw her alive on Jan 21 1917, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 1 yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) ..... yrs. 6 mos. 17 ds.

(Signed) Louis U. Vogel M. D.

Jan 27, 1917 (Address) 2601 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery

DATE OF BURIAL, Jan 27, 1917

20-UNDERTAKER John Herring & Co

ADDRESS 2008 Adams

Spec.—8-24-14—M. & T.—2000 Bks.

D 1662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

84 D 1662

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 N Gilmor ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida M Skinner

(Residence in Baltimore: No. 805 N. Gilmor St.; 60 yrs., 4 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, August 25, 1856 (Month) (Day) (Year)

7-AGE, 60 yrs. 4 mos. 24 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dress Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James A. Skinner

11-BIRTHPLACE OF FATHER (State or Country), District Columbia

12-MAIDEN NAME OF MOTHER Cassandra W. Woolford

13-BIRTHPLACE OF MOTHER (State or Country), Delaware

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. W. Little

(Address) 531 N Fremont Ave

15-

Filed JAN 23 1917 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 22, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 25th 1916, to Jany 22nd 1917, that I saw h[illegible] alive on Jany 21st 1917, and that death occurred, on the date stated above, at 12 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency and Acute Bronchitis

(Duration) .... yrs. .... mos. 28 ds.

CONTRIBUTORY (Secondary)

(Duration) .... yrs. .... mos. .... ds.

(Signed) M. D.

Jany 27, 1917 (Address) 12 E. 25th

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount	Jan 24 1917
20-UNDERTAKER	**ADDRESS**
Geo W Little	531 N Fremont Ave

Spec.—8-24-14—M. & T.—7000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1663

CERTIFICATE OF DEATH.

91 D 1663

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3501 Cedar Ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Madolene Dulaney

(Residence in Baltimore: No. 3501 Cedar Ave St.; ....yrs., 4 mos. 27 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Fem.

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, Aug 26, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. 4 mos. 27 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Grafton Dulaney

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Ollie Kilduff

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grafton Dulaney

(Address) 3501 Cedar Ave

15- JAN 23 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 23, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 15 1917, to Jan 21 1917, that I saw h er alive on Jan 21 1917, and that death occurred, on the date stated above, at 6.55 p.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ....yrs. ....mos. 7 ....ds.

CONTRIBUTORY (Secondary) Marasmus

(Duration) ....yrs. 2 mos. ....ds.

(Signed) G. J. Dare M. D.

1-22-, 191.7 (Address) 800 N 33rd St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St Marys Humphrey DATE OF BURIAL, Jan 24, 1916

20-UNDERTAKER Thomas & Son ADDRESS Chestnut Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 1664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 D 1664

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 24 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Deshields

(Residence in Baltimore: No. 1718 Mc Culloh St. St.; 44 yrs. 9 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Black	Widower

6-DATE OF BIRTH, April 20, 1872 (Month) (Day) (Year)

7-AGE, 44 yrs. 9 mos. 1 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Saloonkeeper
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER, David Deshields

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Siggie

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp.

15- Filed JAN 23 1917 1917 ROBERT P. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 21, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 21 1917, to Jan 21 1917, that I saw him alive on Jan 21 1917, and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Clinical

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY, (Secondary) Intestinal Obstruction

(Duration) yrs. 7 mos. ds.

(Signed) C W Bill M. D.

Jan 21, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1718 Mc Culloh St.

19-PLACE OF BURIAL OR REMOVAL, Bibby cemetery DATE OF BURIAL, Jan 25 1917

20-UNDERTAKER Milton Dantzler ADDRESS 1208 McCulloh

Spec.—8-24-14—M. & T.—2000 Bks.

D 1665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 92 D 1665

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard Johnson

(Residence in Baltimore: No. Sparrow point, Md. St.; — yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Black	Married

6-DATE OF BIRTH, Unknown, 1
(Month) (Day) (Year)

7-AGE, 42 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Oysterman
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Gabriel Johnson.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER — Bartlett

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) T. Phelps

(Address) Johns Hopkins Hosp.

15- Filed JAN 23 1917 191.... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 21, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 17 1917, to Jan 20, 1917, that I saw h.. alive on Jan 20 1917, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Acute lobar pneumonia

(Duration) ....yrs. ....mos. 1 d. ds.

CONTRIBUTORY (Secondary) Pneumococcus Sepsis

(Duration) ....yrs. ....mos. 5 ds.

(Signed) W. H. Welch M. D.

Jan ....., 191.7 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Coke Oven #92 Sparrows Pt

19-PLACE OF BURIAL OR REMOVAL. Crapo. Md. Jan. DATE OF BURIAL, 25....., 191.7

20-UNDERTAKER Mutton, Davis & Mc Cully ADDRESS 608

D 1666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 1666

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3217 Barclay ST. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Jeneria Bell

(Residence in Baltimore: No. 3217 Barclay st St.; yrs., 18 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word) Single

6-DATE OF BIRTH, ... January ....., 1 .....
(Month) (Day) (Year)

7-AGE, 1 yrs., 6 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER Southey Bell

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Cora Coles

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Southey Bell

(Address) 3217 Barclay st

15-

Filed JAN 23 1917, 191.....

ROBERT B. TRAUTER
Registrar.

Burial Permit ISSUED

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan 22, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquest ..... (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said ..... Inquest ..... (Inquest, autopsy or inquiry) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Bronchio .....
..... Pneumonia .....
.....
..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Gr. Atrophy Cirrhosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... John T. Morrison ..... M. D.
(Coroner.)

Jan 23 1917 (Address) 3632 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Jany 24 1917

20-UNDERTAKER Felix B Bryce

ADDRESS 102 E Hamburg st

Spec.—8-24-14—M. & T.—2000 Bks.

D 1667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 1667

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8) Aged Women Homes ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Broddus

(Residence in Baltimore: No. 1400 W Lexington St.; 35 yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Fem

4-COLOR OR RACE, W H

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Wid

6-DATE OF BIRTH, January (Month), 1 (Day) ..... (Year)

7-AGE, 76 yrs.....mos.....ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Jo Worrell

11-BIRTHPLACE OF FATHER (State or Country). N C

12-MAIDEN NAME OF MOTHER Cashman

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas J Jones

(Address) Metro

15- Filed JAN 23 1917, 191..... DORSEY R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 23, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 18 191?, to Jan 23 191?, that I saw h..... alive on Jan 23 191?, and that death occurred, on the date stated above, at 7.45 A.M.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

Senility

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) ..... M. D.

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 17 yrs. ..... mos. ..... ds. In the State 35 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Aged Womens Home

Former or usual residence Aged Womens Home

19-PLACE OF BURIAL OR REMOVAL, Baltimore County — DATE OF BURIAL, Jan 24, 191...

20-UNDERTAKER George J Smith — ADDRESS 1008 Druid Hill Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1668

CERTIFICATE OF DEATH.

50 D 1668

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 21 N. Stricker ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Anne Eliza Fox

(Residence in Baltimore: No. 21 N. Stricker St.; 70 yrs., 6 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, July (Month) 19 (Day), 1846 (Year)

7-AGE, 70 yrs. 6 mos. 4 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. Butts

PARENTS.

10-NAME OF FATHER, George M. Kraft

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Elizabeth Burke

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Bessie Fox

(Address) 21 N. Stricker St

15- JAN 23 1917 ROBERT R. KRAUTER Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 10 1916, to Jan. 23 1917, that I saw h Er alive on Jan. 22 1917, and that death occurred, on the date stated above, at 12 30 m. 1:20 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(Duration) 1 yrs. 6 mos. ds.

(Signed) J. L. Kolarsky M. D.

....., 191... (Address) 814 N. Howard.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park	Jan. 26, 1917
20-UNDERTAKER	ADDRESS
George J. Smith	1000 W. Fayette

D 1669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 175

REGISTERED No. C ..... D 1669

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 6) University Hospital ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sherman L. Cosley

(Residence in Baltimore: No. Pikesville, Md St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ... December ....., 1 .....
(Month) (Day) (Year)

7-AGE, ... 13 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... School boy .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Theodor Cosley

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Florence Shirley

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Theodor Cosley

(Address) Pikesville Md

15- Filed Jan 23 1917, 191... ROBERT P. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... January ..... 21 ....., 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquiry .....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said ..... Inquiry .....
(Inquest, autopsy or inquiry.) find that said deceased came to ..... Two .....death on the day stated above.
The CAUSE OF DEATH* was as follows:

Shock Caused by being hit by an Automobile (Accidental)

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)

Jan 23, 1917. (Address) Box 77 Catonsville Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ..... Pikesville Md .....

Former or usual residence .. Pikesville Md .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Ridge	Jan 24, 1917

20-UNDERTAKER	ADDRESS
C. J. Slight	Pikesville

Spec.—8-24-14—M. & T.—2000 Bks.

D 1670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 1670

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barney Gillan

(Residence in Baltimore: No. St Joseph's Hosp St.; ....yrs....mos....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec 7, (Month) (Day) 1876 (Year)

7-AGE 40 yrs. ....mos. ....da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Records

(Address) St Joseph's Hospital

15- JAN 23 1917 Filed....., 191.... ROBERT B. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 22, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 7 1916, to Jan 22 1917, that I saw h[illegible] alive on Jan 21 1917, and that death occurred, on the date stated above, at 7 00 p.m.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis

Last Seen

(Duration) ....yrs. ....mos. ....da.

CONTRIBUTORY (Secondary) Acute Pulmonary Oedema

(Duration) ....yrs. 1 mos. 1 da.

(Signed) L. C. Williams F. O'Malley M. D.

Jan 23 1917. (Address) St Jos. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. 15 da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence Unknown.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery. DATE OF BURIAL, Jan 24, 191.

20-UNDERTAKER Chas J Cosgrove & Son ADDRESS 1181 W Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1671 — 28 D 1671

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 N. Mount ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Holly Buscoy

(Residence in Baltimore: No. 307 N Mount St.; 40 yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Widow

6-DATE OF BIRTH: Feb 1st, 1876 (Month) (Day) (Year)

7-AGE: 40 yrs. 11 mos. 20 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Launders
(b) General nature of industry, business, or establishment in which employed (or employer): Housekeeper

9-BIRTHPLACE (State or Country): St. Marys Co. Md

PARENTS.

10-NAME OF FATHER: James Holly

11-BIRTHPLACE OF FATHER (State or Country): St. Marys Co Md

12-MAIDEN NAME OF MOTHER: Matilda Hewlett

13-BIRTHPLACE OF MOTHER (State or Country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Matilda Holly

(Address): 307 N Mount St

15-

Filed JAN 23 1917, 191.... ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Jan. 22, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 19 1916, to Jan. 22 1917, that I saw her alive on Jan 22 1917, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Pleurisy 2 wks

Probably Tuberculosis

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary): Bilious Malaria

(Duration) ... yrs. 2 mos. 2 ds.

(Signed) Geo. W. Slater M. D.

Jan. 23 1917. (Address) 1529 W Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn — DATE OF BURIAL: Jan 25, 1917

20-UNDERTAKER: Sam W. Diggs Son — ADDRESS: 1400 Mocher

Spec.—8-24-14—M. & T.—2000 Bks.

D 1672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 1672

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospt ST.; 16 WARD)

REGISTERED NO. C 170

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas J. Bennett

(Residence in Baltimore: No. 1500 Rendale St.; 40 yrs., 6 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-[illegible] MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept 18, 1843 (Month) (Day) (Year)

7-AGE, 73 yrs. 4 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired Reporter.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Thomas J Bennett

11-BIRTHPLACE OF FATHER (State or Country), St Mary's Co Md

12-MAIDEN NAME OF MOTHER Martha Milburn

13-BIRTHPLACE OF MOTHER (State or Country), St Mary's Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs F M F King

(Address) 7321 Linden Ave

15- JAN 24 1917

Filed....., 191.... HARRY O. ANDERS

Burial P... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 23, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 30 1917, to Jan 23 1917, that I saw h[illegible] alive on Jan 23 1917, and that death occurred, on the date stated above, at 11.30 a m.

The CAUSE OF DEATH* was as follows:

General Arterio Sclerosis Chronic Interstitial Nephritis & Myocarditis

(Duration) yrs. mos. 24 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Elmer Hausemer M. D.

Jan 23, 1917 (Address) Md General Hospt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 24 ds. In the State Life yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1500 Rendale St

19-PLACE OF BURIAL OR REMOVAL, St Mary's County Md. DATE OF BURIAL, Jan 24, 1917

20-UNDERTAKER, Mrs A Rohde & Son ADDRESS 730 Fremont Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 1673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154 D 1673

REGISTERED NO. C.....

1-PLACE OF DEATH 1020 Aisquith St.

CITY OF BALTIMORE: (No. 1020 Aisquith St., 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kunigunde Feese (Louise)

(Residence in Baltimore: No. 1020 Aisquith St. St.; 78 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, April (Month) 8 (Day), 1838 (Year)

7-AGE, 78 yrs. 9 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Bavaria - Germany.

PARENTS.

10-NAME OF FATHER, Andreas Lieb

11-BIRTHPLACE OF FATHER (State or Country), Bavaria - Germany.

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Feese

(Address) 1020 Aisquith St.

15-

Filed JAN 24 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 7. 1917, to Jan. 23. 1917, that I saw her alive on Jan. 22. 1917, and that death occurred, on the date stated above, at 12 A. m.

The CAUSE OF DEATH* was as follows:

Nervous Exhaustion

(Duration) ....yrs. ....mos. 15 ds.

CONTRIBUTORY (Secondary) Senile Debility

(Duration) one yrs. 1 mos. — ds.

(Signed) F. J. Pelzold M. D.

Jan. 23., 191 7. (Address) 1001 Aisquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery. DATE OF BURIAL, Jan 25, 191 7.

20-UNDERTAKER Christian Miller ADDRESS 234 Fallsway

Spec.—8-24-14—M. & T.—2000 Pks.

D 1674 HEALTH DEPARTMENT—CITY OF BALTIMORE D 1674

CERTIFICATE OF DEATH.

×37

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME [illegible], Wilbert Green

(Residence in Baltimore: No. Sycamore Ave Sparrows Point St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June 2, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. 7 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Burley Green

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Bertha Adams

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Smith

(Address) Johns Hopkins Hospital

15- Filed JAN 24 1917, 191..... HARRY C. ANDREWS Burial Permit Officer Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 23, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 10 1917, to January 23 1917, that I saw him alive on January 23 1917, and that death occurred, on the date stated above, at 3 30 p.m.

The CAUSE OF DEATH* was as follows:

Brain abscess

(Duration)...0..yrs...0..mos...14..ds.

CONTRIBUTORY (Secondary) Syphilis, hereditary

(Duration)...0..yrs...7..mos.....ds.

(Signed) D. C. W. Smith M. D.

Jan. 23, 1917. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 13 ds. In the State ✓ ✓ ✓

Where was disease contracted, if not at place of death? ✓

Former or usual residence Sycamore Ave Sparrows Point

19-PLACE OF BURIAL OR REMOVAL, Asbury Cemetery DATE OF BURIAL, Jan. 25, 1917.

20-UNDERTAKER Felix B. Pye. ADDRESS 822 E. Monument

D 1675

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1720 1675

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 4 WARD)

(If death occurred in hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Lewis

(Residence in Baltimore: No. Mercy Hospital St.; yrs., mos., ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Mal	White	Single

6-DATE OF BIRTH, Sept. 29, 1893
(Month) (Day) (Year)

7-AGE, 23 yrs. 3 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Geo Lewis

11-BIRTHPLACE OF FATHER (State or Country), N C.

12-MAIDEN NAME OF MOTHER, Alice A Goode

13-BIRTHPLACE OF MOTHER (State or Country), N C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo Lewis

(Address) 133 N Va ave

15- Filed JAN 24 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 20, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Fract. Vertebra
Caused by Fall down coke chute
30 ft. Accidental
(Duration) yrs. mos. ds.
Few hours duration
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) W. S. Paley M. D.
(Coroner.)
Jan 24, 1917 (Address) 1629 Bruns

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs.....mos.....ds. In the State....yrs. 4 mos. ....ds.

Where was disease contracted, if not at place of death? Parsons Court Md

Former or usual residence Arlington Baltimore Md

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, 1/23/17

20-UNDERTAKER C. A. Fitzpatrick ADDRESS 2433 W Lanvale

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1676

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1676

CERTIFICATE OF DEATH.

64

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 Hilman ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena Robinson

(Residence in Baltimore: No. 913 Hilman ST.; — yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colard

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Unknown (Month) ..... 1 (Day) ..... (Year)

7-AGE, 59 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER, unknow

11-BIRTHPLACE OF FATHER (State or Country), unknow

12-MAIDEN NAME OF MOTHER unkno

13-BIRTHPLACE OF MOTHER (State or Country), unknow

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Robinson

(Address) 913 Hillman St

15-

Filed JAN 24 1917, 191..... HARRY C. ANDREWS

Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1917, to Jan 20 1917, that I saw him alive on Jan 20 1917, and that death occurred, on the date stated above, at 1155 m.

The CAUSE OF DEATH* was as follows:

Apoplexy Heart

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Heart

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) D. Gill Kennard M. D.

Jan 24 1917. (Address) 708 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery

DATE OF BURIAL, Jan 24 1917

20-UNDERTAKER Charles B. Jones

ADDRESS 2335 Pine St

Spec.—6-19-13—M. & T.—500 Blks.

D 1677

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 D 1677

REGISTERED NO.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1903 Longwood ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Mary Athyl Miller

(Residence in Baltimore: No. 1903 Longwood St.; 3 yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Oct. (Month) 21 (Day), 1892 (Year)

7-AGE: 24 yrs. 3 mos. ds. If LESS than 1 day, hrs. or 50 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Carroll Co. Md

PARENTS.

10-NAME OF FATHER: Harry F. Marrell

11-BIRTHPLACE OF FATHER (State or Country): Carroll Co Md

12-MAIDEN NAME OF MOTHER: Mary E Halfyday

13-BIRTHPLACE OF MOTHER (State or Country): Carroll Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Clarence Bowen

(Address) 33 2 N. Pulaski St.

15- JAN 24 1917 Filed, 191.. HARRY C. ANDREWS Registrar.

Burial Permit 013.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ~~Dec 4~~ Nov 5 1916, to January 22 1916, that I saw her alive on January 21 1916, and that death occurred, on the date stated above, at 1250 a m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) yrs. 2 mos. 10 ds.

CONTRIBUTORY (Secondary) Appendicitis (Oper)

Oct. 6/16 (Duration) yrs. mos. 1 ds.

(Signed) A. Andrews M. D.

January 22 1916. (Address) 865 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge — DATE OF BURIAL, Jan 24, 191..

20-UNDERTAKER W. J. Tuckwell Son — ADDRESS North Ave

A F E T

A K S • A

Spec.—8-24-14—M. & T.—2000 Blks.

D 1678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 D 1678

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2231 E Preston ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H Brian

(Residence in Baltimore: No. 2231 E Preston St.; ....yrs.,....mos.....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Oct 20, 1833
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
83 yrs. 3 mos. 2 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Co Md

PARENTS.

10-NAME OF FATHER, Andrew Brian

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Co Md

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Nellie Haverty

(Address) 2234 E Preston St

15- Filed JAN 24 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 22, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 191 7, to Jan 22 191 7, that I saw h alive on Jan 22 191 7, and that death occurred, on the date stated above, at 10.30 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia Immunum

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) ....yrs. ....mos. 5 ds.

(Signed) Wm O Swisher M. D.

Jan 23, 191 7 (Address) 2818 E Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park | DATE OF BURIAL, Jan 25, 191 7

20-UNDERTAKER W J Tickner & Son | ADDRESS North Ave

D 1679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Julius

92

D 1679

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 152 Dolphin ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amanda Juliens

Residence in Baltimore: No. 152 Dolphin St. (Yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	Col	Widow

6-DATE OF BIRTH. abt. (Month) 2 (Day), 1856 (Year)

7-AGE. 60 yrs. 3 mos. 20 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Washer
(b) General nature of industry, business, or establishment in which employed (or employer): Keeps at Home

9-BIRTHPLACE. (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Juliens

(Address) 152 Dolphin

15- JAN 24 1917 Filed....., 191.... HARRY C. ANDREWS Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan 21 (Month) (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

(Coroner) ..... (Address) 814 Decatur

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Auburn	Jan 25 19 17

20-UNDERTAKER Samuel J Hensey ADDRESS 5 T & 13

D 1680

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

17 D 1680

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1840 Lauren ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Aaron Little

(Residence in Baltimore: No. 1840 Lauren St., yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) ~~Married~~

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, +70 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isaac Little

(Address) 1840 Lauren

15-

Filed JAN 24 1917, 191 HARRY C. ANDREWS Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 23, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Asphyxia Coal Gas

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) yrs. mos. ds.

(Signed) B. W. Wilkins M. D. (Coroner)

Jan 23, 191 7 (Address) 410 E. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1840 Lauren

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, Jan 25 19 17

20-UNDERTAKER Laurence L. Hemsley

ADDRESS 518 W Saratoga

Spec.—8-24-14—M. & T.—2000 Bks.

D 1681

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1681

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 N Stricker ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Sarah C. Martin Gardner

(Residence in Baltimore: No. 910 N Stricker St. Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH, Unknown 1 (Month) (Day) (Year)

7-AGE: about 84 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): City

PARENTS.

10-NAME OF FATHER: John B Martin

11-BIRTHPLACE OF FATHER (State or Country): City

12-MAIDEN NAME OF MOTHER: Margaret Fleming

13-BIRTHPLACE OF MOTHER (State or Country): City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Gardner

(Address) 910 N Stricker

15- Filed JAN 24 1917, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 22, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 29 1916, to Jan 22 1917, that I saw her alive on Jan 22 1917, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Uraemia — Sclerosis of kidneys
Heart dilatation

(Duration) 2m yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(Duration) 2y yrs. mos. ds.

(Signed) John D. King M. D.

Jan 24 1916 (Address) 1425 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge — DATE OF BURIAL, Jan 25, 191..

20-UNDERTAKER, W J Pickerson Son — ADDRESS North Ave

D 1682

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 1682

REGISTERED No. C 379

1. PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital ST. 3 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Lewis Echikson

(Residence in Baltimore: No. 919 E. Pratt St.: 17 yrs. 8 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6. DATE OF BIRTH: May — (Month) (Day), 1899 (Year)

7. AGE: 17 yrs. 8 mos. — ds. If LESS than 1 day, ... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Bookkeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or country): Balto city md

PARENTS

10. NAME OF FATHER: Joseph

11. BIRTHPLACE OF FATHER (State or country): Russia

12. MAIDEN NAME OF MOTHER: Ada Joelson

13. BIRTHPLACE OF MOTHER (State or country): Russia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J Lewis

(Address) 1411 E Balto St

15. Filed JAN 24 1917, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 24 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1916, to Jan 24 1917, that I saw h[illegible] alive on Jan 24, 1917 and that death occurred, on the date stated above, at 1.25 a.m.
The CAUSE OF DEATH* was as follows:

Aortic regurgitation, Mitral regurgitation + Stenosis, Pericarditis (Duration) 5 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Acute decompensation (Duration) ..... yrs. ..... mos. 75 ds.

(Signed) Bernard Jacobson M. D.
Jan 24, 1917 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE. (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. 49 ds. In the State Life yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence 919 E Pratt St

19. PLACE OF BURIAL OR REMOVAL: Hebrew Cedar Dale — DATE OF BURIAL: Jan 24, 1917

20. UNDERTAKER: Jack Levin — ADDRESS: 1411 E Balto. St

D 1683

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1683

CERTIFICATE OF DEATH.

29

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1403 E. Pratt St. 3 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Shulman

(Residence in Baltimore: No. 1403 E. Pratt St

St.: yrs. 15 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown (Month) (Day); 1852 (Year)

7-AGE, 35 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Druggist
(b) General nature of industry, business, or establishment in which employed (or employer). Store Merchant

9-BIRTHPLACE, (State or Country). Russia

PARENTS.

10-NAME OF FATHER, Isreal Shulman

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Chia Leaka

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Lewis

(Address) 1411 E. Balto St

15- Filed JAN 24 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart Organic heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY, (Secondary)

(Duration) yrs. mos. ds.

(Signed) Henry Lynch Dueatt (Coroner.) M. D.

Jan 24, 1917. (Address) 16 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington Co. | DATE OF BURIAL, 1.24. 1917

20-UNDERTAKER Jack Lewis | ADDRESS 1411 E Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

D 1684

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1684

CERTIFICATE OF DEATH.

REGISTERED No. C 151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 673 Forrest ST.; 7 WARD)

2-FULL NAME Not named Infant Hubley

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 673 Forrest St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, January 23, 1917.
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds.

If LESS than 1 day, 10 hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Clyde W. Hubley

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Dora E. Spangler

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15- Filed JAN 24 1917, 191.... HARRY C. ANDREWS Registrar.

JAN 24 1917

Serial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 23, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 23 1917, to January 23 1917, that I saw him alive on January 23 1917, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ....yrs. 5 mos. ....ds.

CONTRIBUTORY (Secondary) Failure to Breathe on

R.R. Trial (Duration) ....yrs. ....mos. 7 ds.

(Signed) Richard Dean M. D.

January 24, 1917. (Address) 727 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPIT JAN 24 19

Commissioner Health

Spec.—8-24-14—M. & T.—2000 Pks.

D 1685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

D 1685

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1740 E. North Ave. St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elara E. McCauley

(Residence in Baltimore: No. 1740 E. North Ave. St.; 50 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb. 15 (Month) (Day), 1840 (Year)

7-AGE, 76 yrs. 11 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), London Eng.

PARENTS.

10-NAME OF FATHER, Wm T. Deacon

11-BIRTHPLACE OF FATHER (State or Country), London Eng.

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country). London Eng.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jesse M. McCauley

(Address) Howard Co. Md.

15- JAN 24 1917 HARRY C. ANDREWS

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 22nd (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from June 2 1917, to Jan. 22 1917, that I saw h.. alive on Jan 22 1917, and that death occurred, on the date stated above, at 11 30 a. m.

The CAUSE OF DEATH* was as follows:

a Cerebral Hemorrhage

.....

..... (Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

..... (Duration) yrs. mos. ds.

(Signed) C H Burton M. D.

Jan 22, 191.. (Address) 1711 E Back

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Oak Lawn

DATE OF BURIAL, Jan 24rd, 191.7

20-UNDERTAKER Lilly & Zeiler

ADDRESS 403 S. Wolfe

Spec.—8-24-14—M. & T.—2000 Bks.

D 1686

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1686

CERTIFICATE OF DEATH.

120

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 635 Haw Street ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Aaron Scott

(Residence in Baltimore: No. 635 Haw Street St.; 7 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-~~SINGLE~~, ~~MARRIED~~, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 72 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Henry Scott

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amos Carr

(Address) 813½ Caroline St

15- JAN 24 1917 Filed....., 191.... HARRY O. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sunday 1/21/17 ....., 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1916, to Jan 21 1917, that I saw h m alive on Jan 20 1917, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

..... Interstitial Nephritis

..... (Duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) Uremia

..... (Duration) ..... yrs. 2 mos. 6 ds.

(Signed) Kerr Smith M. D.

1/24, 191.7 (Address) 136 Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, National Cemetery

DATE OF BURIAL, Jan 25, 1917

20-UNDERTAKER Wm H Hooper

ADDRESS 609 Lilly Road

Spec.—8-24-14—M. & T.—2000 Bks.

D 1687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 38

D 1687

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Joost

(Residence if Baltimore: No. [illegible] Mercy Hospital St.; — yrs., — mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Feb 5, 1853 (Month) (Day) (Year)

7-AGE, 63 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, A. G. Joost

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Stark

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Record

(Address) .....

15- Filed JAN 24 1917, 191.. HARRY O. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 24, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10 1917, to Jan 24 1917, that I saw h[illegible] alive on Jan 24 1917, and that death occurred, on the date stated above, at 1.15 a.m.

The CAUSE OF DEATH* was as follows:

Cortical Stricture X

Toxaemia

Pneumonia (Infection) (Duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Pernicious Anaemia

..... (Duration) — yrs. — mos. — ds.

(Signed) Frank Ellwood M. D.

Jan 24, 1917. (Address) Mercy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 14 ds. In the State 30 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Edgewood Md

Former or usual residence Same

19-PLACE OF BURIAL OR REMOVAL, Edgewood Md — DATE OF BURIAL, Jan 27, 191..

20-UNDERTAKER E. B. Hall — ADDRESS 115 E Ment[illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

D 1688

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 1688

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 803 N. Broadway St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ann M. Waldmann

(Residence in Baltimore: No. 803 N. Broadway St.; 64 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 15, 1852 (Month) (Day) (Year)

7-AGE, 64 yrs. 10 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At Home
(b) General nature of industry, business, or establishment in which employed (or employer). Housework

9-BIRTHPLACE, (State or Country). New York

PARENTS.

10-NAME OF FATHER, Henry Lee Allen

11-BIRTHPLACE OF FATHER (State or Country) Vermont

12-MAIDEN NAME OF MOTHER Eliza Northey

13-BIRTHPLACE OF MOTHER (State or Country). England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry C. Waldmann

(Address) 803 N. Broadway

15- JAN 24 1917 ROBERT P. KERR CHIEF BUREAU OF VITAL STATISTICS
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 22, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 21 1917, to Jan 22 1917, that I saw her alive on Jan 22 1917, and that death occurred, on the date stated above, at 12.15 P.M.

The CAUSE OF DEATH* was as follows:

Acute dilatation of Heart

Nervousness

Myocarditis

(Duration) .....yrs. .....mos. 6 hrs.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) .....yrs. .....mos. 6 yrs.

(Signed) Wm. C. Krug-waldt M. D.

Jan 23, 1917. (Address). 805 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RACENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel Cem. DATE OF BURIAL, Jan. 25, 1917

20-UNDERTAKER Wm. C. Black ADDRESS 927 N. Broadway

Over

D 1689 HEALTH DEPARTMENT—CITY OF BALTIMORE D 1689

CERTIFICATE OF DEATH.

181

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 4000 Block Parkhaugh ave ST.: VS WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael J Burns

(Residence in Baltimore: No. 1504 Madison ave St.: yrs. Nov mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: ..... (Month) Sept (Day) 21, (Year) 1888

7-AGE: 28 yrs. 11 mos. 1 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Police Officer
(b) General nature of industry, business, or establishment in which employed (or employer): Balto City

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: James Burns

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Gertrude Francis

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Gertrude Burns

(Address) 1504 Madison ave

15- Filed JAN 24 1917, 191.... ROBERT P. KRAUTER Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: ..... (Month) Jan (Day) 22, (Year) 1917

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inq (Inquest, autopsy or inquiry) find that said deceased came to h.... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Electrocuted
(Accidental)
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY. (Secondary) Caught hold of Cable Connected to Car Engine
(Duration) ....yrs. ....mos. ....ds.

(Signed) John J Morrissey M. D.
(Coroner.)

Jan 24th 1917. (Address) 363 2 Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Jan 25 1917

20-UNDERTAKER: Chenoweth Son — ADDRESS: Chestnut Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1690

CERTIFICATE OF DEATH.

92

D 1690

1-PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. Wolfe & Aliceanna ST., 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Egan

(Residence in Baltimore: No. 2316 Boston St.; 55 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, December 1 (Month) (Day) (Year)

7-AGE, 55 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Gardener
(b) General nature of industry, business, or establishment in which employed (or employer) Self

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER, Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John A Moran

(Address) Bank & Aisquith Sts

15- Filed JAN 24 1917, 191. ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 23 (Month) (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 15 1917, to June 23 1917, that I saw h.. alive on June 23 1917, and that death occurred, on the date stated above, at 9 30 A m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Cardiac Failure Hypostatic Pneumonia

(Duration) yrs. mos. 1 ds.

(Signed) Laura Mankel M. D.

1/23, 191 7. (Address) 1605 Gay St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Dont Know

Former or usual residence 2316 Boston St.

19-PLACE OF BURIAL OR REMOVAL, Holy Cross

DATE OF BURIAL, Jan 24 191 7

20-UNDERTAKER John A Moran

ADDRESS Bank & Aisquith

Spec.—8-2[illegible]4—M. & T.—2000 Bks.

D 1691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 1691

REGISTERED No. C 79

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 5 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Brown

(Residence in Baltimore: No. 1164 McElderry St St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, Unknown. (Month) (Day), 1874 (Year)

7-AGE, 43 yrs. ~ mos. ~ ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Ord Occupation

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown.

11-BIRTHPLACE OF FATHER (State or Country). Unknown.

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country). Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- Filed JAN 24 1917 191... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 22 (Month) (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from January 17 1917, to January 22 1917, that I saw h[illegible] alive on January 22 1917, and that death occurred, on the date stated above, at 10 45 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(Duration) yrs. 5 mos. 7 ds.

CONTRIBUTORY (Secondary) Myocarditis Bronchopneumonia

(Duration) yrs. 1 mos. 17 ds.

(Signed) W. B. Magruder M. D.

Jan 23, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1164 Mc Elderry St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Jan. 25, 1917

20-UNDERTAKER Wm. H. A. Elliott, — ADDRESS 504 East St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1692

CERTIFICATE OF DEATH.

× 109 D 1692

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 Maryland Gen. Hosp. ST.; 11 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis P. Ayres

(Residence in Baltimore: No. Md Genl Hosp St.: ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH. ....July.... (Month) 15 (Day), 1849 (Year)

7-AGE. 67 yrs. 6 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....None....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John C Ayres

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert R Ayres

(Address) Chestertown Md

15- Filed JAN 24 1917 191.... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 19, 1917, to Jan 24, 1917, that I saw him alive on Jan 24 1917, and that death occurred, on the date stated above, at 2.45 p.m.

The CAUSE OF DEATH* was as follows:

Chronic intestinal
obstruction

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Gangrenosis

(Duration) ....yrs. ....mos. 5 ds.

(Signed) H. A. Saunders M. D.

Jan. 24, 1917. (Address) H. A. Saunders

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 5 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Chestertown, Md.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Chestertown Md	Jan. 26, 191.7.
20-UNDERTAKER Armstrong Denny Co	ADDRESS 715 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1693

CERTIFICATE OF DEATH.

92 D 1693

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospl 11 St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Pearman

(Residence in Baltimore: No. Md. General Hosp St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Blk

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) December (Day) 1 (Year)

7-AGE, 69 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Richard Pearman

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Amelia Garrett

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Pearman (Son)

(Address) Glenburnie B.A.C. Md

15- Filed JAN 24 1917, 191.... ROBERT P. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Jan (Day) 23, (Year) 1917

17. I HEREBY CERTIFY, That I attended deceased from Jan 22 1917, to Jan 23 1917, that I saw h[illegible] alive on Jan 23 1917, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Acute lobar pneumonia (upper right lobe)

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) G. A. Fawden M. D.

1-24, 1917. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Marley Md.

19-PLACE OF BURIAL OR REMOVAL, Marley Colored Church Cem. DATE OF BURIAL, Jan 27, 1917.

20-UNDERTAKER Armstrong & Army Co ADDRESS Light St

D 1694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

169 D 1694

REGISTERED No. C

1. PLACE OF DEATH
CITY OF BALTIMORE (No. 2011 N Chester St. ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Alexander Gordon

(Residence in Baltimore: No. 714 W Lanvale St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) ....., 1 ..... (Day) (Year)

7-AGE, 31 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seaman
(b) General nature of industry, business, or establishment in which employed (or employer): 504

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Thomas Gordon

11-BIRTHPLACE OF FATHER (State or Country), MD

12-MAIDEN NAME OF MOTHER Rosa Gordon

13-BIRTHPLACE OF MOTHER (State or Country), MD

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mary Garrard
(Address) 13 N Eutaw St

15- JAN 24 1917 Filed ....., 191.....
ROBERT P. KNAUER
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 22, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisition
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said .....
(Inquest, autopsy or inquiry.)
Inquisition find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thomas Lynch Isaac H ..... M. D.
(Coroner.)
Jan 23, 1917. (Address) 1610 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Jan 25 1917

20-UNDERTAKER Alfred J Rutland — ADDRESS 114 S Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

D 1695

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 D 1695

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1721 Westwood Av ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry H Bohler

(Residence in Baltimore: No. 1721 Westwood Av St.; 5 yrs., X mos. X ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov 6, 1887 (Month) (Day) (Year)

7-AGE, 29 yrs. 2 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Machinist
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Pa

PARENTS.

10-NAME OF FATHER, Henry Bohler

11-BIRTHPLACE OF FATHER (State or Country), Switzerland

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Switzerland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Susan Bohler

(Address) 1721 Westwood Av

15- Filed JAN 24 1917, 191.....

ROBERT N. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan- 23, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan- 13 1917, to Jan- 23 1917, that I saw h[illegible] alive on Jan- 23 1917, and that death occurred, on the date stated above, at 2 15/60 m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) ... yrs. ... mos. 21 ds.

CONTRIBUTORY (Secondary) Embolism & Cardiac Insufficiency (Duration) ... yrs. ... mos. 12 hours ds.

(Signed) E Francis Jones M. D.

1-23, 1917 (Address) 2402 Roslyn

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery DATE OF BURIAL, Jan 26, 1917

20-UNDERTAKER Wm A Rolle & Son ADDRESS 730 Park

8-24-14—M. & T.—2000 Blks.

D 1696

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1696

CERTIFICATE OF DEATH.

92

REGISTERED No. C.....

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 601 Covington ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. G. Truett

(Residence in Baltimore: No. 601 Covington St.; 40 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Oct 15, 1852
(Month) (Day) (Year)

7-AGE, 64 yrs. 3 mos. 7 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Grocer.
(b) General nature of industry, business, or establishment in which employed (or employer)..... Sta. Keeper

9-BIRTHPLACE, (State or Country), Harpers Ferry W. Va

PARENTS.

10-NAME OF FATHER, Henry H. Truett

11-BIRTHPLACE OF FATHER (State or Country), Harpers Ferry W. Va

12-MAIDEN NAME OF MOTHER Martha A. Luckey

13-BIRTHPLACE OF MOTHER (State or Country), Harpers Ferry W. Va

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mildred Truett

(Address) 601 Covington

15-

Filed JAN 24 1917, 191.... ROBERT P. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 22, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 16 191.., to Jan 22 191.., that I saw h... alive on Jan 22 191.., and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Alcoholic Neurasthenia

(Duration) ..... yrs. 14 mos. ..... ds.

(Signed) Paul G. Phillips M. D.

Jan 23, 191.. (Address) 1617 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Lorraine Cemetery	Jan 24, 191..
20-UNDERTAKER	**ADDRESS**
C J Fanning 1938 E Lafayette	

D 1697

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

175 D 1697

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME Louis James Vleeschouwer

(Residence in Baltimore: No. 1904 North Collington Ave St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... (Month) June (Day) 1 (Year)

7-AGE, About 40 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Restaurant
(b) General nature of industry, business, or establishment in which employed (or employer)..... Proprietor

9-BIRTHPLACE, (State or Country), Georgia

PARENTS.

10-NAME OF FATHER, James Vleeschouwer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth ?

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Adeline Vleeschouwer

(Address) 1904 N. Collington Ave

15- Filed JAN 24 1917, 191.... ROBERT P. KRAUTER Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Jan. (Day) 21, (Year) 1917.

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun Shot Pelvis

Probable Anemia

Struck by Automobile

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Obstruction Intestinal

Probably (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. H. Riley (Coroner.) M. D.

Jan 24, 191 7 (Address) 1039 Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place Mercy Hospital In the of death..... yrs. ..... mos. ..... ds. State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Gun Battle with Police at Forest & W

Former or usual residence 1904 N. Collington Ave

19-PLACE OF BURIAL OR REMOVAL, St Peters — DATE OF BURIAL, June 15, 19 17

20-UNDERTAKER William Cook — ADDRESS 502 E. North Ave

D 1698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 1698

1 PLACE OF DEATH

REGISTERED No. C 720

CITY OF BALTIMORE: (No. #3607 Reisterstown Road St.: 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isabbela Richards

(Residence in Baltimore: No. #3607 Reisterstown Road St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH: July (Month) (Day), 85I (Year)

7-AGE: 65 yrs. 6 mos. ds. If LESS than 1 day, hrs., or min.

8-OCCUPATION
(a) Trade, profession or particular kind of work: Invalid
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Jacob Underwood

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Mary Underwood

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Eug. Underwood

(Address) 3607 Reisterstown Rd

15- Filed JAN 25 1917 191

HARRY C. ANDREWS
Special Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 23d (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 12th, 1916, to, Jan 23d 1917, that I saw her alive on Jan 23d, 1917, and that death occurred, on the date stated above, at 12.45 p m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs 6 mos. 11 ds.

Contributory (SECONDARY)

(Duration) yrs mos. ds.

(Signed), E. G. Glover M. D.

Jan 24th 1917 [Address] 1224 N Moth Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Leakes Rd	Jan 26, 1917

20-UNDERTAKER: H S Marshall ADDRESS: 3039 Fall Rd.

D 1699

CERTIFICATE OF DEATH

D 1699

REGISTERED No. C 1

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3529 Sweet Air St. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Chas N. Davis

(Residence in Baltimore: No. 3529 Sweet Air St.; yrs. 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: May (Month) 10 (Day), 1883 (Year)

7 AGE: 33 yrs. 9 mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer Day
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Va

PARENTS

10 NAME OF FATHER: Richard N. Davis

11 BIRTHPLACE OF FATHER (State or country): Va

12 MAIDEN NAME OF MOTHER: Anna M. Reed

13 BIRTHPLACE OF MOTHER (State or country): Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lydia Davis
(Address) 3529 Sweet Air

15 JAN 25 1917 191 HARRY O. ANDREWS Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 24 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1917, to Jan 24 1917, that I saw him alive on Jan 24, 1917, and that death occurred, on the date stated above, at 4 P m.
The CAUSE OF DEATH* was as follows:

Typhoid fever

(Duration) yrs. mos. 19 ds

Contributory (SECONDARY) Myocarditis

(Duration) yrs. mos. 3 ds.

(Signed) Herman Seidel M. D.
Jan 24, 1917 (Address) 1931 E. Pratt St.

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Oregon Md. DATE OF BURIAL: Jan 26, 191

20 UNDERTAKER: A S Marshall ADDRESS: 3839 Falls Rd

is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Blks.

D 1700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 1700

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 Hanover ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna V Frantz

(Residence in Baltimore: No. 1313 Hanover St.; ..... yrs., ... mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, Jan 5th, 1917 (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 19 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Henry Frantz

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Hettie Pennington

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Frantz

(Address) 1213 Hanover

15- Filed JAN 25 1917, 191..... HARRY O. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 24, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 23 1917, to Jan 24 1917, that I saw h[illegible] alive on [illegible] 24 1917, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Double Bronchial Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. C. Dearen M. D.

Jan 25, 1917. (Address) 2600 E Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Cedar Hill Cem	Jan 25, 1917
20-UNDERTAKER E. Schlosnagle	ADDRESS 1034 Hanover

Spec.—8-24-14—M. & T.—2000 Bks.

D 1701

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1701

CERTIFICATE OF DEATH.

135

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 Hilton ST.; 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna C Sutton

Residence in Baltimore: No. 1603 Hilton St.; Life yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Femal	White	marr

6-DATE OF BIRTH, Jan (Month) 15 (Day), 1889 (Year)

7-AGE, 27 yrs. mos. 9 da. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balt.

PARENTS.

10-NAME OF FATHER, Frank Hann

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Olivia Aug

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John S. Sutton Jrs.

(Address) 1603 Hilton St.

15-

Filed JAN 25 1917, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 23 1917, to Jan 24 1917, that I saw h[illegible] alive on Jan 24 1917, and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH* was as follows:

Post partum Hemorrhage

Fallen C uno Pregnancy

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Placentia previa

(Duration) yrs. mos. da.

(Signed) John Hearn M. D.

, 191... (Address) 161 N. Carey

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Ridge	Jan. 24 191 7.
20-UNDERTAKER	ADDRESS
E M Mitchell & Co	1201 W Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

D 1702

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1702

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1603 Hilton St ST.; 16 WARD)

REGISTERED NO. C 151

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Sutton

(Residence in Baltimore: No. 1603 Hilton St.; ....yrs.,....mos.,....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, Jan. 24, 1917.
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds.

If LESS than 1 day, ...hrs. or 3 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Sutton Jr.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Anna C Sjams

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Sutton Jr.

(Address) 1603 Hilton St.

15- JAN 25 1917 Filed....., 191.... HARRY [illegible] ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 24, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 24 1917, to Jan 24 1917, that I saw h[illegible] alive on Jan 24 1917, and that death occurred, on the date stated above, at 1 a.m.

The CAUSE OF DEATH* was as follows:

Immature Birth

.....

.....

..... (Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) 6 mos foetus

..... (Duration) ....yrs....mos....ds.

(Signed) John A Oram M. D.

....., 191.. (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Druid Ridge — DATE OF BURIAL, Jan. 26, 1917.

20-UNDERTAKER E M Mitchell & Co — ADDRESS 1201 W Fayette St

D 1703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1703 D 1703

REGISTERED No. C .....

1. PLACE OF DEATH
CITY OF BALTIMORE (No. 1024 N Charles ST. 17 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Frederick W. Schultz
(Residence in Baltimore: No. 1024 N Charles St Sr.: 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: White
5. SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married
6. DATE OF BIRTH: Oct 17 (Month), 1849 (Year)
7. AGE: 76 yrs. 3 mos. 7 ds. If LESS than 1 day, ... hrs. or ..... min.?
8. OCCUPATION
(a) Trade, profession, or particular kind of work: Gas Fix & Metals
(b) General nature of industry, business, or establishment in which employed (or employer): Retired
9. BIRTHPLACE (State or country): Germany

PARENTS
10. NAME OF FATHER: Arnold Schultz
11. BIRTHPLACE OF FATHER (State or country): Germany
12. MAIDEN NAME OF MOTHER: Ann
13. BIRTHPLACE OF MOTHER (State or country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Alice M Schultz
(Address) 1024 N. Charles St

15. Filed JAN 25 1917
HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan. (Month) 24 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1916, to, Jan 24 1917, that I saw h~~im~~ alive on Jan 23, 1917, and that death occurred, on the date stated above, at 8-15 ~~A~~ m.
The CAUSE OF DEATH* was as follows:

Chr. Nephretis

Some (Duration) 1 yrs. 6 mos. — ds
Contributory Anuria and Uraemia
(SECONDARY)
(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) D. Robert W. Mifflin M. D.
Jan 25, 1917. (Address) 1016 Mad. Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Lorraine Cemetery
DATE OF BURIAL: Jan. 26, 1917
20. UNDERTAKER: E M Mitchell & Co
ADDRESS: 1201 W Fayette St

is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

41 D 1704

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St Josephs Hospital ST.; 10 WARD)
REGISTERED NO. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME J Seward Plummer

(Residence in Baltimore: No. 1008 N Eden St St.; Life yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Married

6-DATE OF BIRTH, July (Month) 22 (Day), 1846 (Year)

7-AGE, 70 yrs. 11 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Government

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER, John F. Plummer

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Ruth A. Wilson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Grant Plummer

(Address) 420 Ausquith St

15-

Filed JAN 25 1917, 191.... HARRY O. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 17 1917, to Jan 24 1917, that I saw him alive on January 23 1917, and that death occurred, on the date stated above, at 6.45 a.m.

The CAUSE OF DEATH* was as follows: Carcinoma ? Rectum

Operation Jan 25/17

(Duration) ? yrs. 12 mos. ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) yrs. mos. ds.

(Signed) W. L. Richards M. D.

Jan 24, 1917. (Address) St Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 8 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 1008 N Eden St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cemetery	Jan ....., 1917.

20-UNDERTAKER John B. Spence ADDRESS 1325 N Caroline St

Spec.—8-24-14—M. & T.—2000 Bks.

1705

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1705

CERTIFICATE OF DEATH.

104

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Tilghman

(Residence in Baltimore: No. Childrens Aid Society St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word)
Male	White	Single

6-DATE OF BIRTH, January 1, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 6 mos. 21 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, C. L. Burley

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Virginia Tilghman

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. L. Smith

(Address) Johns Hopkins Hospital

15- Filed JAN 26 1917, 191.... HARRY M. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 22, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 8 1916, to January 22 1917, that I saw h.. alive on January 22 1917, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Gastro-intestinal indigestion

acute

(Duration) 0 yrs. 0 mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Henry [illegible] Howard M. D.

Jan 23, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs. 1 mos. 14 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Childrens Aid Society

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, ..., 191...

JOHNS HOPKINS HOSP JAN 24 1917

20-UNDERTAKER ADDRESS

Commissioner Health.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1706

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D 1706

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph's Hosp.

CITY OF BALTIMORE: (No. Caroline & Eden St.; 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Mayo

(Residence in Baltimore: No. 1323 Shields alley St.; 50 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, ... (Month) ..... (Day) ..... (Year)

7-AGE, 50 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Cook
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown from Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), ...

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Record

(Address) .....

15-JAN 25 1917 Filed....., 191.... HARRY C. ANDREWS Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 24 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 23 1917, to Jan 24 1917, that I saw h[er] alive on Jan 24 1917, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation Hypertrophy

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Andrew Purdy M. D.

....., 191... (Address) 2 E Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 1323 Shields Alley

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, Jan. 28.., 1917.

20-UNDERTAKER Edward Ringgold. — ADDRESS 1463 N Carey St.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1707

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1707

CERTIFICATE OF DEATH.

64

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 755 W. Franklin ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mondoza Bailey

(Residence in Baltimore: No. 755 W. Franklin St. 50 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Widowed

6-DATE OF BIRTH, Unknown (Month), ... (Day), 1854 (Year)

7-AGE, 62 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hattie Bailey

(Address) 755 W. Franklin

15-

Filed JAN 25 1917 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1917, to Jan 23 1917, that I saw him alive on Jan 22 1917, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

1 Paralysis (Cerebral Hemorrhage)

.....

.....

..... (Duration) ..... yrs. ..... mos. 23 ds.

CONTRIBUTORY (Secondary) Chronic

..... (Duration) ..... yrs. ..... mos. 23 ds.

(Signed) J. H. Fiser M. D.

Jan 28, 1917 (Address) 714 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, Jan 26, 1917

20-UNDERTAKER John H. Toadvine — ADDRESS 143 Steel St

Spec.—8-24-14—M. & T.—2000 Blks.

D 1708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 D 1708

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Myrtle Stovall

(Residence in Baltimore: No. 902 Whitecourt St ST.; Life yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 28, 1912
(Month) (Day) (Year)

7-AGE, 4 yrs. 10 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Floyd Stovall

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Clara Samuel

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed JAN 25 1917, 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 22, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 16 1917, to January 22 1917, that I saw h.er alive on January 22 191..., and that death occurred, on the date stated above, at 10.55 p. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Meningitis

..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Milton B. Wilkes M. D.

Jan 23, 191 7 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 902 Whitecourt St

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, Jan 25, 191 7.

20-UNDERTAKER John H. Toadvin — ADDRESS 1423 Wolfe St

Spec.—8-24-14—M. & T.—2000 Bks.

D 1709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 1709

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 824 Raborg ST.; 18 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Holden

(Residence in Baltimore: No. 824 Raborg St.; 50 yrs., mos., dy.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, (Month) (Day) 1866 (Year)

7-AGE, 50 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seaman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Major Holden

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Rebecca Edwards

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maggie Commodore

(Address) 1327 N Monroe St

15- JAN 25 1917 HARRY C. ANDREWS

Filed ....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 16 1917, to Dec 23 1917, that I saw h[illegible] alive on Dec 22 1917, and that death occurred, on the date stated above, at 4 p. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilation Valvular

(Duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. 1 mos. 7 ds.

(Signed) [signature] M. D.

Jan 25, 1917. (Address) 703 S Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn

DATE OF BURIAL, Jan 27, 1917

20-UNDERTAKER John H Toadvine

ADDRESS 1422 Hotel

D 1710

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

79 D 1710

REGISTERED No. C

PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital ST. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Geo P Meyers

(Residence in Baltimore: No. 921 N Bdway St.; yrs. 53 mos. 10 da.) 7

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Mar 14 1863, 1 (Month) (Day) (Year)

7-AGE, 53 yrs. 10 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Police
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. Henry Meyers

11-BIRTHPLACE OF FATHER (State or Country). German y

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Meyers

(Address) 921 N. B'way

15- JAN 25 1917 191 HARRY C. ANDREWS JAN 25 1917 Registrar. Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 22 1917, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner.)

Jan 23, 1917 (Address) N. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence. 921 N Broadway

19-PLACE OF BURIAL, OR REMOVAL. Mt Carmel — DATE OF BURIAL, Jan 25 19..

20-UNDERTAKER. Philip Henry — ADDRESS 216 Aisquith

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1711

CERTIFICATE OF DEATH.

170 D 1711

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 N. Ann ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George J. Peters

(Residence in Baltimore: No. 415 N Ann St.; 45 yrs., 2 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov 1, 1871
(Month) (Day) (Year)

7-AGE, 45 yrs. 2 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Theatrical
(b) General nature of industry, business, or establishment in which employed (or employer): Business

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Geo. Peters

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Jennie

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lena Peters

(Address) 412 N. Ann St.

15-

Filed JAN 25 1917 191.... HARRY O. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 23, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20" 1916, to Jan 23" 1916, that I saw him alive on Jan 22" 1916 and that death occurred, on the date stated above, at 1 30 a. m.

The CAUSE OF DEATH* was as follows:

Anaemia

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) 3 yrs. mos. ds.

(Signed) Edgar Robertson M. D.

Jan 23, 1917. (Address) 2139 E. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, 5th Ger. Ref. Cem. DATE OF BURIAL, Jan 26 1917

20-UNDERTAKER Philip Herrig ADDRESS 2016 Orleans St.

D 1712

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1712

CERTIFICATE OF DEATH.

REGISTERED No. C 79

PLACE OF DEATH

CITY OF BALTIMORE (No. 829 Lemon ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Lizzie Evans

(Residence in Baltimore: No 829 Lemmon St

St.: 7 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 66 Yrs. mon. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Housework,
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Dixon

(Address) 829 Lemon St

15-

Filed JAN 25 1917, 191

HARRY C. ANDREWS
Burial Permit Officer.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 22, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. L. Driscoll M. D.
(Coroner.)

191... (Address) 312 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, Jan 25, 1917.

20-UNDERTAKER Charles B Jones — ADDRESS 2352 Pine St

Spec.—8-24-14—M. & T.—2000 Blks.

D 1713

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1713

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hos. ST.; 12 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick Salmon.

(Residence in Baltimore: No. 414 Pinkney Pl. St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Sing

6-DATE OF BIRTH, January 17, 1888
(Month) (Day) (Year)

7-AGE, 29 yrs. — mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Salmon

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine —

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp

15- Filed JAN 25 1917, 191... HARRY C. ANDREWS Burial Permit Clerk... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 25, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 22 1917, to Jan 25 1917, that I saw h— alive on Jan 25 1917, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Acute lobar pneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Alcoholism

(Duration) ? yrs. ....mos. ....ds.

(Signed) E. E. Martin M. D.

Jan 25, 191... (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. 3 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence 414 Pinkney Pl.

19-PLACE OF BURIAL OR REMOVAL, Mem. Cathedral — DATE OF BURIAL, Jan. 29, 1917

20-UNDERTAKER E. A. Whitfield Jr. ADDRESS Fremont Ave

D 1714

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

D 1714

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1306 Sargent ST. 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Infant Buechert

(Residence in Baltimore: No. 1306 Sargent St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	single

6 DATE OF BIRTH ..... Jany (Month) 22 (Day), 1917 (Year)

7 AGE ..... — yrs. — mos. — ds. If LESS than 1 day, — hrs. or 5 min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work ..... Child
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) Balto Md

PARENTS

10 NAME OF FATHER William Buechert

11 BIRTHPLACE OF FATHER (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Laura Wegmuth

13 BIRTHPLACE OF MOTHER (State or country) Balto Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Buechert

(Address) 1306 Sargent st

JAN 25 1917

15 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jany (Month) 22 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jany 22, 1917, to Jany 22 1917, that I saw him alive on Jany 22, 1917, and that death occurred, on the date stated above, at 11-50 a.m.
The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) yrs. 4½ mos. ds

Contributory (SECONDARY) same

(Duration) yrs. 4½ mos. ds.

(Signed) Geo. S. McKeffer M. D.

Jany 23, 1917 (Address) Medical Journal

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL — HOPKINS HOSP

DATE OF BURIAL JAN 25 1917

20 UNDERTAKER — Commissioner Health

ADDRESS

is very important. See instructions on back of certificate.

D 1715

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

19 D 1715

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 427 Mott St. 5 WARD)

REGISTERED No. C.....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Henson

(Residence in Baltimore: No. 427 Mott St. Lyle yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): widow

6-DATE OF BIRTH: December (Month) ..... (Day), 1848 (Year)

7-AGE: 69 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (State or country): unknown

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): MD

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hattie Henson

(Address) 427 Mott St

15- Filed JAN 25 1917, 191.....

CARRY A. ANDREWS
Burial Permit Clerk
REGISTRAR

is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 23 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1917, to Jan 23 1917, that I saw h[er] alive on Jan 22, 1917, and that death occurred, on the date stated above, at 1.20 p.m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency
Cardiac Dropsy
Indefinite (Duration) ..... yrs. ..... mos. ..... ds
Contributory (SECONDARY) acute Dilitation
Dig (Duration) ..... yrs. 7 mos. 11 ds.

(Signed) J Edward Fisher M. D.

Jan 24, 1917 (Address) 1612 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cem. DATE OF BURIAL: Jan 25, 1917

20-UNDERTAKER: Mrs. E. G. Locke ADDRESS: 1302 Jefferson St.

Spec. —M. & T.—2000 Brs.

D 1716

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

D 1716

REGISTERED No. C 64

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 305 S Streeker ST.; 19 WARD)

2-FULL NAME John H Ochsenreiter

(Residence in Baltimore: No. 305 S Streeker St.; 21 yrs., mos., ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Oct 4, 1844
(Month) (Day) (Year)

7-AGE, 72 yrs. mos. ds.
If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Grocer Worker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John L Ochsenreiter

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Barbara —

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) F B Ochsenreiter
(Address) 1424 W Baltimore St

15-
Filed JAN 25 1917, 191... HARRY G. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 24, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 22 1917, to Jan 24 1917, that I saw h— alive on Jan 24 1917, and that death occurred, on the date stated above, at 7 A.M. m.

The CAUSE OF DEATH* was as follows:
Cerebro Pneumonia
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Failing Heart
(Duration) yrs. mos. ds.
(Signed) [illegible] M. D.
, 191... (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state: (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery
DATE OF BURIAL, Jan, 191...

20-UNDERTAKER F B Stappert 1738
ADDRESS Frederick

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1717 — 91 — D 1717

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Little Sisters of the Poor — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.: ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha A Underwood

(Residence in Baltimore: No. 1834 Wilkens Ave.; 40 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Wid.

6-DATE OF BIRTH, May (Month) 8th (Day), 1835 (Year)

7-AGE, 81 yrs. 8 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Moses Underwood

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Anne Prudent

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- Filed JAN 25 1917, 191..... BABEY C. ANDERSON Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 23d (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from No record 191, to 191,

that I saw h[illegible] alive on Jany 21 1917, and that death occurred, on the date stated above, at 2.50 P.m.

The CAUSE OF DEATH* was as follows:

Bronchitis pneumonia
(no other history)

2 weeks (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) F A Warner, M. D.

Jan 23, 1917. (Address) 1653 Bolton St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 6 mos. ds. In the State 40 yrs. — mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1834 Wilkens Ave

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cemetery — DATE OF BURIAL, Jany 26, 1917

20-UNDERTAKER Geo. A Gerber — ADDRESS Betts & Sayer

Spec.—5-19-13—M. & T.—500 Bks.

D 1718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 D 1718

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 N. Biddle St.; 11 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME (Not named) Williams

(Residence in Baltimore: No. 413 N. Bidde St.; yrs. mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Mal

4-COLOR OR RACE, Col

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.)

6-DATE OF BIRTH, 1 (Month) 23 (Day), 1917 (Year)

7-AGE, yrs. mos. 3 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER, Maryland Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mary Williams

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Rebecca Robertson

(Address) 228 N. Biddle Street.

15-

Filed JAN 25 1917, 191.... HARRY O. ARLT Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 23 1917 to Jan 25 1917, that I saw h— alive on Jan 24 1917, and that death occurred, on the date stated above, at 9a m.

The CAUSE OF DEATH* was as follows:

Weakness

pr

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) premature birth

(Duration) yrs. mos. ds.

(Signed) D. S. Southall M. D.

191... (Address) 325 N. Bidde

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Ft Lincoln Cem. DATE OF BURIAL, Jan 25 1917

20-UNDERTAKER George H. Holland ADDRESS 917 Robert st.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 1719 15 D 1719

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 2817 W. North Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maurice Hughes Price

(Residence in Baltimore: No. 2817 W. North Ave St.; ....yrs., ...mos. 5 min. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... Jan. 25 ....., 1917.
(Month) (Day) (Year)

7-AGE, ...yrs....mos. 5 minutes ds. If LESS than 1 day, ...hrs. or 5 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Hugh Roberts Price

11-BIRTHPLACE OF FATHER (State or Country), United States

12-MAIDEN NAME OF MOTHER Mary Isabella McKenney

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hugh Roberts Price

(Address) 2817 W. North Ave

15- Filed JAN 25 1917 191.. HARRY C. ANDREWS Registrar. Sarah Jemima Clark

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan. 25 ....., 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 25 1917, to Jan. 25 1917, that I saw h.m alive on Jan 25 1917, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Stillborn Premature Labor

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Eugene [illegible] M. D.

Jan. 25, 191.. (Address) 2314 E. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	Jan. 25, 191..
20-UNDERTAKER	ADDRESS
N. J. Pickett & Son	North Ave

Spec.—5-19-13—M. & T.—500 Bks.

Mary Mc Kuhn

McKUHN D 1720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9r D 1720

PLACE OF DEATH Biedler-Sellman Sanatorium REGISTERED NO. C

CITY OF BALTIMORE: (No. 2724 N. Charles ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Mary Mc Kuhn

(Residence in Baltimore: No. 546 Barre St.; 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~, (*Write* the word.) Widow

6-DATE OF BIRTH, July 16, 1850 (Month) (Day) (Year)

7-AGE, 66 yrs. 6 mos. 9 da. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Maid Servant
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Lawrence Callahan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Missalice Carey

(Address) 546 W. Barre St

15- JAN 25 1917 ROBERT P. CHANTER

Filed....., 191... DEPUTY COMPTROLLER

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 25, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 6 1917, to Jan 25 1917, that I saw h~~er~~ alive on Jan 24 1917, and that death occurred, on the date stated above, at 10.-2 m.

The CAUSE OF DEATH* was as follows:

Double Lobular Pneumonia

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Congestion of Lungs

(Duration) 11 yrs. 1 mos. 19 ds.

(Signed) W. B. Sellman M. D.

Jan. 25, 1917. (Address) 5 E. Biddle St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 14 ds. In the State 50 yrs. mos. ds.

Where was disease contracted, if not at place of death? Mt Royal Apts - 103 E. Mt Royal Ave

Former or usual residence 546 Barre St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cem.	Jan. 27, 1917
20-UNDERTAKER	ADDRESS,
P. J. & M. D. Flynn	1452 Light St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 1731 — 56 — B 1731

CERTIFICATE OF DEATH.

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1400 N Mount ST. 15 WARD)

2-FULL NAME Ruston R. H. Hughes

(Residence in Baltimore: No. 1400 N. Mount St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	White	Single

6-DATE OF BIRTH, April 8, 1873
(Month) (Day) (Year)

7-AGE, 42 yrs. 9 mos. 16 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Dealer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John Hughes

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Cecelia Gettier

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cecelia E. Hughes

(Address) 1400 N. Mount St

15 Filed JAN 25 1917, 191.. ROBERT B. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 24, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Alcoholism

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown (Duration) mos. ds.

(Signed) J. H. Williams M. D.
(Coroner.)

Jan 24, 191.. (Address) 1908 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1400 N. Mount

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Jan 26, 17

20-UNDERTAKER Wm Cook — ADDRESS 502 E Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1722

CERTIFICATE OF DEATH.

1 29 D 1722

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph's Hospital ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas Pfaff

(Residence in Baltimore: No. 1113 N. Bond St St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH April 24, 1891.
(Month) (Day) (Year)

7-AGE, 25 yrs. 9 mos. ..... ds. | If LESS than 1 day, ... hrs. or .... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Packer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frederick Pfaff

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Margt Guntman

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Pfaff

(Address) 1113 N. Bond St.

15- Filed JAN 25 1917, 191.. ROBERT P. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jany 24, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 14 1916, to Jany 24 1917, that I saw h[illegible] alive on Jany 24 1917, and that death occurred, on the date stated above, at 2.55a m.

The CAUSE OF DEATH* was as follows:

Gangrenous Appendicitis

Pelvic Peritonitis

..... (Duration) ..... yrs. 3 mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Pulmonary Tuberculosis

..... (Duration) ..... yrs. 2 mos. ..... ds.

(Signed) Wm R Coleman M. D.

1/24, 191.. (Address) St Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 2 mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? /

Former or usual residence 1113 N. Bond St

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery | DATE OF BURIAL, Jan. 27, 191.7

20-UNDERTAKER Henry Lutz | ADDRESS 1007 N. Bond

D 1723

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 1723

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 5-64 Baddaly ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Washington

(Residence in Baltimore: No. 5-64 Baddaly St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: M

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH: January, 1869
(Month) (Day) (Year)

7-AGE: 48 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Regimen
(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

9-BIRTHPLACE. (State or Country): Virginia

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Va

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): None

(Address) 5-64 Baddaly

15-
Filed JAN 25 1917 191.. ROBERT B. KRAUTER
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: January 24, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxia
Throat

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Undetermined

(Duration) yrs. mos. ds.

(Signed) C. W. Mitchell M. D.
(Coroner)

Jan 25, 191.. (Address) 816 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 56 4 Bdd St

19-PLACE OF BURIAL OR REMOVAL: Laurel Cem

DATE OF BURIAL: Jan 26, 19..17

20-UNDERTAKER: David Easton

ADDRESS 916 Penna ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1724

CERTIFICATE OF DEATH.

170 D 1724

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1913 Eutaw Place, 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A Carroll

(Residence in Baltimore: No. 1913 Eutaw Place St.; 84 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widow

6-DATE OF BIRTH, ... (Month) October (Day) ....., 1832 (Year)

7-AGE, 84 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, Dr — Maffet

11-BIRTHPLACE OF FATHER (State or Country), Italy ?

12-MAIDEN NAME OF MOTHER Mary Stafford

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Headinas .....

(Address) 1713 Eutaw Pl .....

15- JAN 25 1917 ROBERT B. KRAUTER

Filed....., 191.....

Burial Permit Issued Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... January (Month) 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 4th 1917, to Jany 24 1917, that I saw her alive on Jany 23, 1917, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

..... (Duration) ..... yrs. 5 mos. ..... ds.

CONTRIBUTORY (Secondary) Thrombosis Coronary

..... (Duration) ..... yrs. ..... mos. 4 ds.

(Signed) Thomas J. Kelly M. D.

Jany 25, 191.7. (Address) 1713 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral

DATE OF BURIAL, Jan. 27, 191.7

20-UNDERTAKER M Faherty & Sons

ADDRESS 607 Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

D 1725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x150 D 1725

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 7 WARD)
2-FULL NAME Melvin Humphreys
(Residence in Baltimore: No. Johns Hopkins Hosp St.; ....yrs. ....mos. 2 ds.)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	Sing

6-DATE OF BIRTH, May 7, 1916
(Month) (Day) (Year)

7-AGE, — yrs. 8 mos. 17 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wm E. Humphreys

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Elva Butler

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. Phillips

(Address) Johns Hopkins Hosp.

15-
Filed JAN 25 1917, 191.... ROBERT B. KRAUTER
Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 24, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 23 1917 to Jan 24 1917
that I saw him alive on Jan 24 1917,
and that death occurred, on the date stated above, at 7 23 m.
The CAUSE OF DEATH* was as follows:

Post Gelatanin Emboli

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) ....yrs. 8 mos. 16 ds.

(Signed) Hilda K. Walker M. D.

Jan 25, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Woodlawn Md.

19-PLACE OF BURIAL OR REMOVAL Mount Olivet Woodlawn — DATE OF BURIAL, Jan 27, 1917

20-UNDERTAKER Eastern Ave — ADDRESS Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1726

CERTIFICATE OF DEATH.

10 D 1726

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 N. Dallas st ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William L. Scott.

(Residence in Baltimore: No. 1713 N. Dallas st St.; 26 yrs., 10 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) Single

6-DATE OF BIRTH, March (Month) 9 (Day), 1890 (Year)

7-AGE 26 yrs. 10 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Yeast
(b) General nature of industry, business, or establishment in which employed (or employer)..... Mfg.

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William Scott.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sarah Johnson.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Hester Johnson.

(Address) 1713 N. Dallas st

15- Filed JAN 25 1917, 191.... ROBERT B. KRAUTER. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, JAN 23 1917 (Month) (Day) (Year) 191...

17- I HEREBY CERTIFY, That I attended deceased from JAN 18 1917 191..., to JAN 23 1917 191..., that I saw h.. M. alive on JAN 23 1917 191..., and that death occurred, on the date stated above, at 1.15 P.m.

The CAUSE OF DEATH* was as follows:

Hemorrhage

(Duration) X yrs. X mos. 1 ds.

CONTRIBUTORY (Secondary) Alcoholism & Debility

(Duration) 1 yrs. X mos. 6 ds.

(Signed) Wistar Dorsey M. D.

JAN 25 1917, 191... (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery. DATE OF BURIAL, Jan 25, 1917.

20-UNDERTAKER George J. Ruth ADDRESS 1735 Harford ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1727

28 D 1727

1-PLACE OF DEATH — CERTIFICATE OF DEATH.

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 542 St. Marys ST.; 17 WARD)

2-FULL NAME Elizabeth Johnston

(Residence in Baltimore: No. 542 St. Marys St.; ....yrs.,....mos.....ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Col	Married

6-DATE OF BIRTH, ... Unknown (Month) ....., 1854 (Year)

7-AGE, 63 yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laundress
(b) General nature of industry, business, or establishment in which employed (or employer)..... Pd. Occupation

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Jacob Ashton

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs L. Cole

(Address) 542 St. Marys St.

15-

Filed JAN 25 1917, 191.....

ROBERT P. KRAUTZ
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 24 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 21 1917, to Jan. 24 1917, that I saw h er alive on Jan 24 1917, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) Catarrh

(Duration) ....yrs. ....mos. 5 ds.

(Signed) Jno G. Thiele M. D.

Jan 24 1917 (Address) 2362 W. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Jan. 26, 1917

20-UNDERTAKER Mrs. R. A. Elliott — ADDRESS 306 East St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1728 D 1728

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 N Amity ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Wells

(Residence in Baltimore: No. 20 N Amity St.; 30 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col'd	Sing

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE,	If LESS than 1 day,
30 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Dairy

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Bray

(Address) 20 N Amity St

15- JAN 25 1917 ROBERT R. KRAUTER, Registrar.

Filed ....., 191.....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 22, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 22 1917, to Jan 22 1917, that I saw h... alive on Jan 22 1917, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(Duration) unknown

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) T. H. Morrow M. D.

Jan 23, 1917 (Address) 789 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Lebanon Cemetery DATE OF BURIAL, Jan 26 1917

20-UNDERTAKER Alfred J Friedel ADDRESS 1514 E Monument

Spec.—8-24-14—M. & T.—2000 Blks.

George E Spring

D 1729

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1729

CERTIFICATE OF DEATH.

x 40

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.) 7 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Senator Geo. E. Spring.

(Residence in Baltimore: No. 2 mo 26 St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, October 27, 1859
(Month) (Day) (Year)

7-AGE 57 yrs. 2 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Attorney at Law
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). N. Y.

PARENTS.

10-NAME OF FATHER, Samuel Spring

11-BIRTHPLACE OF FATHER (State or Country), Vermont

12-MAIDEN NAME OF MOTHER Ellen Hogg

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Phelps

(Address) Johns Hopkins Hospital

15- Filed JAN 29 1917 191.... ROBERT B. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 25, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 30 1916, to Jan 25 1917, that I saw h[illegible] alive on Jan 25 1917, and that death occurred, on the date stated above, at 1.52 a. m.

The CAUSE OF DEATH* was as follows:
Lymphosarcoma with metastasis to lungs, lung and thoracic lymph nodes. Post mortem examination.

(Duration) ....yrs. 9 ....mos. ....ds.

CONTRIBUTORY (Secondary) Lymphosarcoma

(Duration) ....yrs. 9 ....mos. ....ds.

(Signed) A. F. Cullen, M. D.

Jan. 25, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 2 mos. 26 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Franklinville, N. Y.

19-PLACE OF BURIAL OR REMOVAL. Franklinville N. Y. DATE OF BURIAL, Jan. 25, 1917.

20-UNDERTAKER Albert E Fuller ADDRESS 221 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1730

CERTIFICATE OF DEATH.

108 D 1730

1-PLACE OF DEATH Women's Hospital. REGISTERED No. C

CITY OF BALTIMORE: (No. Baltimore Ind. ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Hunt Christian

(Residence in Baltimore: No. 2204 Montebello Avenue St.; 2 yrs. ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) Single

6-DATE OF BIRTH, July 24, 1902 (Month) (Day) (Year)

7-AGE, 14 yrs. 6 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School girl.
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Richmond Va.

PARENTS.

10-NAME OF FATHER. Charles M Christian

11-BIRTHPLACE OF FATHER (State or Country). America

12-MAIDEN NAME OF MOTHER Grace Christian

13-BIRTHPLACE OF MOTHER (State or Country). America

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr C M Christian

(Address) 2204 Montebello Ave

15-

Filed JAN 25 1917, 191.... ROBERT B. KRAUTER Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 25, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 28 1916, to Jan 25 1917, that I saw h er alive on Jan 25 1917, and that death occurred, on the date stated above, at 12.30 p m.

The CAUSE OF DEATH* was as follows:

Septicaemia. Streptococcus } colon bacillus }

(Duration) ....yrs. ....mos. 25 ds.

CONTRIBUTORY (Secondary) Appendicial abcess.

(Duration) ....yrs. ....mos. 28 ds.

(Signed) Chas. L. Warner M. D.

Jan. 25, 1917. (Address) Women's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 0 mos. 28 ds. In the State 2 yrs. ? mos. ? ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 2204 Montebello ave

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cemetery — DATE OF BURIAL, Jany 27 1917

20-UNDERTAKER Edward Mowen Company — ADDRESS 1084 W Monroe

Spec.—8-24-14—M. & T.—2000 Blks.

Ethel Navy.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1731

CERTIFICATE OF DEATH.

92 D 1731

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 W North Ave, ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel Navy

(Residence in Baltimore: No. 606 W North Ave St.; 19 yrs., X mos. X da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July 30, (Month) (Day) 1897 (Year)

7-AGE, 19 yrs. 5 mos. 26 ds.

If LESS than 1 day, ...hrs. or X min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk in shoe making establishment
(b) General nature of industry, business, or establishment in which employed (or employer): Shoe making

9-BIRTHPLACE, (State or Country), Cambridge Md.

PARENTS.

10-NAME OF FATHER, Geo R. Navy

11-BIRTHPLACE OF FATHER (State or Country), Cambridge Md.

12-MAIDEN NAME OF MOTHER Grace E. Wiggins

13-BIRTHPLACE OF MOTHER (State or Country), Cecil

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs A J Wiggins

(Address) 3031 St Paul St

15-

Filed JAN 25 1917 191.....

ROBERT B. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jany 25, (Month) (Day) 1917. (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jany 18 1917, to Jany 25 1917, that I saw her alive on Jany 24 1917, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Croupous Pneumonia

(Duration) X yrs. X mos. 10 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(Duration) X yrs. X mos. 3 ds.

(Signed) C. Emory Ellis M. D.

1/25, 1917. (Address) 906 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cem — DATE OF BURIAL, Jan 26, 1917.

20-UNDERTAKER Geo. J. Smith — ADDRESS 1000 W Fayette St

D 1732

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 1732

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 324 S Durham St St.; W WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Cnep

(Residence in Baltimore) No. 324 S Durham St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, March 2 (Month) (Day), 1870 (Year)

7-AGE, 46 yrs. 10 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Driver
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Benjamin Cnep

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Elizabeth Snyder

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E Clark

(Address) 1324 Eastern Ave

15- JAN 25 1917 Filed....., 191.... ROBERT B. KRAUTER Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 24 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Henry Ryan Barsky M. D. (Coroner.)

Jan 25, 1917. (Address) 1610 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel Cemetery

DATE OF BURIAL, Jan 29, 1917

20-UNDERTAKER Zirkler & Zirkler

ADDRESS 1739 E. Eager St.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1733

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 1733

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 ST.; 10 WARD)

Little Sisters of the Poor

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hannah Patterson

(Residence in Baltimore: No. Little Sisters of the Poor St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colo.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Wid.

6-DATE OF BIRTH, Nov. 19, 1854
(Month) (Day) (Year)

7-AGE, 62 yrs. 2 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Mary Land

PARENTS.

10-NAME OF FATHER, Thomas Prickett

11-BIRTHPLACE OF FATHER (State or Country), Don't Know

12-MAIDEN NAME OF MOTHER Hannah Green

13-BIRTHPLACE OF MOTHER (State or Country), Don't Know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- Filed JAN 25 1917, 191... ROBERT P. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 25th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from No record 191, to ..... 191, that I saw her alive on Jany 23 1917, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

1 month (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cons.

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. A. Warner M. D.

Jany 25, 1917. (Address) 1122 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 9 yrs. 10 mos. ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Little Sisters of the Poor

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL, OR REMOVAL, Holy Cross Cemetery

DATE OF BURIAL, Jan. 27, 1917

20-UNDERTAKER H. C. Riedefeld

ADDRESS Greenmount Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1734

CERTIFICATE OF DEATH.

104

D 1734

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 615½ Calhoun ST.; 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adrian S. Harding

(Residence in Baltimore: No. 615½ Calhoun St. St.; ..... yrs., 2 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, December 6, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. 3 mos. 19 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Baby
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, Bruce F. Harding

11-BIRTHPLACE OF FATHER (State or Country), Connecticut

12-MAIDEN NAME OF MOTHER Marion Cook

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Harding

(Address) 615½ N. Calhoun St

15- Filed JAN 25 1917, 191... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 25, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 12 1917, to Jan 25 1917, that I saw h er alive on Jan 25 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward O. Brown M. D.

Jan 25, 191... (Address) 2 E. Read St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... dr. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Jan 26, 191 7

20-UNDERTAKER, Jer H. Little — ADDRESS 531 N. Fremont Ave

Spec.—8-24-11—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1735

CERTIFICATE OF DEATH.

92 D 1735

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hahnemann General Hospital St.; 11a WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Brown

(Residence in Baltimore: No. 1607 Paradise Court St.; ....yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, Oct 7, 1879. (Month) (Day) (Year)

7-AGE, 37 yrs. 3 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Ice Wagon

9-BIRTHPLACE, (State or Country), anne arundel cy. md.

PARENTS.

10-NAME OF FATHER, Bill Brown

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Sally Branted

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Jones

(Address) 1217 Chatsworth St

15- Filed JAN 25 1917 191.... ROBERT R. KRAUTER BUREAU [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 23, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 20 1917, to Jany 23 1917, that I saw him alive on January 23 1917, and that death occurred, on the date stated above, at 6.45 P.M.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) ....yrs. ....mos. 17 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

January 25, 1917. (Address) 1235 N. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 1607 Paradise Ct

Former or usual residence 1607 Paradise Ct.

19-PLACE OF BURIAL OR REMOVAL, St Peters — DATE OF BURIAL, Jan. 26, 1917.

20-UNDERTAKER Edward Ringgold — ADDRESS 1763 N Carey

Spec.—8-24-14—M. & T.—2000 Blks.

D 1736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9r D 1736

REGISTERED NO. C

1-PLACE OF DEATH Franklin Sq Hospital

CITY OF BALTIMORE: (No. Cor Fayette & Calhoun ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Walker

(Residence in Baltimore: No. 812 W Franklin St.; ....yrs., ...mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE. Col.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. May 31, 1887.
(Month) (Day) (Year)

7-AGE. 29 yrs. 6 mos. 22 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hod Carrier
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Brookeland County Va.

PARENTS.

10-NAME OF FATHER. Peter Walker.

11-BIRTHPLACE OF FATHER (State or Country). Bromwick Co. Va

12-MAIDEN NAME OF MOTHER Louise Travers

13-BIRTHPLACE OF MOTHER (State or Country). Bromwick Co. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frances Morse.

(Address) 812 Franklin Street

15- JAN 25 1917 Filed....., 191.....

ROBERT B. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 22, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 17, 1917, to Jan 22 1917, that I saw him alive on Jan 22, 1917, and that death occurred, on the date stated above, at 6:15 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
(Double)

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

Jan. 23, 1917. (Address) Franklin Sq Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. 5 ds. In this State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 812 Franklin St.

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, Jan 26 1917.

20-UNDERTAKER Edward Ringgold

ADDRESS 1463 Carey St

Amended 1/31

D 1737

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 1737

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2206 Homewood ave ST.: 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Elizabeth Henning

(Residence in Baltimore: No. 2206 Homewood ave St.: ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: December, 5, 1863 (Month) (Day) (Year)

7 AGE: 54 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): House Wife

9 BIRTHPLACE (State or country): New York

PARENTS

10 NAME OF FATHER: Philip Henry

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Lynch

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jennie Henry

(Address) 2203 Homewood Ave

15 Filed JAN 25 1917 ROBERT B. KRAUTER Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January, 24, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from January, 1917, to January 1917 that I saw her alive on January 24, 1917 and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the uterus and intestines

(Duration) 3 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Generas Debility and Starvation

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. Stanley Gossard M. D

1/25, 1917 (Address) 601-22nd St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: June 26, 1917

20 UNDERTAKER: C A Wiedefeld Jr — ADDRESS: Eutaw & Lexington

D 1738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

150

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Hebrew Hospital St. 5 WARD)

REGISTERED No. C D 1738

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Baby Glazer

(Residence in Baltimore: No. 500 or Eden St. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female | 4-COLOR OR RACE White | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) Single

6-DATE OF BIRTH January 25, 1917 (Month) (Day) (Year)

7-AGE ..... yrs. ..... mos. ..... ds. | If LESS than 1 day, hrs. or 30 min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE (State or country) Balto. Md.

PARENTS

10-NAME OF FATHER Nielow Glazer

11-BIRTHPLACE OF FATHER (State or country) Russia

12-MAIDEN NAME OF MOTHER Celia Frank

13-BIRTHPLACE OF MOTHER (State or country) ~~Balto~~ Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hospital Records.

(Address)

15.

Filed JAN 26 1917, 19... HARRY O. ...

Burial Permit ... REGISTRAR

is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH January 25, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 191..., to, ..., 191...,

that I saw h[illegible] alive on Jan. 25, 1917.

and that death occurred on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Elephantiasis Congenita
Apetica

(Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY) Prematurity 7½ mos.

(Duration) ... yrs. ... mos. ... ds.

(Signed), H. Schmuck M. D.

1-25, 1917 (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL Herrn Rm Chula Rd | DATE OF BURIAL 1/26, 1917

20-UNDERTAKER Jack Levis | ADDRESS 1411 E Baltimore

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1739

CERTIFICATE OF DEATH.

170 D 1739

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md General Hosp ST.; 3 WARD)
REGISTERED No. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mollie Grossman

(Residence in Baltimore: No. 1022 E. Lombard St.: 10 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1884
(Month) (Day) (Year)

7-AGE, 33 yrs. — mos. — ds.
If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E Baltimore St

15-
JAN 26 1917
Filed....., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 25, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 9. 1917, to Jan 25 1917, that I saw her alive on Jan 26 1917, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
+ Myocardial Insufficiency
Valvular Lesions
(Duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (Duration) yrs. mos. 1 ds.

(Signed) Elmer Hewerner M. D.
1-25., 1917. (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 18 ds. In the State 10 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1022 E. Lombard

19-PLACE OF BURIAL OR REMOVAL, Hebrew Int Carmel

DATE OF BURIAL, Jan. 26, 1917

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

D 1740

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1740

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1242 S. Ellwood Ave St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Langowska

(Residence in Baltimore: No. 1242 S. Ellwood Ave St. Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Nov. (Month) 15 (Day), 1891 (Year)

7-AGE, 25 yrs. 2 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Albert J. Kujawa

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Lena Bohma

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert J. Kujawa

(Address) 1242 S. Ellwood Ave

15-

Filed JAN 26 1917, 191.... HARRY C. ANDREWS Deputy Health Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 25 (Day), 191.. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 2 1917, to Jan 25 1917, that I saw her alive on Jan 25 1917, and that death occurred, on the date stated above, at 8:30 A.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. W. Ahrens M. D.

Jan. 25 191.. (Address) 408 S. Pollock St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Mary's Chapel Rd. DATE OF BURIAL, Jan. 29, 1917.

20-UNDERTAKER Wendell Lippei & Son ADDRESS 330 S. Bond St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1741

CERTIFICATE OF DEATH.

152 D 1741

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 S. Regester ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael P. Murphy

(Residence in Baltimore: No. 320 S. Regester St.; ....yrs., mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Singer

6-DATE OF BIRTH, ...Jan.....18th....., 1917.
(Month) (Day) (Year)

7-AGE, ...-....yrs....-....mos....7...ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....Infant.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, John M. Murphy

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Mary E. Birmingham

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John M. Murphy

(Address) 320 S. Regester St.

15-

Filed JAN 26 1917, 191.... HARRY O. ANDREWS Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 25th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 23rd 1917, to Jan 25th 1917, that I saw h[illegible] alive on Jan 24th 1917, and that death occurred, on the date stated above, at 3¼ A.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorrhage

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Injury at birth

(Duration) ....yrs. ....mos. ....ds.

(Signed) Hesselt Countess M. D.

Jan 25, 1917. (Address) 2129 E Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross — DATE OF BURIAL, Jan. 26, 1917

20-UNDERTAKER Kendall Lilpel & Son — ADDRESS 37 S. Ann St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1742 HEALTH DEPARTMENT—CITY OF BALTIMORE D 1742

CERTIFICATE OF DEATH.

REGISTERED NO. C 170

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1439 W Lafayette Ave ST.) (If not WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Arthur Reindollar

(Residence in Baltimore: No. 1439 W Lafayette Ave St.; 44 yrs., — mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. January 10, 1873 (Month) (Day) (Year)

7-AGE. 44 yrs. — mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Druggist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Carroll Co Md

PARENTS.

10-NAME OF FATHER. Charles F Reindollar

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Martha A Grimes

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frau Ethel Lee Reindollar

(Address) 1431 W Lafayette Ave

15- Filed JAN 26 1917, 191.... HEALTH OFFICER, Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. January 23, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 15, 1916, to Jany 23 1917, that I saw him alive on Jany 23 1917, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) — yrs. — mos. 5 ds.

(Signed) Herbert F Freeman M. D.

Jany 26, 1917. (Address) 172 W Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park	Jany 26, 191...
20-UNDERTAKER	**ADDRESS**
Wm J Tschiener & Son	North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 1743

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 1743

CERTIFICATE OF DEATH.

100

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St.; 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob M. L. Buckey

(Residence if Baltimore: No. 831 Columbia Ave. St.; 52 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, 1864
(Month) (Day) (Year)

7-AGE, 52 yrs. 1 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), md.

PARENTS.

10-NAME OF FATHER, J. H Buckey

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Mary Duffey

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hosp. Data.

(Address) Green & Lombard.

15-

Filed JAN 26 1917 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 25, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 12 1917, to Jan 25 1917, that I saw h[im] alive on Jan 25 1917, and that death occurred, on the date stated above, at 11[20] a. m.

The CAUSE OF DEATH* was as follows:
Sept. caemia following
Ludwigs Angiana

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Ludwigs Angiana

(Duration) yrs. mos. 10 ds.

(Signed) C. A. Reifschneider M. D.

1-25, 1917. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. 3 ds. In the State 52 yrs. 1 mos. 1 ds.

Where was disease contracted, if not at place of death? 831 Columbia Ave

Former or usual residence 831 Columbia Ave.

19-PLACE OF BURIAL OR REMOVAL, Louden Park

DATE OF BURIAL, Jany 26, 1917.

20-UNDERTAKER Wm. J. Tickner & Son

ADDRESS North Ave.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

135 D 1744

1-PLACE OF DEATH Md. Gen. Hosp. REGISTERED NO. C

CITY OF BALTIMORE: (No. Linden Ave & Madison ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Ruby Hodges

(Residence in Baltimore: No. 2212 Wallbrook Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Aug. 30 (Month), (Day), 1895 (Year)

7-AGE, 21 yrs. 4 mos. 27 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, C. M. Timmell

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Betty Hudgins

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant), Neighbor Hudgins

(Address) 2212 Wallbrook Ave

15- JAN 26 1917 Filed ..... 191.....

HARRY J. ANDERSON
DEPUTY FOURTH Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 25, 1917 (Month), (Day), (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 23 1917 to Jan 25 1917, that I saw her alive on Jan 25 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart following Placenta Previa

(Duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY. (Secondary) S. Rock

(Duration) ... yrs. ... mos. ... ds.

(Signed) Elmer Mentzer M. D.

1-27, 1917. (Address) 2nd Fl. Law Bldg.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 3 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Riggs Wharf Va DATE OF BURIAL, Jan 26, 1917

20-UNDERTAKER Wm. Tuckerman & Son ADDRESS North Ave

Spmk.—8-24-14—M.—2500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1745

CERTIFICATE OF DEATH.

89 D 1745

1—PLACE OF DEATH
CITY OF BALTIMORE: No. 1206 W. Mulberry ST., 18 WARD)
REGISTERED NO. C

2—FULL NAME George Edward Ash

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1206 W. Mulberry St.; yrs.. 1 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX. Male

4—COLOR OR RACE, white

5—SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6—DATE OF BIRTH, December (Month) 14 (Day), 1916 (Year)

7—AGE, ...yrs. 1 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8—OCCUPATION:
(a) Trade, profession, or particular kind of work ——, None
(b) General nature of industry, business, or establishment in which employed (or employer)

9—BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10—NAME OF FATHER, George Ash

11—BIRTHPLACE OF FATHER (State or Country), Virginia

12—MAIDEN NAME OF MOTHER Anna Pingley

13—BIRTHPLACE OF MOTHER (State or Country), Virginia

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Ash

(Address) 1206 W. Mulberry St.

15—

Filed JAN 26 1917 191.... HARRY S. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, Jan. (Month) 25 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 23 1917, to Jan 24 1917, that I saw him alive on Jan 24 1917, and that death occurred, on the date stated above, at 5-45 a m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) ....yrs. 1 wk. 2 mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Henry E. Crace M. D.

Jan. 25, 1917. (Address) 1203 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19—PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Jan 26, 1917

20—UNDERTAKER Chas G. Black

ADDRESS 1201 Mulberry St.

D 1746

HEALTH DEPARTMENT—CITY OF BALTIMORE

167

D 1746

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 8 Hahnemann St. 15th WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vincent Countyss

(Residence in Baltimore: No. 1559 Lesley St. St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Nov. 3, 1913 (Month) (Day) (Year)

7-AGE. 3 yrs. 2 mos. 22 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER Douglas Counties

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Estimia Jones

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)....

(Address) 1559 Lesley St

15-

Filed JAN 26 1917 HARRY O. ANDREWS Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 25, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns of body (from playing with fire) Accidental

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Carbon Mon

(Duration) yrs. mos. da.

(Signed) T. J. Watkins M. D.

(Coroner) Jan 25 1917 (Address) 1526 Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death?

1559 Lesley St

Former or usual residence 1559 Lesley St

19-PLACE OF BURIAL OR REMOVAL, St Peters

DATE OF BURIAL, Jan 27 1917

20-UNDERTAKER Lawrence Wright

ADDRESS 1436 Mary

Spec.—3-24-14—M. & T.—2000 Bks.

D 1747

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1747

CERTIFICATE OF DEATH.

80

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1510 Eastern Ave ST.; 3 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fredericka Martz

(Residence in Baltimore: No. 1510 Eastern Ave St.; 66 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, April 24, 1838 (Month) (Day) (Year)

7-AGE, 78 yrs. 9 mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Ludwig Heinn

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie C. Sachs

(Address) 1510 Eastern Ave

15. JAN 26 1917 Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 24th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1917, to Jan 24 1917, that I saw her alive on Jan 24 1917, and that death occurred, on the date stated above, at 8-45 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy - Edema - Senile -

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(Duration) yrs. mos. ds.

(Signed) Jno. C. Brown M. D.

Jan 25, 1917 (Address) 125 E Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cem. DATE OF BURIAL, Jan 28, 1917

20-UNDERTAKER H. Sander Sons ADDRESS 1710 Bladen

Burial Permit Clerk

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1748

D 1748

CERTIFICATE OF DEATH.

REGISTERED No. C 89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 Scott ST.; 21 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Margaret May.

(Residence in Baltimore: No. 707 Scott st / St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Infant

6-DATE OF BIRTH, July 13, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. 6 mos. 10 dys.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Max May.

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Myrtle Ogden

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Myrtle May.

(Address) 707 Scott st

15-

JAN 26 1917

Filed ....., 191.

HARRY C. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 24, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 15 1917, to Jan 24 1917, that I saw h[illegible] alive on Jan 24 1917, and that death occurred, on the date stated above, at 1 20 p m.

The CAUSE OF DEATH* was as follows:

Bronchial Asthma

..... (Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Eczema

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) [illegible] M. D.

Jan 25, 191.. (Address) 817 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Lorraty Cemetery

DATE OF BURIAL, Jan 27, 1917.

20-UNDERTAKER Wm Cook

ADDRESS 2022 E Northern av

Spec.—8-24-14—M. & T.—2000 Bks.

D 1749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

103 D 1749

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2736 W. Lafayette Ave ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Jane France

(Residence in Baltimore: No. 2736 W. Lafayette Ave St.) (Life 67 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, September 8 (Month) (Day) 1839 (Year)

7-AGE, 77 yrs. 4 mos. 16 ds. If LESS than 1 day, ..hrs. or..min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Chas. Stone

11-BIRTHPLACE OF FATHER (State or Country), Penna.

12-MAIDEN NAME OF MOTHER Jane Smedley

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. L. Stewart

(Address) 2736 W. Lafayette Ave

15- JAN 26 1917 HARRY C. ANDREWS

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 24 1917, to Jan 25 1917, that I saw h[illegible] alive on Jan. 25 1917, and that death occurred, on the date stated above, at 9.25 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) ..yrs..mos..ds.

CONTRIBUTORY (Secondary) Aortic Insufficiency 10 hours

(Duration) ..yrs..mos..ds.

(Signed) Wm. Hart M. D.

1/24, 1917 (Address) 1125 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park DATE OF BURIAL, Jan 27, 1917

20-UNDERTAKER Wilhan Cook ADDRESS [illegible] Ave

D 1750

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

18 D 1750

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1500 Clifton ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Miss Josephine C. Frazer

(Residence in Baltimore: No. 1500 Clifton St.; 71 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: F.

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Nov. (Month) 30 (Day) 1845 (Year)

7-AGE: 71 yrs. 1 mos. 27 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto. City Md.

PARENTS

10-NAME OF FATHER: Thomas Frazier

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Eliz. Bricker

13-BIRTHPLACE OF MOTHER (State or country): Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sterling Frazer

(Address) 1500 Clifton St.

15-

Filed JAN 29 1917, 191...

MARY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jany. (Month) 25th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 15, 1917, to Jany 25 1917, that I saw h[illegible] alive on Jany 24 1917, and that death occurred, on the date stated above, at 8½ a m.

The CAUSE OF DEATH* was as follows:

Chronic arthritis Deformans
Inability to digest food.

(Duration) ... yrs ... mos. ... ds.

Contributory (SECONDARY) Gastro-enteritis subacute

(Duration) 3 yrs ... mos. ... ds.

(Signed) E. Brack M. D.

Jany 25, 191 7 [Address] 1605 N. Monroe

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Rosedale Md E

DATE OF BURIAL: Jan 28 191 7

20-UNDERTAKER: Wm Cook

ADDRESS: 30 E Northern

Spec.—8-24-14—M. & T.—2000 Bks.

D 1751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1315 Greenmount Ave; 9th WARD)

REGISTERED No. C 28 D 1751

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Clara Campbell

(Residence in Baltimore: No. 1315 Greenmount Ave St.; 44 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married.

6-DATE OF BIRTH, June 5 (Month) (Day), 1872 (Year)

7-AGE,	If LESS than 1 day,
44 yrs. 7 mos. 19 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Housekeeper

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Thomas N. Harford.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary T Harper

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. A P. Campbell

(Address) 1315 Greenmount Ave

15-

Filed....., 191.....

HARRY O. ...
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 24, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 12th 1911, to January 24 1917, that I saw h[illegible] alive on January 22 1917, and that death occurred, on the date stated above, at 9a m.

The CAUSE OF DEATH* was as follows:

Phthisis pulmonalis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) Howard Ellwood M. D.

July 24, 1917. (Address) 730 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Jan. 27., 1917.
20-UNDERTAKER	ADDRESS
William Cook	503 E. North Ave.

Spec.--8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1752

D 1752

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged Women's Home 19 ST.; WARD)

REGISTERED No. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jas B Ploskit

(Residence in Baltimore: No. 1400 W Lexington St.; 44 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. WT

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Sept 6 (Month) (Day), 1831 (Year)

7-AGE, 85 yrs. 4 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, John Ploskett

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Cath A Moore

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H N Dillman

(Address) Home

15-

Filed JAN 26 1917, 191.... HARRY D. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 25 (Month) (Day), 191.7 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 191.7, to Jan 25 191.7, that I saw h alive on Jan 25 191.7, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

of 18 mos

(Duration) yrs. 18 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. ds.

(Signed) H N Dillman M. D.

Jan 26 1917, 1400 W Lexington St (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 6 yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death? Aged Women's Home

Former or usual residence Aged Women's Home

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery

DATE OF BURIAL, Jan 27..., 191.7.

20-UNDERTAKER George J. Smith

ADDRESS 1900 E. Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

D 1753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 Birkhead St ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Lauterbach

(Residence in Baltimore: No. 108 Birkhead St St.; 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow.

6-DATE OF BIRTH, July 6, 1837
(Month) (Day) (Year)

7-AGE, 85 yrs. 6 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At Home
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Conrad Lauterbach

(Address) 108 Birkhead St.

15-
Filed JAN 26 1917, 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 25, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY That I attended deceased from Jan 20 1917, to Jan 25 1917, that I saw h er alive on Jan 25 1917, and that death occurred, on the date stated above, at 1.45 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Oldage

(Duration) yrs. mos. ds.

(Signed) C Bartholow M. D.

Jan 25, 1917 (Address) 1214 William St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Western Cemetery — DATE OF BURIAL, Jan 27, 1917

20-UNDERTAKER Wm Cook & Co. — ADDRESS 502 E Hoff Av

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1754

CERTIFICATE OF DEATH.

92 D 1754

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elmira Satchell

(Residence in Baltimore: No. 2004 Maryland ave St.; 1 yrs., 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH. June 21, 1861 (Month) (Day) (Year)

7-AGE. 55 yrs. 7 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... H.W.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), New Hampshire

PARENTS.

10-NAME OF FATHER. Hiram Eastman

11-BIRTHPLACE OF FATHER (State or Country). N.H.

12-MAIDEN NAME OF MOTHER Augusta Calef

13-BIRTHPLACE OF MOTHER (State or Country). Mass

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gus. Satchell

(Address) 323 N. Howard

15-

Filed..... 191.....

Registrar.

JAN 26 1917 BUREAU OF STATISTICS

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 25, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 4 1917, to Jan 25, 1917, that I saw h.r alive on Jan 25, 1917, and that death occurred, on the date stated above, at 11.30 a.m.

The CAUSE OF DEATH* was as follows:

Right Lobar Pneumonia

(Duration).....yrs.....mos. 11 ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) G. A. Bowden M. D.

1-25, 1917. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 11 ds. In the State.....yrs. 18 mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 2004 Md. Ave.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Woodlawn Cem	Jan 28, 1917

20-UNDERTAKER Chas E Franck ADDRESS 802 Madison ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 1755

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1755

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 W. Lee" ST.; 22 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Tyler

(Residence in Baltimore: No. 511 W. Lee St.; 48 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1868 (Year)

7-AGE, 48 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Tyler

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Tyler

(Address) 511 W Lee St

15-

JAN 26 1917

Filed ....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from [illegible] 191[illegible], to [illegible] 1917, that I saw h[illegible] alive on [illegible] 1917, and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:

[illegible]
acute nephritis
[illegible]

(Duration) yrs. [illegible] mos. ds.

CONTRIBUTORY (Secondary) [illegible]

(Duration) yrs. [illegible] mos. ds.

(Signed) [illegible] M. D.

[illegible], 191.. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn

DATE OF BURIAL, Jan 27, 191[illegible]

20-UNDERTAKER John H. Toadvine

ADDRESS 142 W. Lee St

Spec.—8-24-14—M. & T.—2000 Bks.

D 1756

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1756

CERTIFICATE OF DEATH.

REGISTERED NO. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1305 N. Mount ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Owens

(Residence in Baltimore: No. 1305 N. Mount St.; ..... yrs., ... mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, C

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec 29, 1890 (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 26 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Servant
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), 1305 N. Mount St. Baltimore Md

PARENTS.

10-NAME OF FATHER, Leonard Alexander Owens

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Carlan Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md. Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Alexander Owens.

(Address) 1305 N. Mount St.

15-

Filed JAN 26 1917 1917 HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 25, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 24 1917, to Jan 25 1917, that I saw h[illegible] alive on Jan 24 1917, and that death occurred, on the date stated above, at 3 30 p. m.

The CAUSE OF DEATH* was as follows:

..... Bronchio Pneumonia

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Unknown

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. H. Wright M. D.

Jan 25, 1917. (Address) 1269 Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cemetery

DATE OF BURIAL, JAN 26 1917

20-UNDERTAKER James H. Dennis

ADDRESS 1203 Preston

D 1757

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 1757

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1345 N. Carey ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marshall Sutton.

(Residence in Baltimore: No. 1345 N. Carey St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Nov. 23, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 2 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.... None
(b) General nature of industry, business, or establishment in which employed (or employer)....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Sutton

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Nora Sutton

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susan Rice

(Address) 1345 N. Carey

15- Filed JAN 26 1917, 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 23, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

Contributory Tuberculosis

(Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. 2 mos. ....ds.

(Signed) [illegible] M. D.
(Coroner)

Jan 27, 191... (Address) 1918 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?....

Former or usual residence....

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cemetery

DATE OF BURIAL, JAN 26 1917

20-UNDERTAKER James H. Dennis

ADDRESS 1303 Freeman

Spec.—8-24-14—M. & T.—7000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1758

CERTIFICATE OF DEATH.

K34 D 1758

1-PLACE OF DEATH Franklin Sq Hospital

REGISTERED NO. C

CITY OF BALTIMORE: (No. Cor Fayette & Calhoun St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Cisnowloski

(Residence in Baltimore: No. Franklin Square Hospital St.; ..... yrs., ... mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... Not Known ....., 1895
(Month) (Day) (Year)

7-AGE, ... 22 ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Day .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Laborer .....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Joseph Cisnowloski

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Vincent Yenzewicz .....

(Address) ..... No. 2 Locust Curtis Bay .....

15- JAN 26 1917

Filed ....., 191..... HARRY C. ARRENTS
Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... January ....., 25, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 2 1917, to Jan 25 1917, that I saw h.. alive on Jan, 25, 1917, and that death occurred, on the date stated above, at 6.45 P.m.

The CAUSE OF DEATH* was as follows:

..... Peritonitis .....

.....

.....

Tuberculosis ... (Duration) ..... yrs. ..... mos. 1 ... ds.

CONTRIBUTORY (Secondary) Pulmonic abscess

ruptured. (Duration) ..... yrs. ..... mos. 25 ... ds.

(Signed) ..... L. L. Amrazan ..... M. D.

Jan. 25, 1917. (Address) Franklin Sq. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 25 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 2 Locust St. Curtis Bay

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem. DATE OF BURIAL, Jan. 28 1917.

20-UNDERTAKER John Vrel Cuncks ADDRESS 500 S. Paca St

Spec.—8-24-14—M. & T.—2000 Blks.

D 1759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119 D 1759

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1417 W. Lexington ST.; 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E. Henneman

(Residence in Baltimore: No. 1417 W. Lexington St.; 12 yrs., 3 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Single

6-DATE OF BIRTH, October (Month) 30 (Day), 1904 (Year)

7-AGE, 12 yrs. 3 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Charles E. Henneman

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Minnie A. Reiter,

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles E. Henneman,

(Address) 1417 W. Lexington St.

15- Filed JAN 26 1917, 191.... HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 28 1916, to Jany 25 1917, that I saw h[illegible] alive on Jany 24 1917, and that death occurred, on the date stated above, at 1.40 p.m.

The CAUSE OF DEATH was as follows:

Acute Nephritis

Heart Failure (Duration) — yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary) Uraemic Convulsions

Coma (Duration) — yrs. — mos. 3 ds.

(Signed) Thomas J. Talbott M. D.

1726 E., 1917. (Address) Marlborough & [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Olivet Cemetery.	Jan. 27, 1917
20-UNDERTAKER Jos B Cook	ADDRESS 1003 W. Balto.

D 1760

HEALTH DEPARTMENT--CITY OF BALTIMORE

64 D 1760

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 334 N. Calhoun St. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary T. Murphy.

(Residence in Baltimore: No. 334 N. Calhoun St.; 55 yrs. 7 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: April 5, 1861 (Month) (Day) (Year)

7-AGE: 55 yrs. 9 mos. 19 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: School Teacher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Pikesville, Balto Co.

PARENTS

10-NAME OF FATHER: Michael J. Murphy

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Ellen O'Donahan ~~Murphy~~

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Julia A. O'Brien

(Address) 334 N. Calhoun St

15- JAN 26 1917 HARRY C. ANDREWS

Filed ..... 191 Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 24, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1917, to Jan. 24 1917.
that I saw her alive on Jan 24, 1917.
and that death occurred, on the date stated above, at 10 m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

(Duration) ..... yrs. ..... mos. 14 ds

Contributory (SECONDARY) Anemia Cerebra.

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) J. T. Ducas M. D.

Jan. 25, 1917 (Address) 1042 Eden ave Forest Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral | DATE OF BURIAL: 1-25, 1917

20-UNDERTAKER: H. C. Browning & Son | ADDRESS 517 N. Schroeder St

If certificate is very important. See instructions on back of certificate.

D 1761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 1761

REGISTERED No. C.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 215 Jnlow ale ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nancy Robinson

(Residence in Baltimore: No. 215 Jnlow St.: yrs., 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colr

5-SINGLE, MARRIED, WIDOW, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, ..., 1886
(Month) (Day) (Year)

7-AGE, 31 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daniel Easton

(Address) 916 Penna ave

15- Filed JAN 26 1917 191... ROBERT B. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jany 25, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. D. Driscoll M. D.
(Coroner.)
Jan 28 1917, (Address) 311 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Jan 27 1917

20-UNDERTAKER Daniel Easton — ADDRESS 916 Penna ave

1762 HEALTH DEPARTMENT—CITY OF BALTIMORE D 1762

CERTIFICATE OF DEATH.

REGISTERED No. C 74

PLACE OF DEATH

CITY OF BALTIMORE (No. 11 E. Lexington ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

*FULL NAME Arthur Lee Bixley

(Residence in Baltimore: No. 1406 Mount Royal av St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH June (Month) 29 (Day), 1864 (Year)

7-AGE, 52 yrs. 6 mos. 26 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Electrical
(b) General nature of industry, business, or establishment in which employed (or employer): Engineer

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, D. Clifton Bixley

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Margaretta Nicholson

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ann E. Bixley

(Address) 1406 Mount Royal av

15-

Filed JAN 27 1917, 191.... ROBERT R. KRAUTER Registrar.

Daniel Parsons

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry,) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Heart

Disease (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. J. Oxley (Coroner.) M. D.

Jan 25, 1917 (Address) 1639 Bank

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Prospect Hill Cem Towson — DATE OF BURIAL, 1-28, 1917

20-UNDERTAKER Henry W. Feeken Sons Co — ADDRESS Bellona Ave

Important. See instructions on back of Certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1763

CERTIFICATE OF DEATH.

41 D 1763

1-PLACE OF DEATH Womans Hospital

REGISTERED No. C.....

CITY OF BALTIMORE: (No. ..... ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Annie Hedeen

(Residence in Baltimore: No. Preston Apts (Guilford Ave & Preston Sts) St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, 2 (Month) Jan (Day), 1837 (Year)

7-AGE, 80 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Jacob Myers.

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Mary Pressman

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Wm M. Hedeen

(Address) Preston Apts.

15- JAN 27 1917 ROBERT R. REMLER

Filed....., 191...Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 21 1917, to Jan 25 1917, that I saw h er alive on Jan 25 1917, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

Causes of the Carcinoma

..... (Duration) ..... yrs. 6 (?) mos. ..... ds.

CONTRIBUTORY (Secondary) Malignant disease.

..... (Duration) ? yrs. ..... mos. ..... ds.

(Signed) P. F. Silvester M. D.

1-25-, 1917. (Address) Womans Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State 80 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Preston Apts

Former or usual residence Preston Apts

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem

DATE OF BURIAL, 1-27, 1917.

20-UNDERTAKER Henry W. Jenkins & Sons Co

ADDRESS Mt Pleasant Hotel

Spec.—8-24-14—M. & T.—2000 Bks.

D 1764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 1764

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1630 N Montford ST.; 8 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline E. Appel

(Residence in Baltimore: No. 1630 N Montford ave St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Not Known, ... 1 .....
(Month) (Day) (Year)

7-AGE, 60 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... House wife .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Ludwig Fisher

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edw. Appel .....

(Address) 1630 N. Montford ave.

15- JAN 27 1917 ROBERT P. KRAUTER

Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 24, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 2 1917, to Jan 24 1917, that I saw h w alive on Jan 23 1917, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

..... Lobar Pneumonia .....

.....

..... (Duration) ..... yrs. ..... mos. 20 ds.

CONTRIBUTORY (Secondary) Myocarditis

..... (Duration) ..... yrs. ..... mos. 10 ds.

(Signed) ..... Jno. L. Fisher ..... M. D.

Jan 26 1917. (Address) 1823 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery | DATE OF BURIAL, Jan 27, 1917.

20-UNDERTAKER E. J. Danning 1938 E Lafayette | ADDRESS

D 1765

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 D 1765

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 S Belnord St.; 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles W Beckfold

(Residence in Baltimore: No. 523 S Belnord St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Jan 11. (Month) (Day), 1869 (Year)

7-AGE: 48 yrs. 0 mos. 14 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Bookkeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto City

PARENTS

10-NAME OF FATHER: John Beckfold

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Liselta Beckfold

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John C Beckfold

(Address) 523 S Belnord

15- Filed JAN 27 1917, 191 ROBERT R. KRAUTER DEPUTY REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 25 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1, 1916, to, Jan 25 1917, that I saw h.m alive on Jan 25 1917, and that death occurred, on the date stated above, at 2.40 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

from Duration One yrs mos ds.

Contributory (SECONDARY)

(Duration) yrs mos ds.

(Signed) John H Grosheans M. D.

Jan 26 1917. [Address] 3600 Hanford

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mount Carmel — DATE OF BURIAL: Jan 28, 1917

20-UNDERTAKER: Louis Heemann — ADDRESS: 822 Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1766

CERTIFICATE OF DEATH.

D 1766

REGISTERED NO. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 775 N Saratoga ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Charles Albricht Sr

(Residence in Baltimore: No. 775 N Saratoga St.; 43 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widower

6-DATE OF BIRTH, June 4 (Month) (Day) 1851 (Year)

7-AGE. 65 yrs. 7 mos. 21 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Woodcarver
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Charles Albricht

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Lydia Vogt

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Lydia Albricht

(Address) 775 N. Saratoga St.

15- JAN 27 1917 ROBERT M. REMUTER

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 25 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 25 1916, to Jan 25th 1917, that I saw h[illegible] alive on Jan 24th 1917, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Jan 25, 1917. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park Cemetery

DATE OF BURIAL. Jan 28, 1917

20-UNDERTAKER. Mrs A. Rohde & Son

ADDRESS 730 Pa Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1767

CERTIFICATE OF DEATH.

79 D 1767

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 237 S. Regester ST.; 2 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline E. Deane

(Residence in Baltimore: No. 237 S. Regester St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH. August (Month) 5 (Day) 1850 (Year)

7-AGE. 66 yrs. 5 mos. 18 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Duties
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto Md.

PARENTS.

10-NAME OF FATHER. Frank Wagner

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Dorothea Kuss

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm L Deane

(Address) 237 S Regester St

15- Filed JAN 27 1917, 191.... ROBERT B. KRAUTER Registrar.

Burial ...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan (Month) 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 11 1917, to Jan 26 1917, that I saw her alive on Jan 26 1917, and that death occurred, on the date stated above, at 9.30 p.m.

The CAUSE OF DEATH* was as follows:

Val Dis of Heart — Mitral Stenosis

Some time

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) ....yrs. ....mos. 1W ds.

(Signed) Geo L Mattingly M. D.

Jan 27, 1917 (Address) 6 W. Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Carmel Cemty — DATE OF BURIAL. Jan 27, 1917

20-UNDERTAKER Geo Leimbacher & Sn — ADDRESS 647 N Pratt

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 1768

CERTIFICATE OF DEATH.

108 D 1768

REGISTERED No. C

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1617 Friendship ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Miss Nellie Mahal

(Residence in Baltimore: No. 1617 Friendship St.; ..yrs.. ..mos. ..ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem'

4-COLOR OR RACE, Wht.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, August 25th, 1895
(Month) (Day) (Year)

7-AGE, 21 yrs. 5 mos. 1 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House maid
(b) General nature of industry, business, or establishment in which employed (or employer) Pvt. Accomodation

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, Dennis Mahal

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ellen Byrne

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Patrick Nolan

(Address) 1617 Friendship St

15- Filed JAN 27 1917, 191.. ROBERT R. REMUTZ Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 26th, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 25th 1917 to January 26 1917, that I saw her alive on January 26 1917, and that death occurred, on the date stated above, at 11.45 a m.

The CAUSE OF DEATH* was as follows:

Peritonitis & Congestion of left Lung.
Appendix ruptured appendix untreated
(Duration) ..yrs. ..mos. 3 ds.

CONTRIBUTORY (Secondary) Failure of Heart Action
(Duration) ..yrs. ..mos. 5 ds.

(Signed) ..... M. D.

January 27, 191.. (Address) 1605 N Monroe St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, 1/29, 191..

20-UNDERTAKER Chas F. Evans & Son ADDRESS 1118 Mont Royal Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 1769

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1769

CERTIFICATE OF DEATH.

54

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1129 N. Caroline ST.; 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Evans

(Residence in Baltimore: No. 1129 N. Caroline St. St.; 60 yrs. (mos. (ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.): Married

6-DATE OF BIRTH: March 25th, 1840 (Month) (Day) (Year)

7-AGE: 76 yrs. 10 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Marble
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

9-BIRTHPLACE, (State or Country): Ohio

PARENTS.

10-NAME OF FATHER: Robt Evans

11-BIRTHPLACE OF FATHER (State or Country): Wales

12-MAIDEN NAME OF MOTHER: Sarah Hughes

13-BIRTHPLACE OF MOTHER (State or Country): Wales

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wilhelmina A. Evans

(Address) 1129 N. Caroline St.

15-

JAN 27 1917

Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 24th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 3 1917, to Jan 24 1917, that I saw h im alive on Jan 23 1917, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Pernicious Anaemia

Indefinite (Probably 6 mos +)

CONTRIBUTORY (Secondary)

Old Age (Duration)....yrs....mos....ds.

(Signed) Wm J. Watson M. D.

Jan 26 1917. (Address) 717 St Paul

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Westview Cem.	Jan 27, 1917

20-UNDERTAKER: Chas T. Coulston ADDRESS 1130 Mt. Royal Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1770 — 154 — D 1770

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 3219 Wallbrook Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Stamp Pfeil

(Residence in Baltimore: No. 3219 Wallbrook Ave. St.; 82 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, March 19, 1833
(Month) (Day) (Year)

7-AGE, 83 yrs. 10 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Valentine Stamp

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Elizabeth Stein

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) C Edward Pfeil
(Address) 1907 Harlem St

15- Filed JAN 27 1917 191.... ROBERT R. KRAUTER Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 25th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1st 1916, to Jan. 25 1917, that I saw h alive on Jan. 25 1917, and that death occurred, on the date stated above, at 11.0° m.

The CAUSE OF DEATH* was as follows:
Old age and its infirmities, (no specific disease) age at death being 83 (Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Ethanitis Indigestia (Duration) yrs. mos. ds.

(Signed) Allen Baldwin M. D.
Jan. 26, 1917 (Address) 700 N. Eq. Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cem. DATE OF BURIAL, Jan 28, 1917.

20-UNDERTAKER Harry W Eblen ADDRESS 1944 W North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 1771

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1771

CERTIFICATE OF DEATH.

REGISTERED NO. C 78

1—PLACE OF DEATH
CITY OF BALTIMORE: (No. 1333 N. Bond ST.; 8 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME Joseph A. Bray
(Residence in Baltimore: No. 1333 N. Bond St St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX.	4—COLOR OR RACE,	5—SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6—DATE OF BIRTH, July (Month) 11 (Day), 1887 (Year)

7—AGE, 29 yrs. 6 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8—OCCUPATION:
(a) Trade, profession, or particular kind of work: Marine Engineer
(b) General nature of industry, business, or establishment in which employed (or employer):

9—BIRTHPLACE, (State or Country), Maryland

PARENTS.

10—NAME OF FATHER, Jos. A. Bray

11—BIRTHPLACE OF FATHER (State or Country), Md.

12—MAIDEN NAME OF MOTHER, Ellen Arnold

13—BIRTHPLACE OF MOTHER (State or Country), Md.

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Wm R. Gray Jr
(Address) 1237 N Caroline St

15—
Filed JAN 27 1917, 191....
HARRY G. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, January (Month) 26 (Day), 1917 (Year)

17— I HEREBY CERTIFY, That I attended deceased from October 1917, to Jan 26 1917, that I saw h living alive on Jan 26 1917, and that death occurred, on the date stated above, at 8.45 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) ....yrs. about 6 hours ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(Duration) about 2 yrs. ....mos. ....ds.

(Signed) Wm R. Gray Jr M. D.

Jan 26, 1917. (Address) 1237 N Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State 29 yrs. 6 mos. 15 ds.

Where was disease contracted if not at place of death? At his former home

Former or usual residence 3 yrs Fairmount Ave 1332 N Bond St

19—PLACE OF BURIAL OR REMOVAL, Rock Hall Md. DATE OF BURIAL, Jan 27, 1917

20—UNDERTAKER W E. Cook ADDRESS 502 E Mulb

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1772 — 91 — D 1772

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1024 Valley ST.; 10 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine F. French

(Residence in Baltimore: No. 1024 Valley St.; 5 yrs., 9 mos. 5 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April (Month) 20 (Day), 1911 (Year)

7-AGE, 5 yrs. 9 mos. 5 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Edward J. French

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Annie Lavery.

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Edward J. French

(Address) 1024 Valley St.

15-

Filed JAN 27 1917, 191.....

HARRY C. ANDERSON
Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 24 1917, to Jan 25 1917, that I saw her alive on Jan 25 1917, and that death occurred, on the date stated above, at 7.15 P m.

The CAUSE OF DEATH* was as follows:

Broncho — Pneumonia

(Duration) About 9 days

CONTRIBUTORY (Secondary) Meningitis (Non Epidemic)

(Duration) ... yrs. About Know mos. ... da.

(Signed) Harry F. Vaughan M. D.

Jan 26, 1917. (Address) 1028 Valley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross Cemetery	Jan. 28, 1917
20-UNDERTAKER Henry Hook Son	ADDRESS 1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1773

28 D-1773

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 930 Harford ave ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ray S. Clarke

(Residence in Baltimore: No. 930 Harford av St.; 54 yrs. \ mos. \ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, not known (Month) ..... (Day), 1 (Year)

7-AGE, 54 yrs. \ mos. \ ds.

If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tin sheet iron
(b) General nature of industry, business, or establishment in which employed (or employer): worker

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, John T. Clarke

11-BIRTHPLACE OF FATHER (State or Country), Balto md

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary S. Clarke

(Address) 930 Harford Av

15-

Filed JAN 27 1917, 191.....

Burial Permit

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1916, to Jan 25 1917, that I saw h... alive on Jan 25 1917, and that death occurred, on the date stated above, at 1.35 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) 3 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos. 1 ds.

(Signed) Phil. S. Bigler M. D.

Jan 25, 1917. (Address) 22 E Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Jan 29 1917

20-UNDERTAKER Henry Horch Son

ADDRESS 1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Blks.

1774

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

78 D 1774

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 N. Vincent ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Dashields

(Residence in Baltimore: No. 708 N. Vincent St.; Life yrs.. mos.. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan. (Month) 25 (Day), 1907 (Year)

7-AGE, 10 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School girl
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. City Md.

PARENTS.

10-NAME OF FATHER, John E. Dashields

11-BIRTHPLACE OF FATHER (State or Country), Balto. City Md.

12-MAIDEN NAME OF MOTHER Belle Reaver

13-BIRTHPLACE OF MOTHER (State or Country), Balto. City Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John E. Dashields

(Address) 708 N. Vincent St.

15-

Filed JAN 27 1917 HARRY O. ROLL, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan-18-1917, to Jan. 25- 1917, that I saw h[illegible] alive on Jan. 22- 1917, and that death occurred, on the date stated above, at 2-40 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Chronic (Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas. L. McCourtney M. D.

Jan. 25., 1917 (Address) 2043 Stricker St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, Jan. 27 1917

20-UNDERTAKER Charles P. Jones

ADDRESS 2357 Pine St.

D 1775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

D 1775

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1010 Argyle Ave St.: 17 WARD)

Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Hall

(Residence in Baltimore: No. 1010 Argyle Ave St.: yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... Unknown ....., 1891
(Month) (Day) (Year)

7-AGE, 25 yrs. ..... mos. ..... da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laundry woman
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frank Hall

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Beatrice Hilborn

(Address) 1010 Argyle Ave

15-

Filed JAN 27 1917, 191.. HARRY O. ANDREWS Registrar.

Important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan. 25, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Myocarditis & Pneumonia Lobar

Mitral Valvular Disease (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia Lobar (Duration) yrs. mos. ds.

(Signed) H. Mullahan M. D.
(Coroner.)

Jan. 26, 1917 (Address) 214 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 1010 Argyle St.

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, Jan 28, 1917

20-UNDERTAKER Charles B. Jones

ADDRESS 235 N. Paca St.

D 1776

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

D 1776

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 123 N. Pine St., 4 WARD)

2-FULL NAME Robert H Kirk

(Residence in Baltimore: No. 123 N Pine St.; 40 yrs. ___ mos. ___ ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: Dec 6, 1876 (Month) (Day) (Year)

7-AGE: 40 yrs. 1 mos. 18 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Electrician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: James Kirk
11-BIRTHPLACE OF FATHER (State or country): Md.
12-MAIDEN NAME OF MOTHER: Ada Knauff
13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Peter T Bolz
(Address) 123 N Pine St

15. Filed JAN 27 1917, 191 HARRY O. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 24 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1916, to Jan 25 1917, that I saw him alive on Jan 23 1917, and that death occurred, on the date stated above, at 1120 P. m.
The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonary

(Duration) One yrs. ... mos. ... ds

Contributory (SECONDARY) N

(Duration) ... yrs. ... mos. ... ds.

(Signed) V. Kenn Williams M. D.
Jan 25, 1917 (Address) 601 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: Jan 28, 1917

20-UNDERTAKER: H M Routson — ADDRESS: 230 N Greene

is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—3000 Bks.

D 1777

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1777

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 E. 41st St.; 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice M. Henderson

(Residence in Baltimore: No. 811 E. 41st St.; — yrs., 4 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, August 29, 1851
(Month) (Day) (Year)

7-AGE, 65 yrs. 5 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Glasgow, Scotland

PARENTS.

10-NAME OF FATHER, Andrew Ashcroft

11-BIRTHPLACE OF FATHER (State or Country), Glasgow, Scotland

12-MAIDEN NAME OF MOTHER Alice Maitland Ashcroft

13-BIRTHPLACE OF MOTHER (State or Country), Glasgow, Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Minna Henderson

(Address) 901 Eutaw Ave.

15-

Filed....., 191.....
Registrar.

JAN 27 1917 MARY O. ...
BURIAL Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 26, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 22 191 7, to Jan 26 1917, that I saw her alive on Jan 26 1917, and that death occurred, on the date stated above, at 7 20 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) John Evans M. D.

Jan 27, 1917. (Address) 502 Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Jan. 29, 1917

20-UNDERTAKER McLean & Jones — ADDRESS 833 Lindan ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 1778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 1778

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 226 N. Chapel ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Wagner

(Residence in Baltimore: No. 226 N. Chapel St.; 70 yrs., 10 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, May (Month) 8 (Day), 1846 (Year)

7-AGE, 70 yrs. 10 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Francis Bissler

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Mary Bilty

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) B. J. Wagner

(Address) 226 N. Chapel St.

15-

Filed JAN 27 1917, 191.... EARLY C. ARNOLD Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 7 1917, to Jan 25 1917, that I saw h[er] alive on Jan 25 1917, and that death occurred, on the date stated above, at 7.25 p. m.

The CAUSE OF DEATH* was as follows:

Old Age

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) ....yrs. ....mos. 5 ds.

(Signed) E. T. Burns M. D.

Jan 26, 1917. (Address) 1.9.0.0. Equitable Bldg.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer

DATE OF BURIAL, Jan 27, 1917.

20-UNDERTAKER Jos. J. Kerr

ADDRESS 156 N. Luzerne Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 1779

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

D 1779

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 924 N. Fayette ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bridgett Kelly

(Residence in Baltimore: No. 924 N. Fayette St.; 55 yrs. 1 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widow

6-DATE OF BIRTH, Unknown (Month), ... (Day), 1 (Year)

7-AGE, About 65 yrs. 1 mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House-wife
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Thomas Keenan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget Fitz Morris

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs C. Dugan

(Address) 206 N. Le St

15-

Filed JAN 27 1917 191.....

HARRY C. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1917, to Jan 27 1917, that I saw her alive on Jan 26 1917, and that death occurred, on the date stated above, at 5.30 p.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

..... (Duration) 1 yrs. 2 mos. 1 ds.

CONTRIBUTORY (Secondary) No other history

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) Henry E. Dudley M. D.

Jan 27, 1917. (Address) 1203 W. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem

DATE OF BURIAL, Jan 29 1917

20-UNDERTAKER Joseph B Cook

ADDRESS 1003 W Balto St

Spec.—8-24-14—M. & T.—2000 Blks.

D 1780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 1780

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 Rose Hill Terrace ST.; 9 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas J. Carrick

(Residence in Baltimore: No. 511 Rose Hill Terrace St.; 82 yrs., 11 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	married

6-DATE OF BIRTH, February 10, 1834
(Month) (Day) (Year)

7-AGE, 82 yrs. 11 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... retired machinist
(b) General nature of industry, business, or establishment in which employed (or employer)..... Snowden & Cowman

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Benjamin Carrick

11-BIRTHPLACE OF FATHER (State or Country), Prince George CO., Md.

12-MAIDEN NAME OF MOTHER Sarah Duvall

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mrs. Sarah L. Carrick.

(Address)..... 511 Rose Hill Terrace.

15-

Filed JAN 27 1917, 191.....

HARRY O. ...
Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 25, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1917, to Jan 25 1917, that I saw h.m alive on Jan 25 1917, and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration).....yrs.....mos. 10 ds.

CONTRIBUTORY..... (Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed)..... M. D.

Jan 26, 1917 (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cemetery.	Jan. 27, 1917.

20-UNDERTAKER Leach & Cook ADDRESS 1003 W. Balto.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1781

CERTIFICATE OF DEATH.

104 D 1781

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1828 McHenry St. (St.) 19 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah E. Hardesty

(Residence in Baltimore: No. 1828 McHenry St. St.; ....yrs., 1 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. December 19, 1916 (Month) (Day) (Year)

7-AGE. ....yrs. 1 mos. 7 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Baltimore, Md

PARENTS.

10-NAME OF FATHER. Joseph M. Hardesty

11-BIRTHPLACE OF FATHER (State or Country) Balto. Md

12-MAIDEN NAME OF MOTHER Blanche B. Rhodes

13-BIRTHPLACE OF MOTHER (State or Country) Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. J. B. Hardesty

(Address) 1828 McHenry Street

15-

Filed JAN 27 1917, 191.....

HARRY J. ANDREWS
DEPUTY REGISTRAR

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 26, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 20th 1917, to Jan 26 1917, that I saw her alive on Jan 25 1917, and that death occurred, on the date stated above, at 7:35 m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary).....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas Norton M. D.

Jan 26, 1917 (Address) 888 N. Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. London Park Cem

DATE OF BURIAL. Jan 27, 1917

20-UNDERTAKER Enoch L. Cook

ADDRESS 1003 Walbrook

D 1782

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1782

CERTIFICATE OF DEATH.

91

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 729 Sterling st ST. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. (8.))

2-FULL NAME Baby Richardson

(Residence in Baltimore: No. 729 Sterling st St.; Yrs. Lie mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (*Write* the word.)
female	Col	Baby

6-DATE OF BIRTH, Jan 1 1917 (Month) (Day), 1 (Year)

7-AGE, yrs. mos. 25 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, James Richardson

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Rosa Rebel

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosa Richaedson

(Address) 729 Sterling st

15- Filed JAN 27 1917 19[illegible] HARRY C. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 25 1917 (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Not Known

(Duration) yrs. mos. ds.

(Signed) G. Scott Linthicum (Coroner.) D.

Jan 26 1917 (Address) N. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Jan 27 19 17

20-UNDERTAKER, R. E. Gross — ADDRESS 445 McElderry

Spec.—8-24-14—M. & T.—2000 Bks.

D 1783 HEALTH DEPARTMENT—CITY OF BALTIMORE D 1783

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 Scott St.; 71 WARD) REGISTERED NO. C 89

2-FULL NAME Mary Crawley

(Residence in Baltimore: No. 715 Scott St.; Life yrs.. mos.. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, May 17, 1831 (Month) (Day) (Year)

7-AGE. 65 yrs. 10 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House
(b) General nature of industry, business, or establishment in which employed (or employer). Work at home

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER, Jas Hughes.

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Mary Halligan

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary C. Welsh

(Address) 715 Scott St

15-

Filed JAN 27 1917 191.. HARRY S. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 25 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 3 191 7, to Jan 25 191 7, that I saw h[illegible] alive on Jan 24 191 7, and that death occurred, on the date stated above, at 10 1/2 H m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia.

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Myocarditis.

(Duration) yrs. mos. 12 ds.

(Signed) Harry S. Schwartz M. D.

Jan 25 191.. (Address) 1120 W Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Cross Cemetery	Jan 29 191 7
20-UNDERTAKER	ADDRESS
Geo Bignan & Son	1000 S Paca St

Spec.—8-24-14—M. & T.—2000 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1784

CERTIFICATE OF DEATH.

28 D 1784

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 Madison ave ST. 11 WARD)

2-FULL NAME Catherine Coffee (Coffin)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

(Residence in Baltimore: No. 700 Madison ave St.; 78 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH. Feb. 7th, (Month) (Day) 1840 (Year)

7-AGE. 76 yrs. 11 mos. 19 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Domestic
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Ruth Lentz

(Address) 700 Madison ave

15- Filed JAN 27 1917, 191.. HARRY D. ATTHEWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 26th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 15 191 7, to Jan. 26th 191 7, that I saw h[illegible] alive on Jan 26th 191 7, and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. Lee Elliott M. D.

Jan 26, 1917 (Address) 711 Madison ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL. Jan 29, 1917

20-UNDERTAKER Wm. Cook ADDRESS 1000 E. Madison

House

D 1785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5-64

D 1785

1-PLACE OF DEATH
CITY OF BALTIMORE (No. ~~Mercy Hospital~~ 100 N. Grmt St ST.: 5 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Penty

(Residence in Baltimore: No. 100 N. Grmt St.; Yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) Unknown (Day), 1 (Year)

7-AGE, about 70 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Don't know

9-BIRTHPLACE, (State or Country), Balto. md.

PARENTS.

10-NAME OF FATHER, Charles Penty

11-BIRTHPLACE OF FATHER (State or Country), Balto md.

12-MAIDEN NAME OF MOTHER Katherine Watt

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Crow

(Address) 1519 E. Preston st

15-
Filed JAN 27 1917, 191.....
EARLY C. ANDREWS
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Jan 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

I Cerebral Apoplexy

Accident (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. L. Daly M. D.
(Coroner.)
Jan 26, 1917. (Address) 1037 Druid

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Jan 27 1917

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave

Cor.

important. See instructions on back of certificate.

D 1786

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 1786

92

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2520 Maryland Ave ~~St.~~ 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian A. Knight

(Residence in Baltimore: No. 2520 Maryland Ave. ~~St.~~ Life ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH: Dec 21, 1892 (Month) (Day) (Year)

7-AGE: 24 yrs. 1 mos. 4 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE (State or country) Baltimore, Md

PARENTS

10-NAME OF FATHER C S. Knight

11-BIRTHPLACE OF FATHER (State or country) Baltimore, Md

12-MAIDEN NAME OF MOTHER Mollie L. Leonard

13-BIRTHPLACE OF MOTHER (State or country) Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles Gelb, M D

(Address) 1111 W. Lanvale St

15 Filed JAN 27 1917, 191 HARRY C. ADDELMS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan. 25th, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 23d, 1917, to Jan. 25th 1917, that I saw h[er] alive on Jan. 25, 1917, and that death occurred, on the date stated above, at 11.25 a. m.
The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) — yrs. — mos. 6 ds

Contributory (SECONDARY) .....

(Duration) ... yrs. ... mos. ... ds.

(Signed) Charles Gelb, M. D.

Jan 25, 1917. (Address) 1111 W. Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Jan 28, 1917

20-UNDERTAKER: George J Smith — ADDRESS: Fayette

State CAUSE OF DEATH in plain terms. Indefinite answers are not sufficient. Every question must be answered, or certificate is very important. See instructions on back of certificate.

D 1787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

D 1787

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 503 Sapp St. ST. 5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Eleanore White

(Residence in Baltimore: No. 503 Sapp St ST. 24 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Unknown, 1874 (Month) (Day) (Year)

7 AGE: 43 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9 BIRTHPLACE (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: James Henry

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Emma Hunton

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie Flynn

(Address) 170 Bruce St

15. Filed JAN 27 1917 191 HARRY O. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January 26, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 5, 1916 to Jan. 25 1917. that I saw h alive on Jan 25 m 1917. and that death occurred, on the date stated above, 4.45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Articular Rheumatism

(Duration) yrs. 9 mos. ds

Contributory (SECONDARY) Endocarditis

(Duration) yrs. mos. 21 ds.

(Signed) P E Lilly M. D.

Jan 26, 1917 (Address) 727 E Lanvale

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Cem. DATE OF BURIAL: Jan. 27. 1917

20 UNDERTAKER: Mrs J. J. Locks ADDRESS: 602 Jefferson

20

IMPORTANT.—Before burial or removal of body, this certificate must be filed with the Registrar of Deaths in the place where death occurred. See instructions on back of certificate.

C.—5-15-15—M. & T.—500 Bks.

D 1788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 1788

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. ST.; 11 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Maynard.

(Residence if in Baltimore: No. 1131 Argyle Ave. Age: 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec. 15, 1887. (Month) (Day) (Year)

7-AGE, 29 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Coachman
(b) General nature of industry, business, or establishment in which employed (or employer): Private family

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Maynard

(Address) 24 Lincoln Ave.

15-

Filed JAN 27 1917 191... GARRY C. ANDREWS Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 26, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 15 191 7, to Jan. 26 191 7, that I saw h[illegible] alive on Jan. 26 191 7, and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos. ds.

(Signed) W. J. Carr M. D.

Jan 27, 191 7 (Address) 515 Mosher St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. 1 mos. ds. In the State 29 yrs. mos. ds.

Where was disease contracted, if not at place of death? At Home.

Former or usual residence 1131 Argyle Ave.

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery. DATE OF BURIAL, Jan 29 1917

20-UNDERTAKER St. John A. Bishop ADDRESS 1107 Hill Av.

Spec.—8-24-14—M. & T.—2000 Blks

D 1789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10

D 1789

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeth's Home ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Elizabeth Ross

(Residence in Baltimore: No. St. Elizabeth's Home, St. Paul St.; ..... yrs., 2 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	negro	Single

6-DATE OF BIRTH, ... May (Month) ..... 12th (Day), 1916. (Year)

7-AGE, ... yrs. 8 mos. 25 ds. If LESS than 1 day, ... hrs. or .... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Denton, Md.

PARENTS.

10-NAME OF FATHER, Walter Tribit

11-BIRTHPLACE OF FATHER (State or Country), Denton, Md.

12-MAIDEN NAME OF MOTHER Bertha Ross

13-BIRTHPLACE OF MOTHER (State or Country), Denton, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15-

Filed ....., 191... WM. T. ANDERSON

JAN 27 1917 Burial Permit ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan. (Month) ..... 25th (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5th 1917, to Jan 25th 1917, that I saw her alive on Jan. 25. 2 P.M. 1917, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

..... Influenza .....

.....

.....

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) ..... Bronchio Pneumonia .....

..... (Duration) ..... yrs. ..... mos. 24 ds.

(Signed) Edgar B. Friedenwald M. D.

Jan. 26, 1917 (Address) 1616 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 2 mos. 12 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? St Elizabeth Home

Former or usual residence St Elizabeth Home

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL JAN 27 1917

Commissioner Health.

Per Wm. E. WOODALL

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1790

CERTIFICATE OF DEATH.

92 D 1790

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1123 N Stockton ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Nelson

(Residence in Baltimore: No. 1123 N Stockton St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec. (Month) 24 (Day) 1857 (Year)

7-AGE. 59 yrs. 1 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). Day Laber

9-BIRTHPLACE, (State or Country). Md. Maryland Co. Md.

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lizzie Nelson

(Address) 1123 N Stockton St.

15-

Filed JAN 27 1917 191.... HARRY O. ANDREWS Deputy Comptroller Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 27 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan. 25 1917, to Jan. 27 1917, that I saw h[illegible] alive on Jan. 26 1917, and that death occurred, on the date stated above, at 6.40 a.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas. L. McCarthy M. D.

Jan. 27, 1917. (Address) 906 N. Stricker St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters — DATE OF BURIAL, Jan 29th, 1917

20-UNDERTAKER Hamme & Orjel — ADDRESS 1364 Mary

D 1791 D 1791

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 120

1-PLACE OF DEATH
CITY OF BALTIMORE (No. St Josephs Hospital ST. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Connor

(Residence in Baltimore: No. 1402 Belt st St., yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Make	White	Single

6-DATE OF BIRTH, Oct 18, 1883
(Month) (Day) (Year)

7-AGE, 33 yrs. 3 mos. 8 ds. IF LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Music Teacher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ga.

PARENTS.

10-NAME OF FATHER, Thos. Connor

11-BIRTHPLACE OF FATHER (State or Country), Ga.

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. Clifford
(Address) 1402 Belt St.

15-
Filed JAN 27 1917, 191.... HARRY C. ANDREWS Registrar.
Burial Permit Blank

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 26 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Wm. Sadler (Coroner.) M. D.

Jan 27 1917 (Address) N. 5Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. 5 Mis ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1402 Belt St

Former or usual residence 1402 Belt St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cartersville, Ga	Jan 27, 1917
20-UNDERTAKER P. & M. Co. Elgin	ADDRESS 1422 Light St.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1792

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1792

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 140 West Hoffman ST., 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Jones

(Residence in Baltimore: No. 140 W. Hoffman St.; 14 yrs., ... mos. ... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, December 30, 1886
(Month) (Day) (Year)

7-AGE, 30 yrs. 0 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Coachman
(b) General nature of industry, business, or establishment in which employed (or employer): in Private Family

9-BIRTHPLACE, (State or Country). Howard Co Md

PARENTS.

10-NAME OF FATHER, William Jones

11-BIRTHPLACE OF FATHER (State or Country) Bryce Georges Co Md

12-MAIDEN NAME OF MOTHER Elizabeth Williams

13-BIRTHPLACE OF MOTHER (State or Country) St Marys Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Louisa Williams

(Address): 650 Mosher St

15-

Filed: JAN 27 1917, 191.

HARRY O. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 25th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 22 1916, to January 25 1917, that I saw h[illegible] alive on January 25 1917, and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Influenza

Supervened 6 Pulmonary Phthisis

(Duration) ... yrs. ... mos. 12 ds.

CONTRIBUTORY (Secondary) Pulmonary Phthisis

(Duration) ... yrs. ... mos. ... ds.

(Signed) W. H. Campbell M. D.

Jan 26, 1917. (Address) 1369 N Carey St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Saint Augustine Cemetery

DATE OF BURIAL, Jan. 27, 1917.

20-UNDERTAKER Foley Bros.

ADDRESS 162 E. Mulberry St

Spec.—8-24-14—M. & T.—2000 Bks.

D 1793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C 79

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1434 Dellwood ST.; 13 WARD)
REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Ann Fletcher

Residence in Baltimore: No. 1434 Dellwood St. (14 yrs., 7 mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, 12 (Month) 22 (Day), 1836 (Year)

7-AGE, 80 yrs. 1 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Va. Virginia

PARENTS.

10-NAME OF FATHER Brent Williams

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. L. B. Fletcher

(Address) 1434 Dellwood Ave.

15-
Filed JAN 27 1917, 191.... MARY C. ANDERSON
Daniel Lermit Clark
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 27 (Day), 1917 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 20-17 191., to Jan 26 1917, that I saw her alive on Jan 26 1917, and that death occurred, on the date stated above, at 9 p. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(Duration) yrs. mos. 15 ds.

(Signed) C. F. Coughlin M. D.

1-27, 191.7 (Address) 3701 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Marys Hanover — DATE OF BURIAL, June 28, 191.6

20-UNDERTAKER Fahrenwald & Son — ADDRESS Chestnut Ave

Spec.—8-24-14—M. & R.—3000 Blks.

D 1794

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1794

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 S. Ann ST.; ..... WARD) REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Norman E. Porters

(Residence in Baltimore: No. 507 S. Ann St.; 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov. 9th, 1916.
(Month) (Day) (Year)

7-AGE, ... yrs. 2 mos. 18 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Balto City Md.

PARENTS.

10-NAME OF FATHER. Frank Porters

11-BIRTHPLACE OF FATHER (State or Country). Italy

12-MAIDEN NAME OF MOTHER Annie Hisley

13-BIRTHPLACE OF MOTHER (State or Country). Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Porters

(Address) 507 S. Ann St.

15-

Filed JAN 27 1917, 191.... BAILEY C. ANDREW
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 27, 1917.
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 25 1917, to Jan 27 1917, that I saw h[illegible] alive on " 25 1917, and that death occurred, on the date stated above, at 6A. m.

The CAUSE OF DEATH* was as follows;

Mal Nutrition

..... (Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

1/27/17, 191... (Address) 508 Stat Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cem. DATE OF BURIAL, Jan 28th, 191.7.

20-UNDERTAKER H. Sander & Sons ADDRESS 1101 Eut St.

D 1795

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1795

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. S.W.cor.Warner & Ostend Sts. 7 WARD)

REGISTERED No. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H.Brewington.

(Residence in Baltimore: No. 2410 Ashland Ave. St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male.	White.	Married.

6-DATE OF BIRTH. May 22nd. 1846. (Month) (Day) (Year)

7-AGE. 70 yrs. 8 mos. 4 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION.
(a) Trade, profession, or particular kind of work: Engineer.
(b) General nature of industry, business, or establishment in which employed (or employer): Stationary

9-BIRTHPLACE. (State or Country). Maryland.

PARENTS.

10-NAME OF FATHER. Henry Brewington.

11-BIRTHPLACE OF FATHER (State or Country) Maryland.

12-MAIDEN NAME OF MOTHER Eleanore Davis.

13-BIRTHPLACE OF MOTHER (State or Country) Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs.Wm.A.Jarrett.(daughter).
(Address) 715 N.Curley St.

15- Filed JAN 27 1917, 191.... HARRY C. ARNOLD, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 26th. 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Otto M.Bernhardt M. D. (County)
Jan. 26, 1917 (Address) 1017 S.Charles S

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. da.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Govans Md. DATE OF BURIAL, Jan 29, 19 17

20-UNDERTAKER Gilbert & Fuller ADDRESS 221 N. Broadway

D 1796

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1796

CERTIFICATE OF DEATH.

182

REGISTERED No. C

PLACE OF DEATH

CITY OF BALTIMORE (No. 725 N Bolton St. 1 WARD)

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

FULL NAME Louis B. Haywood

(Residence in Baltimore: No. 725 N Bolton St.: yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec 12, 1887
(Month) (Day) (Year)

7-AGE, 34 yrs. 1 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, John D Jefferson

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Dora A Shumaker

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Estelle Haywood

(Address) 725 N Bolton St.

15-

Filed JAN 27 1917, 191.... HARRY C. ANDERSON Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 27, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Medigator find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Homicidal Shooting

(Duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary)

(Duration)..... yrs..... mos..... ds.

(Signed) Henry Lynn Grason M. D.
(Coroner.)

Jan 27, 191.7 (Address) 1610 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery

DATE OF BURIAL, Jan 28, 1917

20-UNDERTAKER Talbert & Fuller

ADDRESS 711 N Broadway

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1797

CERTIFICATE OF DEATH.

92

D 1797

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 650 Cull ST.; 9 WARD) REGISTERED NO. C

2-FULL NAME Mary Wheeler

(Residence in Baltimore: No. 650 Cull St.; yrs., mos. da.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female | 4-COLOR OR RACE, Colored | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1876 (Year)

7-AGE, 40 yrs. mos. da. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Wheeler

(Address) 650 Cull St.

15-

Filed JAN 27 1917, 191

BAILEY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1 (Month) 25 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan 8 1917, to Jan 25 1917, that I saw her alive on Jan 25 1917, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 18 da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) R. Garland Abrell M. D.

Jan. 26, 1917. (Address) 1534 - 21 St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Glenallen Va. | DATE OF BURIAL, Jan 28, 1917

20-UNDERTAKER Wm J. & Locks | ADDRESS 302 Jefferson St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 1798

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William A. Guilfebrau.

(Residence in Baltimore: No. In Hospital 1 Month - 13 days St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, November — (Month) (Day), 1898 (Year)

7-AGE, 18 yrs. 2 mos. — ds.

If LESS than 1 day, — hrs. or — min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Farmer

9-BIRTHPLACE, (State or Country), Ga.

PARENTS.

10-NAME OF FATHER, Robert J. Guilfebrau

11-BIRTHPLACE OF FATHER (State or Country), Ga.

12-MAIDEN NAME OF MOTHER Nora Elam

13-BIRTHPLACE OF MOTHER (State or Country), Ga.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter C. Snyder

(Address) Johns Hopkins Hospital

15-

Filed JAN 27 1917, 191.

HARRY O. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 27, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 14 1916, to Jan. 27 1917, that I saw h— alive on Jan. 27 1917, and that death occurred, on the date stated above, at 10 46 a. m.

The CAUSE OF DEATH* was as follows:

Pleuro Pneumonia

(Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) — yrs. — mos. — ds.

(Signed) [illegible] M. D.

Jan. 27, 191. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. 1 mos. 13 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence Lincolnton, Georgia.

19-PLACE OF BURIAL, OR REMOVAL, Mt. Vernon, D. C. DATE OF BURIAL, Jan. 27, 1917.

20-UNDERTAKER Wm. J. Schaefer & Son ADDRESS 1816 Monument

Spec.—8-24-14—M. & T.—2000 Bks.

D 1799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 1799

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 508 Baker ST.; 14 WARD) REGISTERED NO. C 92

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maynard Page

(Residence in Baltimore: No. 508 Baker St.; 44 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
male	Colored	Married

6-DATE OF BIRTH, March 15th, 1860.
(Month) (Day) (Year)

7-AGE, 56 yrs. 10 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Janitor
(b) General nature of industry, business, or establishment in which employed (or employer): Apartment House

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Thomas Page

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Maria Young

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Page

(Address) 508 Baker St.

15-
Filed JAN 27 1917, 191.....
Burial Permit Issued
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 26th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 24 1917, to January 26 1917, that I saw h[illegible] alive on Jany 24th 1917, and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

1. .....
2. .....
3. .....

Chronic Pneumonia (Duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) Valvular Insufficiency

(.....) (Duration) — yrs. — mos. 8 ds.

(Signed) Edward E. Mackenzie M. D.

Jany 26, 1917. (Address) 1339 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Cem.	Jan 27, 1917
20-UNDERTAKER	ADDRESS
Jno. H. Holland	79 West St

Spec.—8-24-14—M. & T.—2000 Bks.

1800

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 1800

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Elizabeth Home ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Jones

(Residence in Baltimore: No. St Elizabeth Home St.; 4 yrs., 2 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) Nov. (Day) 19 (Year) 1912

7-AGE, 4 yrs. 2 mos. 7 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... child
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Benj Jones

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Autum

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mother M. Mildred

(Address) St Elizabeth Home

15- Filed JAN 27 1917, 191.. HARRY C. RIDGELY, Burial Permit Clerk

6 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Jan (Day) 26, (Year) 1917.

17 I HEREBY CERTIFY, That I attended deceased from Jan 19 191 7, to Jan 26 191 7, that I saw h[illegible] alive on Jan 26 191 7, and that death occurred, on the date stated above, at 2:00 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. B. Richards M. D.

Jan 27, 191 7 (Address) Towson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State 4 yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? St Elizabeth

Former or usual residence Same

19-PLACE OF BURIAL OR REMOVAL, Liberty Town Md

DATE OF BURIAL, Jan 27 191 7

20-UNDERTAKER George H. Holland

ADDRESS 511 Robert St

Spec.—8-24-14—M. & T.—2000 Bks.

D 1801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

D 1801

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 626 Saratoga ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy Castelman

(Residence in Baltimore: No. 626 Saratoga St.; 1 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, April (Month) 11 (Day), 1876 (Year)

7-AGE, 40 yrs. 3 mos. 15 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dyer
(b) General nature of industry, business, or establishment in which employed (or employer): Laundry

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Alfred Castelman

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. H. Faddoul M.D.

(Address) 107 N. Caroline

15-

Filed JAN 27 1917, 191.... HARRY O. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 17th 191.., to Jan 27 191.., that I saw h.. alive on Jan 27 191.., and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

1a Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) H. H. Faddoul M. D.

1/27.., 191.7 (Address) 107 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Winchester Va DATE OF BURIAL, June 27., 1917.

20-UNDERTAKER E & B Starke ADDRESS N 5 E West St

Spec.—8-24-14—M. & T.—2000 Bks.

D 1802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 852 S. Eutaw St.; 71 WARD)

2-FULL NAME Elizabeth Drummond

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

(Residence in Baltimore: No. 852 S. Eutaw St.; 5 yrs., 7 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 20, 1911
(Month) (Day) (Year)

7-AGE, 5 yrs. 7 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John W Collins

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Susie Drummond

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John W. Collins

(Address) 852 S. Eutaw St.

15-

Filed JAN 28 1917, 191... HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 24, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1917, to Jan 24 1917, that I saw her alive on Jan 27 1917, and that death occurred, on the date stated above, at 7.10 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) ...yrs. ...mos. 1.1. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ...yrs. ...mos. 1.1. ds.

(Signed) C. S. Hinton M. D.

Jan. 27, 191.. (Address) 712 S. Mar[illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn Ct

DATE OF BURIAL, Jan..., 191...

20-UNDERTAKER J. L. Brown & Son

ADDRESS 1534 W. Monty St

Spec.—8-24-14—M. & T.—2000 Blks.

D 1803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 1803

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2844 W. North ave ST.; 15 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and all out No. 18.)

2-FULL NAME Sylvan D. Stein

(Residence in Baltimore: No. 2844 W. North ave St.; 19 yrs., 6 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July 5th (Month) (Day), 1897 (Year)

7-AGE, 19 yrs. 6 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Clerical
(b) General nature of industry, business, or establishment in which employed (or employer). J. Castelberg Son

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. Leopold Stein

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Birdi Eustein

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leopold Stein

(Address) 2844 W. North ave

15-

Filed JAN 28 1917 191... HARRY O. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 26, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 27 1915, to Jany 26 1917, that I saw him alive on Jany 26 1917, and that death occurred, on the date stated above, at 3 30 P m.

The CAUSE OF DEATH* was as follows:

Peritonitis - perforated duodenal ulcer

(Duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Neoplasm - Chronic

(Duration) 1 yrs. 6 mos. ... ds.

(Signed) Louis C. Hausberger M. D.

Jany 27, 1917. (Address) 120 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Har Sinai Cem. DATE OF BURIAL, Jan 29 1917.

20-UNDERTAKER J. Abrams ADDRESS 16 W Mulb

Spec.—8-24-14—M. & T.—2000 Blks.

D 1804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 1804

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 N. Paca ST.; 4 WARD) REGISTERED NO. C

2-FULL NAME Louisa C. Kaufman

(Residence in Baltimore: No. 124 N Paca.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; 34 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) widow

6-DATE OF BIRTH. Jan. (Month) 23 (Day), 1839 (Year)

7-AGE. 78 yrs. — mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Hanover Pa

PARENTS.

10-NAME OF FATHER, Geo. Hoffman

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Susan Bart

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nancy G. O'Connell

(Address) 124 N. Paca St.

15- JAN 28 1917 HARRY C. ARNOLD Burial Permit Clerk

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 27th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 1917, to January 27 1917, that I saw her alive on January 26 1917, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolus
Mitral Regurgitation
(Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cerebral Embolus
(Duration) yrs. mos. ds.

(Signed) Thomas J. Talbot M. D.

January 27, 191 7 (Address) Marlborough Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hanover Pa

DATE OF BURIAL, Jan. 30, 1917.

20-UNDERTAKER Jos Joerdens Son

ADDRESS 207 N. Paca

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1805

CERTIFICATE OF DEATH.

D 1805

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 Carlyle Place St.; 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Jennings

(Residence in Baltimore: No. 1712 Carlyle Place St.; 7 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) Unknown (Day), 1883 (Year)

7-AGE, 34 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Stevedore
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Henry Jennings

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Martha Draper

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE ~~IS~~ TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence Lawyer

(Address) 1712 Carlyle Place

15-

Filed JAN 29 1917, 191.... EARLY C. ANDREWS Deputy Health Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Jan (Day) 24, (Year) 1917.

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1917, to Jan 24 1917, that I saw h— alive on Jan 24 1917, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia and
Typhoid Fever
..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Hemorrhage of
Lungs (Duration) ..... yrs. ..... mos. 5 ds.

(Signed) Dlyn Kennard M. D.

Jan 25 191... (Address) 708 Eutaw Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Auburn Cem., DATE OF BURIAL, Jan 28, 1917.

20-UNDERTAKER Harry A. Vodery ADDRESS 1725 Orleans St

Spec.—8-24-14—M. & T.—2000 Bks.

D 1806

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1806

CERTIFICATE OF DEATH.

120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 N Broadway ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel M Laird

(Residence in Baltimore: No. 1712 N. Broadway St.; 27 yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, June 9 (Month) (Day), 1853 (Year)

7-AGE. 63 yrs. 7 mos. 17 da.

If LESS than 1 day, ...hrs. or.....mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ice cream
(b) General nature of industry, business, or establishment in which employed (or employer): Maker

9-BIRTHPLACE, (State or Country). Penna.

PARENTS.

10-NAME OF FATHER. Wm Laird

11-BIRTHPLACE OF FATHER (State or Country). Penna

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Young

(Address) 1712 N. Broadway

15-

Filed JAN 30 1917, 191.... HARRY C. ANDREWS

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 26., 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1916, to Jan 26 1917, that I saw h[illegible] alive on Jan 26 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. 6 mos. da.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) yrs. 2 mos. da.

(Signed) John T. Avery M. D.

Jan 27, 1917. (Address) 1603 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Bella Pa

DATE OF BURIAL, Jan. 29., 1917

20-UNDERTAKER Henry Lutz

ADDRESS 1007 N. Bond

D 1807

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 1807

CERTIFICATE OF DEATH.

186

REGISTERED No. C.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Church Home 2nd Infirmary ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Krieger

(Residence in Baltimore: No. 628 N Kenwood ave St.; Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	White	Married ~~Female~~

6-DATE OF BIRTH, Aug 17 1892, 1
(Month) (Day) (Year)

7-AGE. 24 yrs. 5 mos. 8 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER. Not Known

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Kreiger

(Address) 628 N Kenwood ave

15- Filed JAN 28 1917 191 HARRY C. ANDREWS Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 26 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Abortion self induced

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) ... (Coroner) M. D.

Jan 26 1917, 191... (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 1 ...ds. In the State Life mos. ...ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 628 N Kenwood Ave

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer	Jan 29 1917

20-UNDERTAKER M Fahey & Sons ADDRESS 636 Lafayette Ave

important. See instructions on back of certificate.

D 1803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175 D 1803

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy Hospital ST. 73 WARD)
REGISTERED No. C

2-FULL NAME Cornelia Hearnden (?)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Residence in Baltimore: No. 1003 Peach al.

St.) yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Jan. 1 (Month) (Day), 1867 (Year)

7-AGE, 50 yrs. — mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION;
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Va

PARENTS.

10-NAME OF FATHER, John Hearnden

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Cornelia Perry

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Boswell

(Address) 1003 Peach alley

15- Filed JAN 28 1917, 191... HARRY O. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Pulmon. Edema

Probable Pneumonia (b) Organic Heart

Fatty Degen. (Duration) 1 day (c) Accidental Fall from car (Duration) yrs. mos. ds. (Inside)

CONTRIBUTORY (Secondary) Pulmon. Edema

(Duration) yrs. mos. ds.

(Signed) W. S. Ruby (Coroner) M. D.

Jan 26 1917 (Address) 1037 Braddish

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos. 1 da. In the State....yrs....mos. 8 ds.

Where was disease contracted, if not at place of death? Shuffs. Hamburg Rd.

Former or usual residence 1003 N. Peach Alley

19-PLACE OF BURIAL, OR REMOVAL, Mt. Olivet — DATE OF BURIAL, Jan 28, 1917.

20-UNDERTAKER R. L. Parham — ADDRESS 1314 Hamburg St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 1809

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2426 Eutaw Place, ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Nassauer,

(Residence in Baltimore: No. 2426 Eutaw Place, St.: 50 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow,

6-DATE OF BIRTH, June (Month) 6th. (Day), 1848. (Year)

7-AGE, 68 yrs. 7 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None,
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Petersberg, Va.,

PARENTS.

10-NAME OF FATHER. Jacob Kull

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Sarah Robinson,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Joel Nassauer,
(Address) 2426 Eutaw Place,

15-
Filed JAN 28 1917, 191.... BY HARRY O. ANDERSON
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 27th. (Day); 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 22 1917, to January 27 1917, that I saw h[illegible] alive on January 26 1917, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
Duration 6 Days (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) D. A. T. Bramhesen M. D.
Nov. 27, 1917. (Address) 1727 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto. Hebrew,
DATE OF BURIAL, Jan. 29th. 7, 191...

20-UNDERTAKER David Sondheim
ADDRESS Jan 29 17

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1810 — 79 — D 1810

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 S. Kenwood Av) ST.; 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Ricker

(Residence in Baltimore: No. 806 S Kenwood Av. St.; 36 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, March (Month) 2 (Day), 1843 (Year)

7-AGE, 73 yrs. 10 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Leonhart Steinock

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Caroline Diesel

(Address) 806 S Kenwood Av

15-

Filed JAN 28 1917, 191 HARRY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 6 1915, to Jan 25 1917, that I saw h[illegible] alive on Jan 25 1917 and that death occurred, on the date stated above, at 12:30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

1 yr 7 mos

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Passive congestion of Lungs (Duration) 1 yrs. 7 mos. ds.

(Signed) D. D. Kaelin M. D.

1/28, 191.. (Address) 1116 S Kenwood Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Swartz Cem — DATE OF BURIAL, Jan 28 1917

20-UNDERTAKER Philip Henrig — ADDRESS 2016 Orleans

Spec.—8-24-14—M. & T.—2000 Blks.

D 1811

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 1811

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1608 E. Lanvale ST.; 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME John Washington Gillmond

(Residence in Baltimore: No. 1608 E. Lanvale St.; 76 yrs. 4 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Sep. 11, 1840 (Month) (Day) (Year)

7-AGE, 76 yrs. 4 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wood-Turner.
(b) General nature of industry, business, or establishment in which employed (or employer): Turning of Wood

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. Thos. Gillmond

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Laura Wills

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry C. Gillmond (Son)

(Address) 1608 E. Lanvale St.

15-

Filed JAN 28 1917, 191.... HARRY D. ARLDEVS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 27, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sep 5 1916, to Jan 27 1917, that I saw him alive on Jan 26 1917, and that death occurred, on the date stated above, at 4:15 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) ....yrs. 4 mos. 22 ds.

(Signed) Louis Voyle M. D.

Jan 27 1917 (Address) 2116 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park. DATE OF BURIAL, Jan 30 191..

20-UNDERTAKER Philip Herwig. ADDRESS 201 Orleans

Spec.—8-24-14—M. & T.—2000 Blks.

D 1812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

142 D 1812

REGISTERED No. C.....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 W. 23rd St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME Catharine Whalen

(Residence in Baltimore: No. 411 W - 23rd St.; 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX. Female

4—COLOR OR RACE, White

5—SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6—DATE OF BIRTH, ... Unknown (Month), 1 (Day), ... (Year)

7—AGE, (67) ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8—OCCUPATION:
(a) Trade, profession, or particular kind of work ..... at Home
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Home work

9—BIRTHPLACE, (State or Country) Ireland

PARENTS.

10—NAME OF FATHER, Edward Ryan

11—BIRTHPLACE OF FATHER (State or Country), Ireland

12—MAIDEN NAME OF MOTHER Maggie Doyle

13—BIRTHPLACE OF MOTHER (State or Country), Ireland

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bridget Whalen

(Address) 411 W - 23rd

15—

Filed JAN 28 1917, 191..... HARRY C. ANDREWS Registrar.

JAN 28 1917 Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, ... Jan 26 (Month) (Day), 1917 (Year).

17— I HEREBY CERTIFY, That I attended deceased from Jan 10 1917, to Jan 26 1917, that I saw h[illegible] alive on Jan 26 1917, and that death occurred, on the date stated above, at 10.05 P m.

The CAUSE OF DEATH* was as follows:

Senile degeneration with Gangrene of lower limbs (Duration) — yrs. — mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) [illegible] M. D.

Jan 27, 1917. (Address) 1438 Bramble

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19—PLACE OF BURIAL OR REMOVAL, St Peters — DATE OF BURIAL, 1/29, 1917

20—UNDERTAKER Welch & Cook — ADDRESS 512 E North Ave

D 1813

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

D 1813

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 812 E Pratt ST.: 3 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo Griffo.

(Residence in Baltimore: No. 912 E Pratt St. yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	White	Married

6-DATE OF BIRTH, May (Month) 1 (Day), 1867 (Year)

7-AGE, 49 yrs. 8 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... waiter

9-BIRTHPLACE, (State or Country), Wash D C.

PARENTS.

10-NAME OF FATHER, Jerome Griffo

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mary Miller
(Address) 415 S Wolfe St

15- Filed JAN 28 1917, 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 24 (Month) (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Coroner (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) Thomas Opie Postley M. D.
(Coroner)
Jan 27, 1917. (Address) Thomas Opie Postley

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem. DATE OF BURIAL, Jan 29, 1917.

20-UNDERTAKER Lee Cook ADDRESS, 1525 E. Monument

important. See instructions on back of certificate.

1814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1814

175

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Church Home and Infirmary ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August Ranstrom

(Residence in Baltimore: No. 1712 ~~1721~~ Clarkson st St.; yrs., 25 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Jan 7 1873 (Month) (Day), 1 (Year)

7-AGE.		If LESS than 1 day,
44 yrs.	18 mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: machinist
(b) General nature of industry, business, or establishment in which employed (or employer): Fanfield A & Co

9-BIRTHPLACE. (State or Country). Sweden

PARENTS.

10-NAME OF FATHER. Not Known

11-BIRTHPLACE OF FATHER (State or Country). Sweden

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hilda Ranstrom

(Address) 1721 Clarkston st

15-

Filed JAN 28 1917, 191.... EARLY C. ADDISON Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan 25 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquest find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism hit by automobile

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm F Swartzlupp (Coroner)

Jan 26 1917 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. 1 ds. In the State 25 yrs. mos. ds.

Where was disease contracted, if not at place of death? Fanfield A & Co

Former or usual residence 1712 Clarkson st

19-PLACE OF BURIAL, OR REMOVAL. Oak Lawn Cem. DATE OF BURIAL. Jan 28 1917

20-UNDERTAKER Mrs J E Evans & Sons ADDRESS 1428 N Charles St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1815

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1815

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 Toney St ST.; 18 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry J Owens

(Residence in Baltimore: No. 822 Toney St. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1 (Year)

7-AGE, 55 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer (Day)
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Thomas Owens

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Cathrine Grady

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Owens

(Address) 822 Toney St

15- JAN 28 1917

Filed ....., 191.... HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 27 1917, to Jan 27 1917, that I saw h alive on Jan 27 1917, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Uraemia Convulsions

(Duration) yrs. 6 hours mos. ds.

(Signed) Robt J. Murray M. D.

Jan 27, 1917 (Address) 510 N. Fremont

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Marys Somerstown — DATE OF BURIAL, Jan 30, 1917

20-UNDERTAKER John Thomas Dan — ADDRESS 901 Hollins St

Spec.—8-24-14—M. & T.—2000 Bks.

D 1816

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1816

CERTIFICATE OF DEATH.

136

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1129 W. Mulberry ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara R. Hughes

(Residence in Baltimore: No. 1129 W. Mulberry St.; 24 yrs., 3 mos., 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Oct (Month) 9 (Day), 1892 (Year)

7-AGE, 24 yrs. 3 mos. 17 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): Work

9-BIRTHPLACE, (State or Country), Balto, Md.

PARENTS.

10-NAME OF FATHER, Thos L. Jones

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Amelia Reed

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank M. Hughes

(Address) 1129 W. Mulberry St

15-

Filed JAN 28 1917, 191.... HARRY O. ... Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 26 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from June, 1916, to Jan 26 1917, that I saw her alive on Jan 26 1917, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(Duration) 2 yrs. 2 mos. 1 ds.

CONTRIBUTORY (Secondary) Child Birth

(Duration) 7 yrs. 7 mos. ds.

(Signed) John W. Traband M. D.

Jan 27 1917 (Address) 100 E. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Balto Cem — DATE OF BURIAL, Jan 28, 1917

20-UNDERTAKER Wm. M. Gaudet — ADDRESS 1624 N Royal Ave

Spcc.—8-24-14—M. & T.—2000 Blks.

D 1817 D 1817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 533 N. Patterson Park Ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harold J. Hoffman

(Residence in Baltimore: No. 533 N. Patterson Park Ave St.; 3 yrs., 22 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, October 6, 1916 (Month) (Day) (Year)

7-AGE, 3 yrs. 22 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Albert Hoffman

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Sarah Ball

13-BIRTHPLACE OF MOTHER (State or Country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Hoffman

(Address) 533 N. Patterson Park Ave

15-

Filed JAN 28 1917, 191.... HARRY C. ANDREWS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 28 17, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 28 1917, to Jan 28 1917, that I saw h[illegible] alive on Jan 28 1917, and that death occurred, on the date stated above, at 6A m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis (only)
Case taken ill Jan 28th
death

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Z T Bunday M. D.

Jan 28, 191 17 (Address) 1643 Baltimore Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Asbury Cemetery

DATE OF BURIAL, 1/30/17, 191...

20-UNDERTAKER Christian Miller

ADDRESS 233 Jefferson

Spec.—1-24-14—M. & T.—2000 Bks.

D 1818

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1818

CERTIFICATE OF DEATH.

89

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1738 E. Madison ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Gunther

(Residence in Baltimore: No. 1738 E. Madison St.; ...yrs. 5 mos. 24 ds.)

8

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, August 2, 1916 (Month) (Day) (Year)

7-AGE, — yrs. 5 mos. 24 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John E. Gunther

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Georgia K. Frazier

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Georgia K. Gunther

(Address) 1738 E. Madison St

15-

Filed JAN 20 1917, 191... HARRY C. AMBLER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 26, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 19 1917, to Jan 25 1917, that I saw h[illegible] alive on Jan 25 1917, and that death occurred, on the date stated above, at 8:25 p.m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) ...yrs. ...mos. 7 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ...yrs. ...mos. 6 ds.

(Signed) Alex A Gagl M. D.

1/20/17, 191... (Address) 208 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...da. In the State ...yrs. ...mos. ...da.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery — DATE OF BURIAL, 1/28/17, 191...

20-UNDERTAKER Christian Miller — ADDRESS 2303 Jefferson St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 1819 — 120 — D 1819

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 132 W. Dolphin ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Handy Coleman

(Residence in Baltimore: No. 132 W. Dolphin St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug 24, (Month) (Day) 1842 (Year)

7-AGE, 74 yrs. 5 mos. 1 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Fireman
(b) General nature of industry, business, or establishment in which employed (or employer)..... R. Stewart

9-BIRTHPLACE, (State or Country), Lancaster Co. Va

PARENTS.

10-NAME OF FATHER, Henry Coleman

11-BIRTHPLACE OF FATHER (State or Country), Lancaster Co Va

12-MAIDEN NAME OF MOTHER Mary Taylor

13-BIRTHPLACE OF MOTHER (State or Country), Lancaster Co Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Coleman

(Address) 132 W. Dolphin St.

15-

Filed JAN 28 1917, 191..... HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jany 25th, (Month) (Day) 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 24 1917, to Jan 25 1917, that I saw h ~~m~~alive on Jan 24th 1917, and that death occurred, on the date stated above, at .....m.

The CAUSE OF DEATH* was as follows:

Cardiac Hypertrophy
Arterio Sclerosis

(Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Intestinal Nephritis

(Duration) Me yrs. — mos. ..... ds.

(Signed) W. Wilson M. D.

Jany 27. 1917. (Address) 1220 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, National Cem. DATE OF BURIAL, Jan 28, 191.

20-UNDERTAKER Samuel L. Hemsley ADDRESS 518 W. Lee St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 1820

CERTIFICATE OF DEATH.

120 D 1820

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 566½ Oxford St.: 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benj. F. Beall

(Residence in Baltimore: No 566½ Oxford St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colord

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Unknown, 18..

(Month) (Day) (Year)

7-AGE 60 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... General
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Laborer

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER Benj. C. Scott

11-BIRTHPLACE OF FATHER (State or Country) Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Coutry), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Scott

(Address) 566½ Oxford

15- HARRY D. ANDREWS

Filed JAN 26 1917 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 26, 1917

(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 17 1917, to Jan 26 1917, that I saw him alive on Jan 25 1917, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

(Duration) yrs. 1 mos. 4 or 10 ds.

CONTRIBUTORY (Secondary) Toxemia

(Duration) yrs. mos. 9 ds.

(Signed) Jas. H. Lond Wilson M. D.

Jan 26 191.7 (Address) 1019 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem

DATE OF BURIAL, Jan 28, 191.7

20-UNDERTAKER Samuel Hensley

ADDRESS 57 Pratt

D 1821

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 1821

REGISTERED No. C 104

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Louis Goldstein

(Residence in Baltimore: No. 215 So. Aisquith St.; 32 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6 DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7 AGE: 62 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9 BIRTHPLACE (State or country): Russia.

PARENTS

10 NAME OF FATHER: Solomon Louis Goldstein

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: Rebecca

13 BIRTHPLACE OF MOTHER (State or country): Russia

14 I HEREBY CERTIFY, THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. Bright Dorn Asst Supt

(Address) Hebrew Hosp.

15 Filed JAN 28 1917, 191 HARRY C. ANDREWS Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan. 28, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1916, to Jan. 28 1917, that I saw h im alive on Jan. 28, 1917, and that death occurred, on the date stated above, at 2:50 A.M.

The CAUSE OF DEATH* was as follows:

Acute intestinal obstruction.

(Duration) yrs. mos. 3 ds

Contributory (SECONDARY) Arteriosclerosis & myocarditis

insufficiency (Duration) yrs. mos. 3 ds.

(Signed) M. B. Levin M. D.

1/28/17 191 (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. 2 ds. In the State 32 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 215 S Aisquith St.

19 PLACE OF BURIAL OR REMOVAL: Hebrew Belair Rd Cemetery

DATE OF BURIAL: Jan 28, 1917

20 UNDERTAKER: L Leyson & Bro

ADDRESS: 107 E Balto St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

61

D 1822

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 3 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hyman Seigel

(Residence in Baltimore: No. 204 S. Bond St St.; yrs., 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June (Month) ....., 1916. (Day) (Year)

7-AGE, ...yrs. 7 mos. ....ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER, Morris Seigel

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Jenne Gerberg

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. M. Hardy

(Address) Johns Hopkins Hospital

15-

Filed JAN 26 1917 191.... HARRY O. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 28, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 5 1916, to Jan 28 1917, that I saw him alive on Jan 28 1917, and that death occurred, on the date stated above, at 6:20 a.m.

The CAUSE OF DEATH* was as follows:

Epidemic Cerebro Spinal Meningitis

(Duration) yrs. 1 mos. 13 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Leila L. Mallet M. D.

Jan 28, 1917. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. 1 mos. 13 ds. In the State Life mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 204 S Bond St

19-PLACE OF BURIAL OR REMOVAL, Mt. Sinai Cemetery — DATE OF BURIAL, Jan. 31 191 7

20-UNDERTAKER Jack Lewis — ADDRESS 1411 E. Balto.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1823

CERTIFICATE OF DEATH.

40

D 1823

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1045 Myrtle Av ST.; 17 WARD) REGISTERED No. C

2-FULL NAME Frances Weigand

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1045 Myrtle Av

St. 55 yrs. 3 mos 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, October 17 (Month) (Day), 1861 (Year)

7-AGE, 55 yrs. 3 mos. 14 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Francis Weigand

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Caroline Pape

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry C. Smoot

(Address) 1045 Myrtle Ave

15-

Filed JAN 28 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 26 1916, to Jan 26 1917, that I saw her alive on Jan 26 1917 and that death occurred, on the date stated above, at 5.15 P. m.

The CAUSE OF DEATH* was as follows:

Cancer around Stomach

(Duration) yrs. 8 mos. — ds.

CONTRIBUTORY (Secondary) Cardiac Asthma

(Duration) yrs. mos. 2 ds.

(Signed) Geo W Hemmeter M. D.

Jan 27 1917 (Address) 800 Harlem Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Jan 29 1917

20-UNDERTAKER Geo. W. Little — ADDRESS 531 N. Fremont Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 1824

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

54

D 1824

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1727 E. Lonsdale ST.; 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Butler

(Residence in Baltimore: No. 1727 E. Lonsdale St.; ....yrs.,....mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Feb 27, 1895
(Month) (Day) (Year)

7-AGE, 21 yrs. 11 mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, J. Wesley Butler

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Cora A Fowler

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Wesley Butler

(Address) Westover Somerset Co. Md

15-

Filed JAN 28 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 27, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 23 1917, to Jan 27 1917, that I saw him alive on Jan 27 1917, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Pernicious Anaemia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. 4 ds.

(Signed) Joseph L. Eisenberg M. D.

Jan 28, 191.. (Address) 2201-2203 Orleans St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 ds. In the State Life yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Westover Md

19-PLACE OF BURIAL OR REMOVAL, Westover Maryland — DATE OF BURIAL, Jan 28, 191.

20-UNDERTAKER William Cook — ADDRESS 676 North

Eisenberg 2201 Orleans St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1825

CERTIFICATE OF DEATH.

150 D 1825

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 740 N. Kenwood ST.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Edward Klotsch

(Residence in Baltimore: No. 740 N. Kenwood Ave St.; ....yrs., ...mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Single

6-DATE OF BIRTH, ... Jan (Month) 22 (Day), 1917 (Year)

7-AGE, ...yrs....mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Edward C. Klotsch

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Bertha Schmuck

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward C. Klotsch Jr.

(Address) 740 N. Kenwood Ave

15-

Filed JAN 28 1917, 191.... MARY C. ANDREWS Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 27 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan 22 1917, to Jan 27 1917, that I saw h... alive on Jan 26 1917, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Congenital Stenosis of the Pylorus

..... (Duration) 6 wks. mos. ds.

CONTRIBUTORY (Secondary) Gastritis

..... (Duration) yrs. mos. ds.

(Signed) G. M. Klemperer M. D.

Jan 27, 1917. (Address) 127 E. North

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid — DATE OF BURIAL, Jan 29, 1917

20-UNDERTAKER, Wm. J. Sahaffer Sr. — ADDRESS 5 E. Biddle St

D 1826

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 1826

REGISTERED No. C 10

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 903 N. Spring St.; 10 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Walstrum

(Residence in Baltimore: No. 903 N. Spring St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: July (Month) 28 (Day), 1851 (Year)

7-AGE: 65 yrs. 5 mos. 30 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Herbert A. Colburn

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Sophia E. Martin

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John H. Walstrum

(Address) 3029 Remington Ave

15.

Filed JAN 28 1917, 191.. HARRY O. ANDREWS Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan. (Month) 27 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1917, to Jan. 27, 1917. that I saw her alive on Jan. 27, 1917. and that death occurred, on the date stated above, at 1.4 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ... yrs. 1 mos. ... ds

Contributory (SECONDARY) Grippe

(Duration) ... yrs. 1 mos. ... ds.

(Signed) Wm. M. Bannebaker, M. D.

Jan 27, 1917 (Address) 209 Madison Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery | DATE OF BURIAL: Jan 29, 191..

20-UNDERTAKER: Ed Mudgett | ADDRESS: Greenmount Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1827

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

78

D 1827

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3928 Fayette St. 9 WARD)

2-FULL NAME James Tully.

(Residence in Baltimore: No. 3928 Fayette St.; — yrs. — mos. — ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: Unknown (Month) (Day), 1895 (Year)

7-AGE: 24 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Maryland.

PARENTS

10-NAME OF FATHER: Francis Tully

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Julia Shea

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Tully.

(Address) 3928 Fayette St.

15- JAN 28 1917

Filed ....., 191 HARRY O. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 25, 1917 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from January 24, 1917, to, January 25, 1917, that I saw h[im] alive on January 25, 1917, and that death occurred, on the date stated above, at 2.50 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) 6 yrs. mos. ds.

Contributory (SECONDARY) Hemorrhage (Pulmonary)

(Duration) yrs. mos. 17 ds.

(Signed) C. A. Bleeker M. D.

January 26, 1917 [Address] 4005 Greenmount Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Towson Balto Co

DATE OF BURIAL: Jan 29 191

20-UNDERTAKER: Ed Windsor Jr

ADDRESS: Greenmount Av

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1828

CERTIFICATE OF DEATH.

D 1828

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. University Hospital ST. W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 16.)

2-FULL NAME William Jones.

(Residence in Baltimore: No. University Hospital St.: ..... yrs., mos. 1/2 hour ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Married

6-DATE OF BIRTH, Unknown (Month), (Day), 1875 (Year)

7-AGE,	If LESS than 1 day,
42 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Alex Jones.

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Rosie Cannon

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. J. Mellin

(Address) Ellicott City Md.

15-

Filed ..... 191.....

JAN 28 1917

Registrar.

EARLY BURIAL PERMIT OFFICE

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 27, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 27 1917, to Jan 27 1917, that I saw h[illegible] alive on Jan. 27 1917, and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Labor Pneumonia

(Duration) — yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) — yrs. — mos. — ds.

(Signed) Frank C. Merrin M. D.

Jan. 28, 1917. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. 1½ hrs. — ds. In the State 42 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Carroll's Manor, Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Mary's Cem. Howard	Jan. 30, 1917.

20-UNDERTAKER Easton & Sons

ADDRESS Ellicott City Md.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1829 — D 1829

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — CITY OF BALTIMORE: (No. Bedler & Sellman Sanitarium St.; 17 WARD)

REGISTERED No. C ....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Caroline Gallagher

(Residence in Baltimore: No. Bedler & Sellman Sanitarium St.; — yrs., — mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH. August (Month) 2 (Day) 1842 (Year)

7-AGE. 74 yrs. 4 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Otto Pietsch

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Christine Carnoradt

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. H. G. Reinicker (daughter)

(Address) Baltimore Md.

15- Filed JAN 29 1917, 191.... ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ~~Jan~~ (Month) 28 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan 1914, to Jan 28 1917, that I saw her alive on Jan 28 1917, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Hepatitis

(Duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Senility —

(Duration) — yrs. — mos. — ds.

(Signed) Chauncey H. Hill M. D.

....., 191... (Address) Arlington Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 0 mos. 13 ds. In the State 74 yrs. 4 mos. 26 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Arlington Balto. Co. Md.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Druid Ridge Cemetery	Jany 31 1917.
20-UNDERTAKER	ADDRESS
Stewart Mower Co	108 W. Northave.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1830

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1830

CERTIFICATE OF DEATH.

REGISTERED No. C 94

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Smith.

(Residence in Baltimore: No. 1544 N. Carey St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, December 17, 1913
(Month) (Day) (Year)

7-AGE, 3 yrs. 1 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Bernard Smith

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Price

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter C. Snyder

(Address) John Hopkins Hospital

15. JAN 29 1917

Filed....., 191.... ROBERT P. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 27, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 10 1917, to Jan. 27 1917, that I saw her alive on Jan. 27 1917, and that death occurred, on the date stated above, at 7 m. a.m.

The CAUSE OF DEATH* was as follows:

(a) Pulmonary tuberculosis

.....

.....

..... (Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) yrs. mos. ds.

(Signed) C. E. Hoover M. D.

Jan 27, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 17 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1544 N. Carey St

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery

DATE OF BURIAL, [illegible] 191.

20-UNDERTAKER Joseph A. Farrell

ADDRESS 2319 Division

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1433 Battery Ave. ST.; 24 WARD) REGISTERED NO. C 120

2-FULL NAME John Casper Kroenert

(Residence in Baltimore: No. 1433 Battery Ave St.; 20 yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

D 1831

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male.	White	Widower

6-DATE OF BIRTH. October (Month) 16th (Day), 1837 (Year)

7-AGE. 79 yrs. 3 mos. 11 ds. If LESS than 1 day, hrs. or mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Carpenter

9-BIRTHPLACE. (State or Country), Germany

PARENTS.

10-NAME OF FATHER, George Kroenert

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary

(Address) 1433 Battery Ave.

15-

Filed JAN 29 1917, 191 ROBERT P. KRAUTER Deputy Registrar. Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 2 191 7, to Jan 27 191 7, that I saw h[illegible] alive on Jan 26 191 7, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. mos. ds.

(Signed) C. P. Eckes M.D.

Jan. 27., 1917. (Address) 1412 Light St. M. D.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Cross Brooklyn

DATE OF BURIAL. Jan. 30., 1917.

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave.

D 1832

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

81 D 1832

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1828 Lloyd St. 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Christopher Hruke

(Residence in Baltimore: No. 1828 Lloyd St.; 10 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Jan 6, 1831 (Month) (Day) (Year)

7 AGE: 86 yrs. — mos. 20 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Stone Mason
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: Dont Know

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Mary Fuerr

(Address) 1828 Lloyd St

15 JAN 29 1917 Filed ....., 191 ROBERT E. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan 26, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1917, to Jan 26 1917, that I saw h[im] alive on Jan 26, 1917, and that death occurred, on the date stated above, at 1025 [illegible] m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Senility
Hypostatic Pneumonia

(Duration) 1 yrs. mos. ds

Contributory (SECONDARY) (Hypostatic Pneumonia / No other finding)

(Duration) yrs. mos. 7 ds.

(Signed) E Wells Hemming M. D.

Jan 27, 1917 (Address) 2000 Kelly Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: Jan 29, 1917

20 UNDERTAKER: William Cook — ADDRESS: 502 E. North Av

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1833

CERTIFICATE OF DEATH.

30 D 1833

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital St. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Hoffman

(Residence in Baltimore: No. 1907 Patterson Place St.; ....yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June (Month) 9 (Day), 1862 (Year)

7-AGE, 54 yrs. 7 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Gen Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Leonhard Hoffman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Krouse

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barbara Hoffman

(Address) 1907 Patterson Place

15- Filed JAN 29 1917, 191... ROBERT P. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 28 (Month) (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 26 1917, to Jan 28 1917, that I saw him alive on Jan 28 1917, and that death occurred, on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Alcoholism Edema

(Duration) ....yrs. ....mos. 2 ds.

(Signed) Henry Funke M. D.

1/29/17, 191... (Address) 1098 W. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Dont Know.

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Mathews Cem. DATE OF BURIAL, Jan 30 1917.

20-UNDERTAKER Wm Cook ADDRESS 502 E Northern

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1837 — 150 — D 1834

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 207 Ethel wood ave St. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Roche

(Residence in Baltimore: No. 607 Ethel woodave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Baby

6-DATE OF BIRTH, Jan. 8, 1917
(Month) (Day) (Year)

7-AGE, ..yrs. ..mos. 19 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Baby

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John Roche.

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Edna Todd,

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edna Roche

(Address) 607 Ethel woodave

15- JAN 29 1917 ROBERT R. KRAUTER

Filed ..... 191.. Burial Permit Clerk.

Registrar.

CAUSE OF DEATH in plain terms. It shall be duty of physician to state it correctly and fully. Indefinite terms, such as "Debility," "Old Age," "Natural Causes," etc., are not sufficient. Be particular to give primary cause of death. Contributory causes are important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 27, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Coroner (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Closure of Jaume Cord

(Duration) ..yrs. ..mos. ..ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..yrs. ..mos. ..ds.

(Signed) J. Wm. Fuchs M.D. Coroner.

Jan 28 1917 (Address) 1938 E. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Johns Cemetery	Jan. 29, 1917
20-UNDERTAKER William Cook	ADDRESS 502 S. Ninth Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 1835

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

D 1835

CERTIFICATE OF DEATH.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 Burgundy ST.; 22 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME William H. Bordley

(Residence in Baltimore: No. 611 Burgundy St.; 88 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, ... (Month) ..... (Day) 1844 (Year)

7-AGE, 72 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm Bordley

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Margaret Garrett

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary R. Pines

(Address) 611 Burgundy

15-

JAN 29 1917

Filed....., 191.....

ROBERT B. KRAUTER

Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 14 1917, to Jan 26 1917, that I saw h[illegible] alive on Jan 26 191, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Apoplexis (Cerebral Hemorrh

(Duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) U.S. Pneumonia

(Duration) ..... yrs. ..... mos. 12 ds.

(Signed) [illegible] M. D.

Jan 28, 191[illegible]. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, National Cemetery

DATE OF BURIAL, Jan 29, 191[illegible]

20-UNDERTAKER John H. Todnis

ADDRESS 142 W. Fed St

D 1836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 D 1836

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital 3 W. WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Bertha Chanes

(Residence in Baltimore: No. 30 S. Bond St. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married Widow

6-DATE OF BIRTH ..... (Month) Unknown (Day) ; 1 (Year)

7-AGE 55 yrs. — mos. — ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Tailoress.
(b) General nature of industry, business, or establishment in which employed (or employer) Sonnebrow & Co.

9-BIRTHPLACE (State or country) Russia

PARENTS

10-NAME OF FATHER Rubin Wemberg

11-BIRTHPLACE OF FATHER (State or country) Russia

12-MAIDEN NAME OF MOTHER Clara Chanes

13-BIRTHPLACE OF MOTHER (State or country) Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hyman Pattis

(Address) 30 S Bond St

15 JAN 29 1917 Filed ....., 191.... ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Jan. (Month) 29 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1917, to Jan. 29 1917, that I saw her alive on Jan. 29, 1917, and that death occurred, on the date stated above, at 4.25 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ..... yrs. ..... mos. 17 ds

Contributory (SECONDARY) Acute Dilatation of heart.

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) H. M. Fosse M. D.

Jan. 29, 1917 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 30 S. Bond St.

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hebrew Rosedale	Jan 29 1917
20-UNDERTAKER J. Levinson & Bro	ADDRESS 1107 E Baltimore

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1837 D 1837

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1276 Glyndon Ave ST.; 21 WARD)
2-FULL NAME Sophia Emery
(Residence in Baltimore: No. 1276 Glyndon Ave St.; ...yrs.. ...mos. ...ds.)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan (Month) 2 (Day), 1870 (Year)

7-AGE, 47 yrs. 0 mos. 25 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Bury

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Ruhland

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Chas A Bury
(Address) 1276 Glyndon Ave

15-
Filed JAN 29 1917, 191...
ROBERT P. KRAUTER Registrar.
Burial Permit Clerk

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 10th 1916, to Jan 27th 1917, that I saw her alive on Jan 26th 1917, and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:

Locomotor Ataxia

Arsenal Measles (Duration) ...yrs. 1 mos. 16 ds.

CONTRIBUTORY (Secondary) Gonorrhea no history of Case (Duration) ...yrs. ...mos. ...ds.

(Signed) Henry B Koll M. D.

Jan 27, 1917. (Address) 1203 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, LOUDON PARK CEM — DATE OF BURIAL, JAN 29, 1917

20-UNDERTAKER Robert Brooks & Son — ADDRESS 17 S. Calhoun St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 1838 — 109 — D 1838

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 710 Jackson Place ST.; 6 WARD)
REGISTERED No. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Esther Freidman
(Residence in Baltimore: No. 110 Jackson Place St.; 70 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Unknown ..... (Month) ..... (Day) 1830 (Year)

7-AGE, 87 yrs. ..... mos. ..... ds. — — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Frank Palenstein

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Sarah Rudes

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant)..... Hebrew
(Address)..... 1411 E Baltimore St

15- JAN 29 1917 ROBERT R. KRAUTER
Filed....., 191.....
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 27 1917, to Jan. 28 1917, that I saw h[illegible] alive on Jan 28 1917, and that death occurred, on the date stated above, at 4 1/2 m.

The CAUSE OF DEATH* was as follows:
Intestinal Obstruction
and old age
(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) No Atten Before
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.
Jan 29, 191[illegible] (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Rosedale	Jan [illegible], 191[illegible]
20-UNDERTAKER Jack Levin	ADDRESS 1411 E Balto

Spec.—8-24-14—M. & T.—2000 Bks.

D 1839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 1839

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 N. Chester St. ST.; 6 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Sherman

(Residence in Baltimore: No. 113 N. Chester St St.; 21 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Unknown (Month) (Day) 1 (Year)

7-AGE, 43 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Shoe store
(b) General nature of industry, business, or establishment in which employed (or employer). Merchant

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Kasriel Sherman

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Ida Finstein

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lewis

(Address) 1411 E Baltimore

15- JAN 29 1917 ROBERT R. KRAUTER

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1 (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 11 1914, to Jan 29 1917, that I saw h[illegible] alive on Jan 29 1917, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute parenchymatous nephritis (Duration) yrs. 3 mos. ds.

(Signed) A. L. Hornstein M. D.

1130, 1917. (Address) 733 Aisquith St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale; DATE OF BURIAL, 1-31, 1917.

20-UNDERTAKER Jack Lewis ADDRESS 1411 E Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1840

CERTIFICATE OF DEATH.

38 D 1840

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hosp ST.; 19 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Reid

(Residence in Baltimore: No. 2512 Madison Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1897 (Year)

7-AGE. 20 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Waitress
(b) General nature of industry, business, or establishment in which employed (or employer). Lunch Room

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Richard Reid

11-BIRTHPLACE OF FATHER (State or Country). N. C.

12-MAIDEN NAME OF MOTHER Serena ~~Russell~~ Harris

13-BIRTHPLACE OF MOTHER (State or Country). N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carter Reid

(Address) 830 Mount St

15- JAN 29 1917 ROBERT B. KRAUTER

Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 28, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 21 1917, to Jan 28 1917, that I saw h e alive on Jan 28 1917, and that death occurred, on the date stated above, at 12.50 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism

Gonorrhea (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bilateral Salpingitis

(Duration) ..... yrs. 1 mos. 7 ds.

(Signed) Hirschstein M. D.

Jan 28, 191 7 (Address) Univ Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 ds. In the State 20 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? at her home

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemetery	Jan 30, 191 7
20-UNDERTAKER	ADDRESS
Geo L Hooper	1401 Little Pratt

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 1841

HEALTH DEPARTMENT—CITY OF BALTIMORE

89

D 1841

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1807 W. Lafayette ave. St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ava Virginia Bull

(Residence in Baltimore: No. 1807 W. Lafayette ave St.; 62 yrs., 5 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6-DATE OF BIRTH: Aug 6 (Month) (Day), 1854 (Year)

7-AGE: 62 yrs. 5 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Christopher C. Hughes

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Mary Childs

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Amey E. Bull

(Address): 1807 W. Lafayette ave

15. JAN 29 1917 Filed....., 191.... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 27 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 26 1917, to Jan 27 1917, that I saw h[er] alive on Jan 27 1917, and that death occurred, on the date stated above, at 11P m.

The CAUSE OF DEATH* was as follows:

Cardiac Syncope

Acute Bronchitis (Duration) ....yrs. 30 mos. ....ds.

CONTRIBUTORY (Secondary) Hypostatic Congestion Lungs

(Duration) ....yrs. ....mos. ....ds.

(Signed) G. Lotte Ewalt M. D.

Jan 29, 1917 (Address) 905 N. Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, Jan 30, 191.7

20-UNDERTAKER, Geo. Peter & Son ADDRESS 2503 Eastern ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 D 1842

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1100 West Baltimore (ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Helen Pratt Dobring

Residence in Baltimore: No. 1100 W Baltimore St.; 60 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Dec 18 (Month) (Day), 1844 (Year)

7-AGE, 72 yrs. 1 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Karl Brandt

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER, Dont Know

13-BIRTHPLACE OF MOTHER (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gertrude Gassenitch

(Address) 1100 W. Baltimore

15- JAN 29 1917 ROBERT B. KRAUTER

Filed....., 191.... Burial Permit Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 27 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 1 1917 to Jan 27 1917, that I saw h[illegible] alive on January 26 1917, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

a Bronchitis Acute

.....

..... (Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY, b [illegible]
(Secondary) [illegible] progressing
[illegible] (Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

Jan 27 1917, (Address) 1[illegible] W. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Jan 29, 1917

20-UNDERTAKER Geo. Miller & Son — ADDRESS 2503 Edmondson Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 1843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154

REGISTERED No. C 212

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1769 E North ave ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME John D. McAfee

(Residence in Baltimore: No. 1769 E North ave St.; 70 yrs. \ mos. \ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) Unknown (Day) 1 (Year)

7-AGE 70 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) Employed at Miller's Fertilizer Wks

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John McAfee

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Sophia Waters

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Sarah J. McAfee

(Address) 1769 E North ave

15- Filed JAN 29 1917, 191.... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 27th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 19th 1917, to January 27th 1917, that I saw h[illegible] alive on January 27th 1917, and that death occurred, on the date stated above, at 8:00 a.m.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) ..... yrs. unknown mos. ..... ds.

CONTRIBUTORY (Secondary) 0

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jno. T. Dean M. D.

January 28th, 1917. (Address) 1501 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL, Jan 30, 1917

20-UNDERTAKER Henry Hoeck's Sons — ADDRESS 1301 E Eager St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 1844

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2045 E. North Ave ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm A. Forrester

(Residence in Baltimore: No. 2045 E. North ave, St.; 59 yrs., 8 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 13 (Day) 1858 (Year)

7-AGE, 59 yrs. 8 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer for United
(b) General nature of industry, business, or establishment in which employed (or employer): Railways

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER, Allan Forrest

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Fannie K Orrick

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barbara Forrester

(Address) 2045 E North Av

15- Filed JAN 29 1917, 191.... ROBERT P. KRAUTER Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 23 1917, to Jan 26 1917, that I saw him alive on Jan 26 1917, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

(Signed) Wm T Keaton M. D.

Jan 29, 1917 (Address) 2128 St Paul

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loraine Cemetery

DATE OF BURIAL, Jan 29 191..7

20-UNDERTAKER George J. Ruth

ADDRESS 1735 Hayford Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1845

CERTIFICATE OF DEATH.

5W D 1845

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. University Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Infant Mitchell

(Residence in Baltimore: No. University Hospital St.; ... yrs., ... mos. ... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. Jan (Month) 28 (Day), 1917 (Year)

7-AGE. 0 yrs. 0 mos. 0 da. If LESS than 1 day, 4 hrs. or 30 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): House

9-BIRTHPLACE, (State or Country). Baltimore Maryland

PARENTS.

10-NAME OF FATHER. Joseph Mitchell

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER. Maggie Bolosky

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Mitchell

(Address) 717 W. German St.

15- JAN 29 1917 ROBERT R. KRAUTER

Filed ..., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan (Month) 28 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1-28 1917, to 1-28 1917, that I saw her alive on 1-28 1917 and that death occurred, on the date stated above, at 7:30 m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(Duration) ... yrs. ... mos. ... da.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... da.

(Signed) J. J. Wolff M. D.

1-28, 191 7 (Address) Univ. Hospt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence 717 W German St

19-PLACE OF BURIAL OR REMOVAL. St. Stanislaus Cem. DATE OF BURIAL. Jan. 29, 191...

20-UNDERTAKER John Grelliauckas ADDRESS 500 S. Paca St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1846

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 1846

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1314 Jones St., ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME not Stat of alfred & Alice Hube.

(Residence in Baltimore: No. 1314 Jones St. St.; .....yrs. .....mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	single

6-DATE OF BIRTH, ... (Month) Jan. 27, (Day) 1917. (Year)

7-AGE,	If LESS than 1 day,
.....yrs. .....mos. 2 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) none

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Alfred Hube

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Alice Stalcuna

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alfred Hube

(Address) 1314 Jannes St.

15- Filed JAN 29 1917 191.....

ROBERT P. KRAUTER

Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Jany. (Day) 29, (Year) 1917.

17- I HEREBY CERTIFY, That I attended deceased from Jany 26 1917, to Jany 29 1917, that I saw h.. alive on Jany 29 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Umbilical Hemorrhage

15 minutes

(Duration).....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Jaundice

(Duration).....yrs. .....mos. 7 ds.

(Signed) Stafford Warren M. D.

Jany 29, 191.. (Address) 1700 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs. .....mos. .....ds. In the State.....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore Cem.	Jan. 29, 1917.
20-UNDERTAKER	ADDRESS
John Grebiancos	500 S. Paca St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1847 D 1847

CERTIFICATE OF DEATH. 45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1935 Pennsylvania ave St. 20 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Lueckenbach.

(Residence in Baltimore: No. 1935 Pennsylvania Ave St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, ... (Month) 11 (Day) 26, (Year) 1857

7-AGE, 60 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Wholesale Hardware

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Conrad Lueckenbach

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Conrad Lueckenbach

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Spencer Lueckenbach.

(Address) 1935 Pennsylvania Ave

15-

Filed JAN 29 1917, 191.. ROBERT R. KRAUTER Registrar.

CAUSE OF DEATH: In plain terms, important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Jan (Day) 26, (Year) 1917

17- I HEREBY CERTIFY, That I attended deceased from Sept 1st 1916, to Jany 1917, that I saw h im alive on Jany 1917, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Carcinoma of Prostate Gland

..... (Duration) ....yrs. 1 4 mos. ....ds.

CONTRIBUTORY (Secondary) Coma

..... (Duration) ....yrs. ....mos. 2 ds.

(Signed) Walter Thomas M. D.

Jany 29, 191 7 (Address) 1228 N. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery | DATE OF BURIAL, ..., 191 7

20-UNDERTAKER Hull & Co | ADDRESS 508 N. Gay St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1848

HEALTH DEPARTMENT—CITY OF BALTIMORE 64

D 1848

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 N. Belnord Ave ST.; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Conrad Davis

(Residence in Baltimore: No. 422 N. Belnord Ave St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	married

6-DATE OF BIRTH, Oct 21st, 1844
(Month) (Day) (Year)

7-AGE, 72 yrs. 3 mos. 6 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fish Salesman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Davis

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Eliz. Davis

(Address) 422 N. Belnord ave

15- Filed JAN 29 1917, 191... ROBERT R. KRAUTER Registrar.

BURIAL PERMIT

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 27th, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 20th 1917, to Jan 27th 1917, that I saw him alive on January 24 1917, and that death occurred, on the date stated above, at 8 45 P.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ...yrs. ...mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

Rheumatism (Duration) 2 yrs. ...mos. ...ds.

(Signed) A. J. Siess M. D.

1-28th, 191.7. (Address) 625 N. Washington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel — DATE OF BURIAL, Jan. 30.., 191..

20-UNDERTAKER Henry Lutz — ADDRESS 1007 N. Bond

D 1849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

D 1849

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 720 S Broadway ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. Wm Wrigley

(Residence in Baltimore; No. 720 S Broadway St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 71 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wheelwright
(b) General nature of industry, business, or establishment in which employed (or employer): Foreman

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George Wrigley

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Ann Talley

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John W Wrigley

(Address) 624 England Ave

15- JAN 29 1917 Filed ..... 191.....

ROBERT B. KRAUTER Registrar

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 25, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry Lyon Smith M. D. (Coroner.)

Jan 29, 1917 (Address) 1610 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Annapolis Md	Jan 30, 1917
20-UNDERTAKER	**ADDRESS**
George L. Smith	1610 E Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1850 D 1850

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1108 S. Streeper ST.; 1st WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helena Kralikowska

(Residence in Baltimore: No. 1108 S. Streeper St.; 1 yrs., 8 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, May 5 (Month) (Day), 1915 (Year)

7-AGE, 1 yrs. 8 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): infant

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Joseph Kralikowski

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Katherine Hordakowna

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katherine Hordakowna

(Address) 1108 S. Streeper St.

15-

Filed JAN 29 1917 ROBERT E. KRAUTER Registrar.

Burial Permit No.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1917, to Jan 26 1917, that I saw h.r alive on Jan 26 1917, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Atelectasis

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Congenital Debility

(Duration) ....yrs. ....mos. 16 ds.

(Signed) [illegible] M. D.

Jan 28, 1917. (Address) 1048 O'Donnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Ste Stanislaus	Jan 29, 1917
20-UNDERTAKER	ADDRESS
Stephen Szadkowski	1048 Gough st

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1851 — 91 D 1851

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Little Sisters of the Poor — REGISTERED NO. C

CITY OF BALTIMORE: (No. 8 ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Clarkin

(Residence in Baltimore: No. Little Sisters of the Poor St.; 45 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE,~~ MARRIED, WIDOWED, ~~OR DIVORCED,~~ (*Write* the word.) Wid.

6-DATE OF BIRTH, Jan 10, 1849 (Month) (Day) (Year)

7-AGE, 68 yrs. — mos. 17 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Artur Clarkin

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Scott

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- JAN 29 1917 ROBERT R. KRAUTER

Filed ....., 191.... Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 27th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ~~Dec~~ 1916, to 191, that I saw h~~im~~ alive on Jany 23 1917, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

1 ~~month~~ (Duration) yrs. 2 weeks ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) F. A. Dwyer M. D.

Jan. 29, 1917. (Address) 1133 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 7 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters — DATE OF BURIAL, Jan 29, 191 7

20-UNDERTAKER H. C. Middlefield — ADDRESS 914 Greenmt Av

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1852

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1852

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C

CITY OF BALTIMORE: (No. 8 ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Bocken

(Residence in Baltimore: No. Little Sisters of the Poor St.: 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Wid

6-DATE OF BIRTH, January 13, 1828 (Month) (Day) (Year)

7-AGE, 89 yrs. 0 mos. 16 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Michael Delaney

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Conroy

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15-

Filed JAN 29 1917, 191 ROBERT R. KRAUTER Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 29, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from No record 191, to 191, that I saw her alive on January 27 1917, and that death occurred, on the date stated above, at 3 0 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Pneumonia

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Jan 29, 191 7 (Address) 833 Vale, Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 9 yrs. 4 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery DATE OF BURIAL, Jan. 30, 1917

20-UNDERTAKER H. C. Mudefield ADDRESS 914 Guilford Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4853 — 150 — D 1853

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1819 N Chapel St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maurice Martin

(Residence in Baltimore: No. 1819 N Chapel St.; ....yrs., mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Jan. 17th, 1917. (Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 11 ds. — If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John T. Martin

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Margaret McCuliff

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. John T. Martin

(Address) 1819 N. Chapel St

15- Filed JAN 29 1917 191... ROBERT B. KRAUTER Registrar. BURIAL Permit Clerk.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 27, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 16 1917, to Jan 27 1917, that I saw h[illegible] alive on Jan 27 1917, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Hepatic Malformation.

(Duration) ....yrs. ....mos. 11 ds.

CONTRIBUTORY (Secondary) Lemorrhage from [illegible] Mucous membranes

(Duration) ....yrs. ....mos. 6 ds.

(Signed) Albert L. Levy M. D.

Jan 29, 191... (Address) 1072 E. Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Peters Cem — DATE OF BURIAL, Jan. 30th, 1917.

20-UNDERTAKER John J. Conway & Son — ADDRESS 901 Hollins St

Spec.—5-19-13—M. & T.—500 Bks.

D 1854

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1854

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 28 N. Spring ST.: 5 WARD)

REGISTERED NO. C 130

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marguiritte Smith

(Residence in Baltimore: No. 28 N. Spring St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ...March....., 1..... (Month) (Day) (Year)

7-AGE, ...60....yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) Ol. Amputation

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Welch (Son)

(Address) 28 N. Spring

15- ROBERT B. KRAUTER

Filed ....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 27, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 28 1916, to Jan 27 1917, that I saw h[illegible] alive on Jan 26 1917, and that death occurred, on the date stated above, at 3:30 a. m.

The CAUSE OF DEATH* was as follows:

Bronchitis

(Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. C. Burns M. D.

Jan 27, 1917 (Address) 2218 E. Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel

DATE OF BURIAL, Jan [illegible] 17.

20-UNDERTAKER John W Henderson

ADDRESS 31 N Caroline

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1855

HEALTH DEPARTMENT—CITY OF BALTIMORE

137 D 1855

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8) Johns Hopkins Hospital ST.; 5 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Boone

Residence in Baltimore: No. 425 North Spring Street St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ...(Month) September (Day) ....., 1889 (Year)

7-AGE, 28 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER. Joseph Isaca

11-BIRTHPLACE OF FATHER (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER Ida Bryan

13-BIRTHPLACE OF MOTHER (State or Country). Balto md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. B. Boone

(Address) 425 N. Spring St.

15-

Filed JAN 29 1917, 191.. ROBERT B. KRAUTER Registrar.

Burial Permit 2174

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...(Month) January (Day) 28, 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 25 1917, to January 28 1917, that I saw h[illegible] alive on January 28 1917, and that death occurred, on the date stated above, at 3.30 P.M.

The CAUSE OF DEATH* was as follows:

General peritonitis - (Bacillus coli)

[Intrapartum infection]

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Acute endocarditis

(Duration) ....yrs. ....mos. 4 ds.

(Signed) John G Murray Jr M. D.

Jan 29, 1917. (Address) John Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1/2 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? at home.

Former or usual residence 425 N. Spring St

19-PLACE OF BURIAL, OR REMOVAL. Asbury

DATE OF BURIAL, Jan 30 1917

20-UNDERTAKER John W Henderson

ADDRESS 317 Caroline

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1856

CERTIFICATE OF DEATH.

D 1856

REGISTERED NO. C 113

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 415 Folsom St.; 24 WARD)

2-FULL NAME Johan H. Bahnsen

(Residence in Baltimore: No. 415 Folsom St.; (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.) Patient

yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 50 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Boat
(b) General nature of industry, business, or establishment in which employed (or employer) Builder

9-BIRTHPLACE, (State or Country), Balt. Md.

PARENTS.

10-NAME OF FATHER, Henry Bahnsen

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Bahnsen

(Address) 415 Folsom St.

15- Filed JAN 29 1917, 191.. ROBERT R. KRAUTER Registrar. Burial Permit Clerk

CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 27, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 26 191.., to January 27 1917, that I saw him alive on Jan 27 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. 14 ds.

(Signed) Geo. Wilson M. D.

Jan 28 191.7 (Address) 724 N. Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, Jan 29, 1917

20-UNDERTAKER Jos. L. Kelly & Sons ADDRESS 1318 Light St

D 1857

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D 1857

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. City Jail ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Johnson

(Residence in Baltimore: No. 1018 S. Eutaw St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	S. Married

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, Adult ....40.... yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer ?
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), ? Dont Know

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- Filed JAN 29 1917, 191.... ROBERT R. KRAUTER Registrar

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan 15, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Pneumonia Lobar

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pott's Disease

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) ..... M. D. (Coroner.)

Jan. 26, 191.. (Address) 1639 Bunday

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

HOPKINS HOSPITAL JAN 29 1917

Commissioner Health.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1858 — 28 D 1858

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2024 E Biddle st ST. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Allen

(Residence in Baltimore: No. 2024 E Biddle st St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Not Known

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 45 yrs. mos. ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work H.W.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed JAN 29 1917, 191.... ROBERT P. KRAUTER Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan 17 1917 ....., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to .....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuburculosis

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs. .....mos. .....ds.

(Signed) J. Wm. Knauter M. D.
(Coroner.)

Jan 20 191 7 (Address) 4 E. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL JAN 23 19

Commissioner Health.

1859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

*17 1859

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital St. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugene Reels

(Residence in Baltimore: No. Sparrows Point St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married?

6-DATE OF BIRTH, ..., (Month) 1 (Day) ..... (Year)

7-AGE, about 40 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer?
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Police Department

(Address) Bodily Ealy

15-

Filed JAN 29 1917 By ROBERT R. KRAUTER Registrar.

Burial Permit

Morgue

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... January (Month) 15, (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows: Hemorrhage and shock due to injuries received by being run over by car No. 4 at Sparrows Pt. Bodily Injuries ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. S. Ealy (Coroner.) ..... M. D.

Jan 26..., 1917. (Address) 1639 Broadway.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL

DATE OF BURIAL, ..., 19....

20-UNDERTAKER Commissioner Health.

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

43

D 1860

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 1860

1-PLACE OF DEATH — CITY OF BALTIMORE (No. St Josephs Hospital St.; 7 Ward) — REGISTERED NO. C 170

2-FULL NAME Lawerence Neuschafer

(Residence in Baltimore: No. 317 S Chappel st)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Dec (Month) 15 (Day) 1846, 1 (Year)

7-AGE. 70 yrs. 1 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE. (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Not Known

11-BIRTHPLACE OF FATHER (State or Country): Not Known

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or Country): Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Margeret Wagner
(Address) 314 S Chappel st

15-
Filed JAN 29 1917 191.... HARRY O. [illegible]
Burial Permit
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 27 (Day) 1917, 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) J. Kurt Sailer (Coroner.) M. D.

Jan 28 1917 (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence 317 S Chapel St

19-PLACE OF BURIAL, OR REMOVAL, Holy Redeemer Cem — DATE OF BURIAL, Jan 30, 1917

20-UNDERTAKER Filby-Fuler — ADDRESS 403 S Wolfe

NOTE.—CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1871 D 1861

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 26 S. Liberty ST.; 22 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fritz Brewer

(Residence in Baltimore: No. 26 S. Liberty St.; 44 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE~~ MARRIED, ~~WIDOWED~~, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April (Month) 13th (Day) 1841 (Year)

7-AGE, 69 yrs. 9 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Hotel keeper
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry Brewer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Sophia Deiter

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charlotte N. Brewer

(Address) 26 S. Liberty Street

15- JAN 29 1917 Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 27 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 6 1916, to Jan 27 1917, that I saw her alive on Jan 27 1917, and that death occurred, on the date stated above, at 12½ m.

The CAUSE OF DEATH* was as follows:

Cancer of Pancreas

& Liver (Clinical)

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion from

(Duration) yrs. mos. 20 ds.

(Signed) Joseph C Gichner M. D.

Jan 28, 1917. (Address) 1516 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Western Cemetery DATE OF BURIAL, Jan 30, 1917.

20-UNDERTAKER Philip Secrest & Son ADDRESS 1795 Eutaw St

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 1862

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1862

CERTIFICATE OF DEATH.

18

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1003 W. Lafayette Ave St. 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis W. Ware

(Residence in Baltimore: No. 1003 W. Lafayette Ave St.: yrs. mos. Life dys.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, June 1st, 1861.
(Month) (Day) (Year)

7-AGE, 55 yrs. 7 mos. 18 ds. If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Sporting goods

9-BIRTHPLACE, (State or Country), Balto City.

PARENTS.

10-NAME OF FATHER, John Ware

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Katharine

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ashley C. Ware

(Address) 1003 W. Lafayette Ave.

15-

Filed JAN 29 1917 HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 28, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 23 1917, to Jan 28 1917, that I saw him alive on Jan 27 1917, and that death occurred, on the date stated above, at 10. a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis & Heart Disease

(Duration) 1 yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Acute Meningitis

(Duration) yrs. mos. 1 ds.

(Signed) D. K. Wilson M. D.

1.28., 1917. (Address) 1735 Hollins Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Jany 30. 1917.

20-UNDERTAKER E. M. Mitchell & Co — ADDRESS 1201 W. Fayette

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 1863

HEALTH DEPARTMENT—CITY OF BALTIMORE

103 D 1863

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1020 N Gilmor ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Fannie E Grayson

(Residence in Baltimore: No. 1020 N. Gilmor St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH: May 12 (Month) 1837 (Day) (Year)

7-AGE: 79 yrs. 8 mos. 17 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Ireland.

PARENTS.

10-NAME OF FATHER: David Gibbs.

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Fannie

13-BIRTHPLACE OF MOTHER (State or Country): Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fannie Hetzler

(Address) 2914 Edmonson Ave

15-

Filed JAN 29 1917 HARRY C. ANDREWS Registrar. 151 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 29th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 19th 1917 to Jan 29 1917, that I saw h[er] alive on Jan. 29 1917, and that death occurred, on the date stated above, at 4. a.m.

The CAUSE OF DEATH* was as follows:

Septicaemia 9 days

(Antecedent) (Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) acute Gastritis

(Duration) yrs. mos. 10 ds.

(Signed) Hilar Baldwin M. D.

Jan. 29 1917 (Address) 7 odd W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemy

DATE OF BURIAL, Jan 31 1917

20-UNDERTAKER E M Mitchell & Co

ADDRESS 120 Fayette St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1864

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

D 1864

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 So. Linwood Ave. ST.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thos. Lippincott

Residence in Baltimore: No. 713 So. Linwood Ave. St.; 51 yrs. ..... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	married

6-DATE OF BIRTH, June (Month) 7 (Day), 1863 (Year)

7-AGE, 53 yrs. 7 mos. 20 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), N. J.

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country) Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lippincott

(Address) 713 S. Linwood Ave

15-

Filed JAN 29 1917 191.... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 17 1917, to Jan 27 1917, that I saw h in alive on Jan 27 1917, and that death occurred, on the date stated above, at 6.10 p.m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) — yrs. — mos. 10 ds.

(Signed) Philip B. Towle M. D.

Jan 29, 1917. (Address) 1432 Williams St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Jan ....., 191...
20-UNDERTAKER	ADDRESS
E. J. Canning 1908	Lafayette

Spec.—8-24-14—M. & T.—2000 Bks.

D 1865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

78 D 1865

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 103 S. Scott ST.; 18 WARD)
REGISTERED No. C
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Dudley
(Residence in Baltimore: No. 103 S. Scott St.; 5yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female
4-COLOR OR RACE: White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married
6-DATE OF BIRTH: June (Month) 10 (Day), 1877 (Year)
7-AGE: 37 yrs. 7 mos. 18 ds. If LESS than 1 day, hrs. or min.?
8-OCCUPATION:
(a) Trade, profession, or particular kind of work: house work
(b) General nature of industry, business, or establishment in which employed (or employer): at home
9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.
10-NAME OF FATHER: William Gibson
11-BIRTHPLACE OF FATHER (State or Country): Baltimore
12-MAIDEN NAME OF MOTHER: Maggie Hazelbough
13-BIRTHPLACE OF MOTHER (State or Country): Carroll Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) husband John Dudley
(Address) 103 S. Scott St

15-
Filed JAN 29 1917, 191.... HARRY C. ANDREWS Registrar. Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 28 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan 27 1917, to Jan 27 1917, that I saw her alive on Jan 27 1917, and that death occurred, on the date stated above, at 5 a m.
The CAUSE OF DEATH* was as follows: Endocarditis
(Duration) 1 yrs. mos. ds.
CONTRIBUTORY (Secondary) Collapse
(Duration) yrs. mos. ds.
(Signed) Joseph E. Muse M. D.
Jan 29 1917. (Address) 15 E. Hoffman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Jan. 30, 1917.
20-UNDERTAKER Robt. T. Turner — ADDRESS Broadway Hilton

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1866

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1866

CERTIFICATE OF DEATH.

42

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 10 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philip Wolzenbach

(Residence in Baltimore: No. 1311 E Eager St City St.; 46 yrs. 3 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, October 12, 1860 (Month) (Day) (Year)

7-AGE, 46 yrs. 3 mos. 16 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Porter
(b) General nature of industry, business, or establishment in which employed (or employer) Ford Co. Howard & Lombard Sts

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Wolzenbach.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Seelinger.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Adam Wolzenbach

(Address) 1311 E Eager St

15- JAN 29 1917 HARRY C. ANDREWS

Filed....., 191... District Health Clerk.

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 28, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 22 1917, to Jan 28 1917, that I saw him alive on Jan 28 1917, and that death occurred, on the date stated above, at 7:15 P.m.

The CAUSE OF DEATH* was as follows:

Bronchial pneumonia

Carcinoma of Larynx (Autopsy No. 446)

Microscopic (Review Pathological)

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

....., 191... (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State Life ....mos. ....ds.

Where was disease contracted, if not at place of death? 1311 E Eager St

Former or usual residence 1311 E Eager St

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, Jan 31, 1917

20-UNDERTAKER Henry Storck Son — ADDRESS 1314 E Eager

Spec.—8-24-14—M. & T.—2000 Blks.

D 1867

HEALTH DEPARTMENT—CITY OF BALTIMORE.

50 D 1867

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 Ashland Ave ST.; 10 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Mancuso

(Residence in Baltimore: No. 1414 Ashland Ave St.; 25 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Not Known (Month) (Day), 1 (Year)

7-AGE, 61 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoe repairer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Andrew Mancuso

11-BIRTHPLACE OF FATHER (State or Country), Italy.

12-MAIDEN NAME OF MOTHER Antonia Mela

13-BIRTHPLACE OF MOTHER (State or Country), Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Vincenzina Mancuso

(Address) 1414 Ashland Ave

15-

Filed JAN 29 1917 HENRY C. ANDREWS Clerk

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 28 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1916, to Jun 28 1917, that I saw h— alive on Jun 27 1917, and that death occurred, on the date stated above, at 3.50 m.

The CAUSE OF DEATH* was as follows:

Diabetes

(Duration) yrs. 1 mos. 28 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Vaeth M. D.

June 28, 1917. (Address) 160 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Vincents Cemetery	Jan. 31., 191.7
20-UNDERTAKER Henry Storck & Son	ADDRESS 1201 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement is of equal importance. See instructions on back of certificate.

D 1868

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

80

D 1868

REGISTERED No. C

1-PLACE OF DEATH
Biedler & Sellman Sanatorium
CITY OF BALTIMORE (No. 2724 N. Charles ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Just Biedler

Residence in Baltimore: No. Biedler & Sellman Sanitorium St.; 1 yrs. 3 mos. 1 ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: May (Month) 2 (Day), 1855 (Year)

7-AGE: 59 yrs. 8 mos. 26 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Broker (Stock)
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Page Co. Va

PARENTS

10-NAME OF FATHER: A. M. Biedler

11-BIRTHPLACE OF FATHER (State or country): Page Co Va

12-MAIDEN NAME OF MOTHER: Sarah A. Kuyer

13-BIRTHPLACE OF MOTHER (State or country): Page Co Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Dr H H Biedler
(Address) 2724 N Charles

15-
Filed JAN 29 1917 HALLY C. ATWELL
Burial Permit ISSUED
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 28 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1916, to Jan 28 1917, that I saw h[illegible] alive on Jan 28, 1917, and that death occurred, on the date stated above, at 7 p m.
The CAUSE OF DEATH* was as follows:

Pulmonary Abscess & Tuberculosis
with Empyema
(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Mitral insufficiency
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm H. B. Sellman M. D.
Jan 28, 1917 (Address) 5 E. Biddle St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death 1 yrs. 3 mos. 1 ds. In the State ~ yrs. ~ mos. ~ ds.
Where was disease contracted, if not at place of death?
Former or usual residence 119 W Saratoga St

19-PLACE OF BURIAL OR REMOVAL: Loudon Park
DATE OF BURIAL: Jan 31, 1917

20-UNDERTAKER: Lowe & Co
ADDRESS: 502 E Madison

D 1869

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1869

CERTIFICATE OF DEATH.

64

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1147 Gorsuch ave ST.: 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Wolf

(Residence in Baltimore: No. 1147 Gorsuch ave St.; yrs.— mos.— ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Jan (Month) 4 (Day), 1837 (Year)

7-AGE, 80 yrs. — mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Washington D C

PARENTS.

10-NAME OF FATHER, William Bromley

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Elizabeth Gray

13-BIRTHPLACE OF MOTHER (State or Country) Alexandria Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Mattengy

(Address) 1147 Gorsuch ave

15-

Filed JAN 29 1917 191.... HARRY C. ANDREWS Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 28 1917 (Month) (Day) (Year), 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquir (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) J. Wm. Luckey (Coroner.) M. D.

Jan 28 1917 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cem	Jan 30, 1917
20-UNDERTAKER Root Brooks and Sons	ADDRESS 7 Baltimore St

N.B.—Each question must be answered, and the answer must be as full and complete as possible. If the information given is not sufficient to properly classified. Exact statement of OCCUPATION is very CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1870

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1870

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C.....

CITY OF BALTIMORE: (No..... ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Hearly

(Residence in Baltimore: No. Little Sisters of the Poor St.; 62 yrs., 10 mos. 15 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 14th, 1854
(Month) (Day) (Year)

7-AGE, 62 yrs. 10 mos. 15 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frank Hearly

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Mary Sarsfield

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- JAN 29 1917 HARRY C. ANDREWS
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 29th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from No record, 191, to ....., 191, that I saw h m alive on Jany 28 1917, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

..... Pulmonary Congestion

1 Day (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F A Warner M. D.

Jany 29, 1917. (Address) 1123 Valley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the City ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL, St. Peters Cemetery DATE OF BURIAL, Jan. 31, 191.

20-UNDERTAKER H. C. Wuckfeld ADDRESS 917 Edmondson Ave.

D 1871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

56

D 1871

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1023 N Stricker ST. 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Reese Wallace

(Residence in Baltimore: No. 1023 N Stricker St.; Yrs. Life mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word.)
Male	Col	Single

6-DATE OF BIRTH, Jan 24, 1844 (Month) (Day) (Year)

7-AGE, 72 yrs. mos. da. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William Wallace

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Alice Smith

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) Colored Co Hosp

15-

Filed JAN 29 1917, 191.....

HARRY O. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 28, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

Heart

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. 2 mos. da.

(Signed) Ethelbert Lee M. D.
(Coroner)

Jan 29, 1917 (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State 72 yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Owings St Md

DATE OF BURIAL. Jan 30, 1917

26-UNDERTAKER James H Dennis

ADDRESS 1303 Westman

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1872

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1872

CERTIFICATE OF DEATH.

X 120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Hartnett

(Residence in Baltimore: No. University Hospital St.; — yrs., 1 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1861 (Year)

7-AGE, 56 yrs. — mos. — ds. If LESS than 1 day, — hrs. or — min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Caspar Hartnett

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna Schlagmer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Hartnett

(Address) 2416 Woodbrook Ave

15- HARRY C. ANDREWS

Filed JAN 29 1917 191... Registrar. Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 28, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 6 1916, to Jan 28 1917, that I saw h[illegible] alive on Jan 28 1917, and that death occurred, on the date stated above, at 3.30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

not known

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Anaemia Coma

(Duration) yrs. mos. 4 ds.

(Signed) Frank C. Mason M. D.

1-28-, 1917. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. 1 mos. 23 ds. In the State 56 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence Lake Roland Baltimore Md

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem

DATE OF BURIAL, Jan 30, 1917

20-UNDERTAKER A S Marshall

ADDRESS 2539 Fulton Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1873

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1873

CERTIFICATE OF DEATH.

175

PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital St. 2 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Kris Poleris

(Residence in Baltimore: No. 1706 Thanes st St.; yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Not Known

6-DATE OF BIRTH, Unknown 1 ..... (Month) (Day) (Year)

7-AGE, 24 ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work..... Seaman

(b) General nature of industry, business, or establishment in which employed (or employer)..... Traumatism

9-BIRTHPLACE, (State or Country), Greece

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Peter Nicolaus

(Address) 1046 Eastern Ave

15-

Filed JAN 29 1917, 191..... HARRY C. ADLER Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 28 1917 ....., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) ..... find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism fell of street car

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY..... (Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) J. Barth Dooley (Coroner) M. D.

Jan 29 1917 (Address) 2 Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Fairfield & Read Broadway

Former or usual residence 1706 Thames St

19-PLACE OF BURIAL, OR REMOVAL, Woodlawn

DATE OF BURIAL, Jan 30, 19.7.

20-UNDERTAKER P Nicolaus

ADDRESS 1046 Eastern

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1874 D 1874

CERTIFICATE OF DEATH.

× 120

1-PLACE OF DEATH Md Gen Hosp. REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 8 Linden Ave) Madison ST. 11 WARD)

2-FULL NAME William T. Conklin

(Residence in Baltimore: No. 3437 Leverton St.; ....yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... Jan 10 ....., 1872
(Month) (Day) (Year)

7-AGE, 45 yrs. — mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of Industry, business, or establishment in which employed (or employer)..... Sewer Work

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick Conklin

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Dontsman

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bridget Conklin

(Address) 3437 Leverton St

15- JAN 30 1917 Filed ..... 191.... ROBERT R. KRAUTER Registrar. Burial Permit (Clerk)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 27, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 22 1916, to Jan 27 1917, that I saw h is alive on Jan 27 1917, and that death occurred, on the date stated above, at 11:25 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
General Arterio-Sclerosis
Myocarditis
..... (Duration) yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) yrs. mos. ds.

(Signed) Elmer Nevenner M. D.
Jan 28, 1917. (Address) Md. Gen. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death — yrs. 1 mos. 6 ds. In the State — yrs. mos. ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence 3437 Leverton St

19-PLACE OF BURIAL OR REMOVAL, St. Peters Cem. DATE OF BURIAL, Jan 30, 1917.

20-UNDERTAKER Jno T. Inman ADDRESS Bankstown

N. B.—CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1875

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 - D 1875

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 541 N Broadway ST.; 17 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Goodwin

(Residence in Baltimore: No. 541 N. Broadway St.; yrs., 50 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male
4-COLOR OR RACE: Col'd
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, January, 1866
(Month) (Day) (Year)

7-AGE, 50 yrs. mos. ds.
If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.
10-NAME OF FATHER, Unknown
11-BIRTHPLACE OF FATHER (State or Country), Unknown
12-MAIDEN NAME OF MOTHER Unknown
13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Eliza Griffin
(Address) 541 N Broadway

15- JAN 30 1917 ROBERT R. KRAUTER
Filed....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 28, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

I
Lobar Pneumonia

(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Exhaustion
(Duration) yrs. mos. ds.
(Signed) H. Wilson M. D.
(Coroner.)
Jan 24, 191.7 (Address) 2 E Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State 20 yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence 541 N. Broadway

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn
DATE OF BURIAL, Jan 31 1917

20-UNDERTAKER John H. Toadvine
ADDRESS 142 Russell

No. 8.—Every item of information should be carefully inquired. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1876

CERTIFICATE OF DEATH.

64

D 1876

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1253 Ames ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary L. Brady

(Residence in Baltimore: No. 1253 Ames St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, June 20th, 1861
(Month) (Day) (Year)

7-AGE, 55 yrs. 7 mos. 7 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Henry Snyder

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Calvert

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George H. Brady

(Address) 1253 Ames St. S.

15- Filed JAN 30 1917, 191.... ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 27th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 26 1917, to Jan 27 1917, that I saw h-- alive on Jan 26 1917, and that death occurred, on the date stated above, at 2:20 a.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) 1 yrs. 1 mos. 2 wds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edw Grenet M. D.

Jan 28, 1917 (Address) 247 Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cemetery	Jan. 29th, 1917
20-UNDERTAKER	ADDRESS
Mrs. Jno H. Teufel	218 E. Fayette St

N.B.—CAUSE OF DEATH must be carefully stated. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1877 — 40 — D 1877

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Esther Pressler

(Residence in Baltimore: No. 417 W Fayette St ST.; 73 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Dec 4 (Month) (Day), 1843 (Year)

7-AGE, 73 yrs. 1 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country). Austria Hungary

PARENTS.

10-NAME OF FATHER. Kalman

11-BIRTHPLACE OF FATHER (State or Country). Austria Hungary

12-MAIDEN NAME OF MOTHER Yetta

13-BIRTHPLACE OF MOTHER (State or Country). Austria Hungary

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benjamin Pressler

(Address) 417 W. Fayette St.

15- Filed JAN 30 1917, 191 ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 29 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 30 1916, to Jan 29 1917, that I saw her alive on Jan 29 1917, and that death occurred, on the date stated above, at 5.25 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

X Ray Exam ?

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Louis Ehrgott M. D.

Jan 29, 1917 (Address) Same

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 30 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 417 W Fayette St

Former or usual residence Same

19-PLACE OF BURIAL OR REMOVAL. Hebrew Washington Rd. DATE OF BURIAL. Jan 30, 1917

20-UNDERTAKER J Ahrens & Son ADDRESS 1611 Madison Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Wm R. Jackson

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1978 — 19 — D 1978

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY BALTIMORE (No. 522 N. Fremont St. 19 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William R. Jackson

(Residence in Baltimore: No. 522 N. Fremont St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, July (Month) 4 (Day) 1848 (Year)

7-AGE, 71 yrs. 6 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Contractor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James Jackson

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Mulvaney

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Son

(Address) 2612 N. Fremont

15- Filed JAN 30 1917 191 ROBERT R. KRAUTER Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 28 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) found that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Disease of the Heart

Paralysis 2 yrs

Chronic Nephritis & Arteriosclerosis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D. (Coroner.)

Jan 29, 1917 (Address) 219 N. Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS) INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State Same yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Jan 31, 1917

20-UNDERTAKER Daniel Easton

ADDRESS 916 Penna ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1879

CERTIFICATE OF DEATH.

91 D 1879

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. ST., 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rev. John F. Green

(Residence in Baltimore: No. St. Joseph's Hosp. St.; 60 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1857 (Year)

7-AGE, 76 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clergyman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev. M. F. Foley

(Address) St. Paul's Church

15-

Filed JAN 30 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 29 (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 27 191.. to Jan 29 191.., that I saw him alive on Jan 29 191.., and that death occurred, on the date stated above, at 12.6 p.m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(Duration) 2 yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Pulmonary oedema

(Duration) yrs. mos. 2 ds.

(Signed) William F. Quaile M. D.

Jan 29, 191.. (Address) St Jos. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 6 yrs. mos. ds. In the State 60 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence St. Joseph's Hosp.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cathedral Cem	1-31, 191..
20-UNDERTAKER	ADDRESS
Chas S. Ware & Son	11 Front Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 1880

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1880

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1337 Lemmon St.; 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Clarke

(Residence in Baltimore: No. 1337 Lemmon St.; ....yrs.. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec (Month) 28 (Day), 1878 (Year)

7-AGE 38 yrs. — mos. 30 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Henry Johnson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elena Bolden

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daniel Clarke

(Address) 1327 Lemmon St

15-

Filed JAN 30 1917 191.. ROBERT P. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 27 1916, to Jan 27 1917, that I saw h er alive on Jan 27 1917, and that death occurred, on the date stated above, at 12:30 p.m.

The CAUSE OF DEATH* was as follows:

Coma

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(Duration) ....yrs. 3 mos. ....ds.

(Signed) D B Clarke M. D.

Jan 29, 1917 (Address) 1108 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn — DATE OF BURIAL, Jan 30th, 1917

20-UNDERTAKER John J Conway & Son — ADDRESS 901 Hollins St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1881

CERTIFICATE OF DEATH.

28 D 1881

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 212 E Barney St.; 22 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Ellsworth Oakley

(Residence in Baltimore: No. 212 E Barney St.; 3 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, not known (Month) (Day), 1860 (Year)

7-AGE, 56 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Columbus Chaney

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James H Oakley

(Address) 212 E Barney St

15-

Filed JAN 30 1917 101

ROBERT R. KRAUTER
Burial Permit Clerk
Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 28 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 25 1917, to Jan 28 1917, that I saw her alive on Jan 28 1917, and that death occurred, on the date stated above, at 11.25 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

not known (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(Duration) yrs. mos. ds.

(Signed) Wm L Little M. D.

1/29, 1917 (Address) 1319 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Olivet Church Cemetery — DATE OF BURIAL, FEB 1 1917

20-UNDERTAKER ARMSTRONG-DENNY CO. — ADDRESS 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FIFTY

D 1882

HEALTH DEPARTMENT–CITY OF BALTIMORE

CERTIFICATE OF DEATH

720 D 1882

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital St.: 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Anna Barbara Keilbar

(Residence in Baltimore: No. 2608 E. Monument St.: 23 yrs. 1 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Dec. (Month) 5 (Day), 1893 (Year)

7-AGE: 23 yrs. 1 mos. 23 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housekeeping
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: George Keilbar

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Anna Fieker

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Henry Bausch
(Address) 2608 E. Monument St.

15- Filed JAN 30 1917 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan. (Month) 28 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 10th, 1916, to Jan. 28 1917, that I saw h.er alive on Jan. 28, 1917, and that death occurred, on the date stated above, at 9.25 A.m.

The CAUSE OF DEATH* was as follows:
Hypertension and Chronic Interstitial nephritis

(Duration) Dont Know yrs. ..... mos. ..... ds

Contributory (SECONDARY) Pulmonary Oedema

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Norwood W. Voce M. D.
Jan. 28, 1917. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ..... yrs. 3 mos. 17 ds. In the State 23 yrs. 1 mos. 23 ds.
Where was disease contracted, if not at place of death? Not known
Former or usual residence 2608 E. Monument St.

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cem. DATE OF BURIAL: Jan 31, 1917

20-UNDERTAKER: H. Sander Sons ADDRESS: 410 Park St

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1883

CERTIFICATE OF DEATH.

170 D 1883

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1000 Eastern Ave ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Kamps

Residence in Baltimore: No. 1000 Eastern Ave St.; 47 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, August 18th, 1850
(Month) (Day) (Year)

7-AGE, 66 yrs. 5 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Grocer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Storekeeper

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Kamps

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Hermana Langhorst

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Kamps

(Address) 1000 Eastern Ave

15.

Filed JAN 30 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 28th, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 19th 1916, to Jan. 28 1917, that I saw him alive on Jan. 25 1917, and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis (Cardiac)
due to Uraemia Condition
Chronic Interstitial Nephritis 3 years
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Dropsy (Abdominal and Lower extremity) (Duration) yrs. 4 mos. 9 ds.

(Signed) John H. Kelberger M. D.

Jan 30, 1917. (Address) 1707 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Jan. 31, 1917

20-UNDERTAKER H. Sander Sons ADDRESS 170 Park Ave

Alonza Beuham

1884

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 1884

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 909 Druid St ST. W WARD)

2-FULL NAME Alonza Beuham

(Residence in Baltimore: No. 909 Druid St

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs., mos.... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) ....., 1 ..... (Day) (Year)

7-AGE, 50 ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... General

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ursilla Felicia Shelton

(Address) Bond & Broadway

15-JAN 30 1917 ROBERT R. KRAUTER

Filed....., 191.... Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 27, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Simon Lynn Ford M. D.
(Coroner)

Jan 27, 1917. (Address) 1510 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Carmel

DATE OF BURIAL, Jan. 30, 1917

20-UNDERTAKER H. Sanders & Sons

ADDRESS 1710 Eutaw St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1885

CERTIFICATE OF DEATH.

1 D 1885

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Asquith & Ashland Ave St. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sister M Guitgordes Schmidt

(Residence in Baltimore: No. Notre Dame Convent Asquith & Ashland Ave St.; 22 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH. September 15, 1868
(Month) (Day) (Year)

7-AGE. 48 yrs. 4 mos. 13 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Religious

9-BIRTHPLACE. (State or Country). Philadelphia Pa

PARENTS.

10-NAME OF FATHER. Geo. Schmidt

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Johanna Collins

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Clarissa

(Address) Asquith & Ashland Ave

15-

JAN 30 1917

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. January 28, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 27 1916, to Jany 28 1917, that I saw h[er] alive on " 27 1917, and that death occurred, on the date stated above, at 11½ m.

The CAUSE OF DEATH* was as follows:

Dysentery

Bronchopneumonia

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Valvular Disease

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Storey M. D.

Jany 29, 191 7. (Address) 110 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 4 mos. ..... ds. In the State 22 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Asquith & Ashland Ave

Former or usual residence Asquith & Ashland Ave

19-PLACE OF BURIAL OR REMOVAL. Notch Cliff Md. DATE OF BURIAL. Jan. 31, 191 7

20-UNDERTAKER Frank C Fink ADDRESS 913 N Gay St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1886

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 D 1886

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 S Fremont ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alfred Meier

(Residence in Baltimore: No. 907 S Fremont St. 25 yrs. 4 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: October 6, 1891 (Month) (Day) (Year)

7-AGE: 25 yrs. 3 mos. 21 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Bottler in brewery
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Maryland Balto

PARENTS

10-NAME OF FATHER: Frederick Meier

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Catherine Meilack

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frederick Meier

(Address) 907 S Fremont

15- Filed JAN 30 1917 ROBERT R. KRAUTER Capital Records Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 24, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 5, 1917, to, January 24 1917, that I saw ~~him~~ alive on January 26 1917, and that death occurred, on the date stated above, at 1038 m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(Duration) ..... yrs ..... mos. 14 ds.

Contributory (SECONDARY) Pulmonary Tuberculosis

(Duration) ..... yrs 3½ mos. from history

(Signed) G D Ruston M.D.

1/29/17 [Address] 301 E Cross St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Jan 31 1917

20-UNDERTAKER: E H B Hunter — ADDRESS: 116 E West St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1887

CERTIFICATE OF DEATH.

92 D 1887

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 Askew St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME, Hattie Eves

(Residence in Baltimore: No. 1409 Askew St. St.; ..yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, [illegible] 1872 (Month) (Day) (Year)

7-AGE, 45 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION;
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): Pd Occupation

9-BIRTHPLACE, (State or Country), md

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph a Farrell

(Address) 2319 Division St

15-

Filed JAN 30 1917, 191.. ROBERT P. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 28, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 27 1917, to Jan 28 1917, that I saw h[illegible] alive on Jan 28 1917, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ..yrs. ..mos. ..ds.

(Signed) Richard L. Eastinger M. D.

Jan 28, 1917 (Address) 1514 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel cemetery — DATE OF BURIAL, Jan 30, 1917

20-UNDERTAKER Joseph a Farrell — ADDRESS 2319 Division

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1888

CERTIFICATE OF DEATH.

92 D 1888

REGISTERED NO. C

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME Nathan White

(Residence in Baltimore: No. 343 W Biddle St ST.: 36 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX: Male

4—COLOR OR RACE: Negro

5—SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6—DATE OF BIRTH, April (Month) 3 (Day) 1880 (Year)

7—AGE, 36 yrs. 9 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8—OCCUPATION: (a) Trade, profession, or particular kind of work: Laborer (b) General nature of industry, business, or establishment in which employed (or employer): General

9—BIRTHPLACE, (State or Country): S. Carolina

PARENTS.

10—NAME OF FATHER, Henry White

11—BIRTHPLACE OF FATHER (State or Country), S. Carolina

12—MAIDEN NAME OF MOTHER Wende Harris

13—BIRTHPLACE OF MOTHER (State or Country), S. Carolina

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary White

(Address) 343 W Biddle St

15—Filed JAN 30 1917 191 ROBERT E. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, Jan (Month) 28 (Day), 1917 (Year)

17—I HEREBY CERTIFY, That I attended deceased from Jan 23 1917, to Jan 28 1917, that I saw h alive on Jan 28 1917, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) yrs. mos. 5 ds.

(Signed) Jno E Mercer M. D.

1/28/ 191 7 (Address) Mercy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 343 W Biddle

Former or usual residence Same

19—PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL Jan 30 1917

20—UNDERTAKER Joseph A Harrod — ADDRESS 2309 Division St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1889

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 D 1889

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. ~~[illegible]~~ 780 W. Mulberry St (WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary H Soles

Residence in Baltimore: No. 780 Mulberry St.: yrs. 39 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: December 7, 1873 (Month) (Day) (Year)

7-AGE: 44 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: ? Tuckson

11-BIRTHPLACE OF FATHER (State or country): ? Tuckson

12-MAIDEN NAME OF MOTHER: Adeline Johnson

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Robert C Soles
(Address) 780 Mulberry St

15. Filed JAN 30 1917 ROBERT E. KRAUTER Registrar
Burial Permit

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 29, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1916, to Jan 29 1917, that I saw h Dr alive on Jan 27, 1917, and that death occurred, on the date stated above, at 4.20 p m.

The CAUSE OF DEATH* was as follows:
Bronchial Asthma
Complicated with Mitral Stenosis

Contributory (SECONDARY) (Duration) ? yrs. ? mos. ? ds
under treatment

(Signed) J C Stewart M. D.
Jan 27 1917 (Address) 1003 Wyoth Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery
DATE OF BURIAL: Jan 31st 1917

20-UNDERTAKER: Joseph A Farrell
ADDRESS: 2319 Division

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1890

CERTIFICATE OF DEATH.

15 D 1890

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 E. 25th ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David A Zeller Jr

(Residence in Baltimore: No. 1610 E 25th St.; ....yrs., 1 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH. dec. 28, 1916
(Month) (Day) (Year)

7-AGE. ....yrs. 1 mos. 1 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. md

PARENTS.

10-NAME OF FATHER, David A Zeller

11-BIRTHPLACE OF FATHER (State or Country), Carroll Co. md.

12-MAIDEN NAME OF MOTHER Lillian A. Easterfield

13-BIRTHPLACE OF MOTHER (State or Country), Balto. md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. David A Zeller

(Address) 1610 E 25th St.

15- Filed JAN 30 1917, 191.. ROBERT T. REUTER Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 29, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 28 1916 to Jan 29 1917, that I saw h alive on Jan 29 1917, and that death occurred, on the date stated above, at 2-0 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. 3 mos. ....ds.

(Signed) [illegible] M. D.

1-29, 191.. (Address) 413 N. Wolfe St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Jan 30, 191..

20-UNDERTAKER Henry Hasch Son

ADDRESS 1301 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 1891

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 806 N. Port St.; WARD) REGISTERED NO. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anne Stocky

Residence in Baltimore: No. 800 N. Port St. St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January 24, 1896 (Month) (Day) (Year)

7-AGE, 21 yrs. mos. 7 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Vaclav Bronj

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Anna Zitnik

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert M. Hocky

(Address) C. O. 806 N. Port St.

15-

Filed JAN 30 1917, 191 ROBERT P. KRAUTER Deputy Register Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 28, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1917, to Jan 28 1917, that I saw h[illegible] alive on Jan 28 1917, and that death occurred, on the date stated above, at 8:30 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(Duration) yrs. mos. ds.

(Signed) W. H. Power M. D.

Jan 29 1917 (Address) 200 Baker St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Hill Cem — DATE OF BURIAL, Jan 30, 1917

20-UNDERTAKER Geo M. Frank — ADDRESS 811 N Wolfe

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1892

CERTIFICATE OF DEATH.

D 1892

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1245 Light (St.) 23 (Ward) 20

REGISTERED No. C

2-FULL NAME Mary Louise Aschemeier.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1245 Light St. 44 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, Dec 4, 1837 (Month) (Day) (Year)

7-AGE, 79 yrs. 1 mos. 24 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Julius Lampe

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Dont Know

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles H. Aschemeier.

(Address) 1245 Light St.

15-

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 28, 1917 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from July 1 1916, to Jan 28 1917, that I saw her alive on Jan 28 1917, and that death occurred, on the date stated above, at 1.45 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

from history (Duration) 1 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John H. Gershaw M. D.

Jan 28, 1917 (Address) 3100 Hartford Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Frederick Rd — DATE OF BURIAL, Feby 1, 1917

20-UNDERTAKER William Cook — ADDRESS 526 Mott

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1305 Light St Dr Gresham.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 1893

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1524 N Dallas St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel Walker

(Residence in Baltimore: No. 1524 N Dallas St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-~~STATUS~~, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug 7, 1884. (Month) (Day) (Year)

7-AGE, 32 yrs. 5 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Servant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto County

PARENTS.

10-NAME OF FATHER, James Hawkins

11-BIRTHPLACE OF FATHER (State or Country), Balto County

12-MAIDEN NAME OF MOTHER Alice Brown

13-BIRTHPLACE OF MOTHER (State or Country), Balto County

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gilbert James

(Address) 1524 N Dallas

15- ROBERT B. KRAUTER

Filed JAN 30 1917 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 27, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1916, to Jan 27 1917, that I saw her alive on Jan 26 1917, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) .....yrs. .....mos. 6 ds.

CONTRIBUTORY (Secondary) Uremia

..... (Duration) .....yrs. .....mos. 1 ds.

(Signed) Alex D Bagl M. D.

1/27, 191 7 (Address) 709 Eddwood

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, Jan 30, 1917

20-UNDERTAKER Wm Cook

ADDRESS 1502 Hack St

N. B. ENTRIES must be made in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 1894

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Lapperstein

(Residence in Baltimore: No. 204 S. Eden St St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown 1 (Month) (Day) (Year)

7-AGE, 66 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Alex —

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Fannie Fass

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nathan Lapperstein

(Address) 1218 E Baltimore St

15- JAN 30 1917 ROBERT R. KRAUTER

Filed....., 191.... ....., Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 30, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 17 1917, to Jan 30 1917, that I saw h es alive on Jan 30 1917, and that death occurred, on the date stated above, at 6.45 a m.

The CAUSE OF DEATH* was as follows:

Leucocytosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 14 ds.

(Signed) Julius Eliasoph M. D.

1/30/, 191.7. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 18 ds. In the State 12 yrs. mos. ds.

Where was disease contracted, if not at place of death? 204 Eden St

Former or usual residence Same

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rel. DATE OF BURIAL, Jan 30, 1917

20-UNDERTAKER M. J. Lennon & Son ADDRESS 1107 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 1895

CERTIFICATE OF DEATH.

80 D 1895

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3501 Hartford Ave ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edwin J. Lake

(Residence in Baltimore: No. 3501 Hartford Ave St.; 64 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED,~~ (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) ..... (Year)

June 22 1854

7-AGE, 62 yrs. 11 mos. 6 ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Grocer
(b) General nature of industry, business, or establishment in which employed (or employer): Grocery Store

9-BIRTHPLACE, (State or Country), New Jersey. Monmouth Co

PARENTS.

10-NAME OF FATHER, John B. Lake

11-BIRTHPLACE OF FATHER (State or Country), New Jersey

12-MAIDEN NAME OF MOTHER Mary Bennett

13-BIRTHPLACE OF MOTHER (State or Country), New Jersey

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maynard E. Lake

(Address) 3411 Harford Rd

15- JAN 30 1917

Filed ....., 191.....

ROBERT E. REMPP
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 28th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 14th 1917, to Jan 28th 1917, that I saw him alive on Jan 26th 1917, and that death occurred, on the date stated above, at 10.30 m.

The CAUSE OF DEATH* was as follows:

Pneumonia
Angina Pectoris
..... (Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Cardiac Failure
..... (Duration) ..... yrs. ..... mos. 2 Wks.

(Signed) Robert L. Kurtz M. D.

Jan 28th, 191 7. (Address) 2126 Harford Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn | DATE OF BURIAL, Jan 31., 191 7.

20-UNDERTAKER Wm. Cook | ADDRESS 502 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12

76 317

Spec.—8-24-14—M. & T.—2000 Bks.

D 1896

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

78 D 1896

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank McDonald

(Residence in Baltimore: No. 808 Winston Ave. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, January, 29, 1862
(Month) (Day) (Year)

7-AGE, 54 yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George McDonald.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Barbara Pilch.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hosp. Dr. Ca

(Address) University Hosp.

15- JAN 30 1917 ROBERT B. REUTER. Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January, 29, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 4 1917, to Jan 29 1917, that I saw him alive on Jan 29 1917, and that death occurred, on the date stated above, at 3.45 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism

.....

.....

..... (Duration) ....yrs. ....mos. unknown ds.

CONTRIBUTORY (Secondary) Myocarditis

..... (Duration) ....yrs. ....mos. unknown ds.

(Signed) C. A. Reifschneider M. D.

1-29, 191.7. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 5 ds. In the State Life yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 808 Winston Ave.

19-PLACE OF BURIAL OR REMOVAL, St Marys Govans — DATE OF BURIAL, Jan 31, 191.7.

20-UNDERTAKER Wm Cook — ADDRESS 502 E North

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1897 10 D 1897

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2315 E Lafayette Ave ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamie E Groeninger

(Residence in Baltimore: No. 2315 E Lafayette St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, April (Month) 25 (Day), 1865 (Year)

7-AGE, 51 yrs. 9 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER, Joseph Nieman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Teresa Pottgieser

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo F Groeninger

(Address) 2315 E Lafayette Ave

15- Filed JAN 30 1917, 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 28 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 21 1917, to Jan 28 1917, that I saw her alive on Jan 26 1917, and that death occurred, on the date stated above, at 3 p m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Influenza a La Grippe

(Duration) ....yrs. ....mos. 5 ds.

(Signed) C Reisert M. D.

Jan 28, 191.7 (Address) 1305 N Patterson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cem.	Jan 31, 191.7
20-UNDERTAKER,	ADDRESS
H. J. McDermott	1422 Light St.

N. B.—Every item of information should be carefully supplied. Avoid the use of general terms. Where a disease is peculiar to one sex, or occurs chiefly at a certain age, this should be stated. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1898

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1898

CERTIFICATE OF DEATH.

REGISTERED No. C 23 74

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1126 S.Charles St. St.: [illegible] WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Schoenhaar.

(Residence in Baltimore: No. 1126 S.Charles St. St.; yrs. 50 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	White.	Widower.

6-DATE OF BIRTH, September 1st. 1847., 1 (Month) (Day) (Year)

7-AGE, 69 yrs. 4 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer): Street Sweeper

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Do not know.

11-BIRTHPLACE OF FATHER, (State or Country). Do not know.

12-MAIDEN NAME OF MOTHER, Do not know.

13-BIRTHPLACE OF MOTHER, (State or Country). Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Charles Schoenhaar.(nephew)
(Address) 1126 S.Charles St.

15-
Filed JAN 30 1917, 191.... ROBERT P. KRAUTER
Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 29th. 1917., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Geo. W. Reinhardt M. D. (Coroner)

Jan.30.1917. (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cem. DATE OF BURIAL, Jan [illegible], 1917.

20-UNDERTAKER H. & M. H. Flynn ADDRESS 1422 Light

Spec.—8-24-14—M. & T.—2000 Bks.

D 1899

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100 D 1899

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 5 E. Barney St.; 5 WARD)
REGISTERED NO. C
2-FULL NAME Winifred A Burns
(Residence in Baltimore: No. 5 E. Barney St.; 1 yrs., 7 mos. 3 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Female	White	Single

6-DATE OF BIRTH, June (Month) 27 (Day), 1915 (Year)

7-AGE, 1 yrs. 7 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Dwight Burns

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Ethel Griffin

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Dwight Burns
(Address) 5 E Barney St

15-
Filed....., 191.....
JAN 30 1917 ROBERT E. KRAUTER
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 30 (Month) (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan 27 1917 to Jan 30 1917, that I saw her alive on Jan 29 1917, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:
Gastro Enteritis
Following Convulsions
Removal of Tonsils & Adenoids
(Duration) yrs. mos. 2 ds.
CONTRIBUTORY (Secondary)
(Duration) yrs. 1 mos. ds.

(Signed) [redacted] M. D.
Jan 30, 1917. (Address) [redacted]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, Feb. 1, 1917

20-UNDERTAKER J. W. Flynn — ADDRESS 1112 Light St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1900 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 1900

CERTIFICATE OF DEATH. 10

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 8) Franklin Square Hospital (St.) (Ward)
REGISTERED No. C
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pearce Kintzing
(Residence in Baltimore: No. 1321 N. Charles St (St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married
6-DATE OF BIRTH, Jan 31 (Month) 51 (Day) 1861 (Year)
7-AGE, 56 yrs. mos. ds.
If LESS than 1 day, hrs. or min.?
8-OCCUPATION:
(a) Trade, profession, or particular kind of work Physician
(b) General nature of industry, business, or establishment in which employed (or employer)
9-BIRTHPLACE, (State or Country), Penna.

PARENTS.
10-NAME OF FATHER, J. E. Kintzing
11-BIRTHPLACE OF FATHER (State or Country), Penna
12-MAIDEN NAME OF MOTHER Mary A. Dunn
13-BIRTHPLACE OF MOTHER (State or Country), Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) J. E. Kintzing
(Address) Lock Haven Pa.

15-
Filed JAN 30 1917 191
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 191, to Jan 30 1917, that I saw him alive on Jan 30 1917, and that death occurred, on the date stated above, at 12.27 P.M.
The CAUSE OF DEATH* was as follows:
Septic Phlebitis
(Duration) yrs. mos. 6 ds.
CONTRIBUTORY (Secondary) Media & Pleurisy
(Duration) yrs. mos. 15 ds.
(Signed) Wm Mohr M. D.
Jan 30, 1917. (Address) 2935 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 5 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death? Residence
Former or usual residence 1321 N. Charles

19-PLACE OF BURIAL, OR REMOVAL, Lock Haven Pa. DATE OF BURIAL, Jan 31st, 1917.
20-UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Wolfe

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-21-14—M. & T.—2000 Bks.

D 1901

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119 D 1901

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 955 N Washington ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vaclav Pich

(Residence in Baltimore: No. 955 N Washington St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Widower

6-DATE OF BIRTH, Not Known ....., 1 ..... (Month) (Day) (Year)

7-AGE, 54 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Bohemia

PARENTS.

10-NAME OF FATHER, Vojtech Pich

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Marie Benes

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Conrad

(Address) 966 N Washington St

15-

Filed JAN 30 1917, 191.....

HARRY C. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 28, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 5. 1917, to Jan 28 1917, that I saw h[illegible] alive on Jan 29 1917, and that death occurred, on the date stated above, at 1450 m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis
(Contributory to Exhaustion)

(Duration) 3 yrs. mos. 26 ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy

(Duration) yrs. mos. 1 ds.

(Signed) Wilbur H Davis M. D.

Jan 29 191.7 (Address) 2008 E Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Jan 31, 1917.

20-UNDERTAKER Grant Crackston — ADDRESS 1906 E Lanvale St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1902

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

154 D 1902

REGISTERED No. C

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 773 W Lexington ST. 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Sarah Tissenbaum

(Residence in Baltimore: No. 773 W Lexington St St.; 18 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARK PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6. DATE OF BIRTH: Unknown (Month) (Day), 1855 (Year)

7. AGE: 62 yrs. — mos. — ds. If LESS than 1 day, hrs. or mts.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9. BIRTHPLACE (State or country): Russia

PARENTS

10. NAME OF FATHER: Abraham

11. BIRTHPLACE OF FATHER (State or country): Russia

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or country): Russia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) S. Lewis

(Address) 1411 E Baltimore St

15. JAN 30 1917 Filed ....., 191.... HARRY C. ANDERSON Special Deputy Clerk REGISTRAR

Sarah Tissenbaum

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 30 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug., 1916, to Jan. 1st, 1917, that I saw h[illegible] alive on Jan 29, 1917, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

General Debility ?

(Duration) yrs. mos. ds

Contributory (SECONDARY) Exhaustion

(Duration) yrs. mos. 14 ds.

(Signed) Harry Goldberg M. D.

1/30, 1917 (Address) 2031 W Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Hebrew Int Carmel — DATE OF BURIAL: 1/31, 191 7

20. UNDERTAKER: Jacob Lewis — ADDRESS: 1411 E Baltimore

Spec.—8-24-14—M. & T.—2000 Blks.

D 1903

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1903

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3325 Chestnut Avenue. ST.; 13 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Lucabaugh

(Residence in Baltimore: No. 3325 Chestnut Avenue. St.; 20 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	white	Widow

6-DATE OF BIRTH, June 24 (Month), (Day) 1828 (Year)

7-AGE, 88 yrs. 7 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore. Co. Md

PARENTS.

10-NAME OF FATHER, John Saubl

11-BIRTHPLACE OF FATHER (State or Country), Carroll Co. Md.

12-MAIDEN NAME OF MOTHER, Elizabeth Schaffer

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mr. Daniel Krebs
(Address) 3325 Chestnut Avenue

15-
Filed JAN 30 1917, 191...
HARRY C. ANDR...
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1/25 1917, to 1/30 1917, that I saw her alive on 1/30 1917, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Bronchia Pneumonia
(Contributory History)
(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Debility
(Duration) yrs. mos. ds.

(Signed) Geo. W. Dorsett M. D.
1/30, 1917 (Address) 2020 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lincoln Torro Md. DATE OF BURIAL, Feb 2 1917

20-UNDERTAKER A.S. Marshall ADDRESS 3539 Falls Road

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-24-14—M. & T.—2000 Bks.

D 1904

HEALTH DEPARTMENT—CITY OF BALTIMORE

40 D 1904

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2761 Tivoly Ave. ST.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah E. Miller

(Residence in Baltimore: No. 2761 Tivoly Ave. St.; ....yrs., 6 mos. ....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Sept (Month) 28 (Day) 1843 (Year)

7-AGE, 73 yrs. 4 mos. I ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Uniontown Md.

PARENTS.

10-NAME OF FATHER, George Warner

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sarah Schup

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Guy Eavey
(Address) 2761 Tivoly Ave.

15- Filed JAN 30 1917, 191.... HARRY C. ANDR... Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 30th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10 1916, to January 30th 1917, that I saw h er alive on January 30th 1917, and that death occurred, on the date stated above, at 2.15 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(Duration) yrs. 6 mos. 20 ds.

CONTRIBUTORY (Secondary) Exhaustion Clinical

(Duration) yrs. mos. ds.

(Signed) Geo G Eaves M. D.

Jan. 30th, 1917. (Address) 1000 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Middleburg Md.	Feb. 1 1917
20-UNDERTAKER	ADDRESS
A.S.Marshall	3539 Falls Road

Spec.—8-24-14—M. & T.—2000 Bks.

D 1905

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D 1905

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 3465 Hickory Ave ST.; 13 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 14.)

2-FULL NAME Myrtle George Parrish

(Residence in Baltimore: No. 3465 Hickory Ave. St.; Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, April (Month) 23 (Day) 1916 (Year)

7-AGE, 9 yrs. 5 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Harry C. Parrish

11-BIRTHPLACE OF FATHER (State or Country), Carroll Co. Md.

12-MAIDEN NAME OF MOTHER Myrtle F. Shauck

13-BIRTHPLACE OF MOTHER (State or Country), Carroll Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
Harry G Parrish (Informant)
3465 Hickory Ave. (Address)

15-
Filed JAN 30 1917, 191
HARRY C. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 28 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 27 1917, to June 28 1917, that I saw h[illegible] alive on June 28 1917, and that death occurred on the date stated above, at 8:15 m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. H. D[illegible] M. D.

Jun 29, 1917. (Address) 3843 Lochearn

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge
DATE OF BURIAL, Jan. 31 1917

20-UNDERTAKER A.S.Marshall
ADDRESS 3539 Falls Road

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1906

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1906

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 Md General Hospital St., WARD)

2-FULL NAME John D. Berryman

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Residence in Baltimore: No. Md General Hospital St.; — yrs. — mos. 4 ds.)

REGISTERED NO. C.....

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June (Month) ....., 1884 (Year)

7-AGE, 32 yrs. 7 mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, W. H. Berryman

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Sallie F. Berryman (cousin)

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. M. Berryman

(Address) Prince Wm Co. Va

15-

Filed JAN 30 1917 HARRY O. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 30, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 26 1917, to Jan 30 1917, that I saw him alive on Jan 30 1917, and that death occurred, on the date stated above, at 7.30 A.M.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Accidental Diabetes

Coma (Duration) ....yrs. ....mos. 1 ds.

(Signed) Elmer Wiseman M. D.

1-30-, 1917. (Address) Md General Hospt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Allerton Md.

19-PLACE OF BURIAL, OR REMOVAL, Woodlawn Va 1/31/17 DATE OF BURIAL, ..., 1917.

20-UNDERTAKER C. A. Fitzpatrick ADDRESS 2433 N. Howard

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1907

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

D 1907

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital St.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Rebecca Sacks

(Residence in Baltimore: No. 1072 Granby St.: 4 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Jan. (Month) 25 (Day), 1854 (Year)

7 AGE: 63 yrs. 0 mos. 5 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9 BIRTHPLACE (State or country): Russia

PARENTS

10 NAME OF FATHER: Morris Herr

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: Bessie Snyder

13 BIRTHPLACE OF MOTHER (State or country): Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Lewis

(Address) 1411 E Balto St

15. Filed JAN 31 1917, 19.. ROBERT B. KRAUTER DEPUTY REGISTRAR REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan. (Month) 30 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1917, to Jan. 30 1917, that I saw h er alive on Jan. 30, 1917, and that death occurred, on the date stated above, at 8 40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) yrs. 6 mos. ds

Contributory (SECONDARY) Cerebral Hemorrhage followed by acute Cardiac Dilatation

(Duration) yrs. mos. 8 ds.

(Signed) H. N. Voss M. D.

Jan. 30, 1917 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 6 ds. In the State 14 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Not Known

Former or usual residence 1072 Granby St.

19 PLACE OF BURIAL OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL: 1/30, 1917

20 UNDERTAKER: Jack Lewis — ADDRESS: 1411 E Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1908 — 8 — 9 — D 1908

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1838 Eastern ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Ellsworth Martin

(Residence in Baltimore: No. 1838 Eastern ave St.; Like yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Dec 2, 1906
(Month) (Day) (Year)

7-AGE, 10 yrs. 1 mos. 25 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER, John B. Martin

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Ida E. Hamlin

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John B. Martin

(Address) 1838 Eastern Ave

15- JAN 31 1917 ROBERT B. KRAUTER
Filed....., 191.... DEPUTY REGISTRAR. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 31st, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 22 1917, to January 31 1917, that I saw h... alive on January 30 1917, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

I. Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) [illegible] M. D.

January 31st, 1917. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, Jan. 31, 1917.

20-UNDERTAKER True Cook ADDRESS 1016 North ave

1 P. M.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1909

CERTIFICATE OF DEATH.

28 D 1909

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 N. Calvert ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Jane Crawford

(Residence in Baltimore: No. 1126 N. Calvert St.; 26 yrs., ? mos., ? ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, November (Month) 11th (Day) 11., 1855 (Year)

7-AGE, 61 yrs. 2 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... none

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Ross Campbell

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Eliza J. Swan

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Ross C Bayne

(Address) 726 W 78th St NY

15-

Filed JAN 31 1917, 191.... ROBERT R. KRAUTH Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 28 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 10 1917, to Jan 28 1917, that I saw h[illegible] alive on Jan 28 1917, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Laryngeal tuberculosis

(Duration) 1a. yrs. mos. ds.

CONTRIBUTORY (Secondary) [illegible]

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Jan 30, 1917 (Address) 1007 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ✓ yrs. ✓ mos. ✓ ds. In the State ✓ yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence ✓

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Jany 31st, 1917

20-UNDERTAKER Edward W Mowen Co

ADDRESS 408 W. North Ave

Spec.—S-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1910 92 D 1910

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Jones

(Residence in Baltimore: No. 617 Boston St.; 35 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) single

6-DATE OF BIRTH, January (Month); 1 (Day); (Year)

7-AGE, 35 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Longshoreman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Charles Jones

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Charlotte Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Leonard Sta. Jones

(Address) 617 Boarlton St

15- JAN 31 1917 Filed, 191. ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 29th (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 29 191 7, to Jan 29 191 7, that I saw h[illegible] alive on Jan 29 191 7, and that death occurred, on the date stated above, at 9.50 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

1/30/, 191. 7 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 35 yrs. mos. ds.

Where was disease contracted, if not at place of death? 617 Boston St

Former or usual residence Same

19-PLACE OF BURIAL OR REMOVAL, [illegible] Auburn Cemetery

DATE OF BURIAL, Jan. 30 1917.

20-UNDERTAKER Charles B Jones

ADDRESS 235 N. Pine St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1911

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1911

CERTIFICATE OF DEATH.

180

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1017 Druid Hill Av. ST.; 11 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte Francis Johnson

(Residence in Baltimore: No. 1017 Druid Hill Av St.; ..... yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Widow

6-DATE OF BIRTH, Unknown ....., 1850
(Month) (Day) (Year)

7-AGE, 66 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Maid & Nurse
(b) General nature of industry, business, or establishment in which employed (or employer)..... Col Home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. James H Johnson

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Elizabeth Grant

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Elizabeth Dulaney

(Address)..... 1017 N Fulton Ave

15- JAN 31 1917 ROBERT B. KRAUTER

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... 1 ..... 28 ....., 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 24 1917 to Jan. 28 1917, that I saw her alive on Jan. 28 1917, and that death occurred, on the date stated above, at 11.50 a m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

abscess

(Duration) ..... yrs. 9 mos. ..... ds.

CONTRIBUTORY (Secondary) Right Hemiplegia

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) Jno. H. Townsend M. D.

Jan 29, 1917. (Address) 1019 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Jan 31, 191
20-UNDERTAKER	ADDRESS
Lauer & Merkley	N Howard St

B 1912

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 1912

1-PLACE OF DEATH — REGISTERED No. C. 120

CITY OF BALTIMORE: (No. 2010 Division St.; WARD) 14

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 12.)

2-FULL NAME Florence G. Collins

(Residence in Baltimore: No. 2010 Division St.; 36 yrs. 6 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: June 19th 1880 (Month) (Day) (Year)

7-AGE: 36 yrs. 6 mos. 10 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: Charles Graham

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Annie Cole

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Edith Wilson

(Address) 2010 Division St.

15- Filed JAN 31 1917 191

ROBERT P. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 29 (Month) (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 23, 1916, to, Jan 29 1917, that I saw h[er] alive on Jan 28 1917, and that death occurred, on the date stated above, at 1.35 P. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) yrs 6 mos ds

Contributory (SECONDARY)

(Duration) yrs mos ds.

(Signed) H S Mc Aard M. D.

Jan 30, 1917 [Address] 2008 Hillen

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Zion Cemetery — DATE OF BURIAL: Jan 31 1917

20-UNDERTAKER: George W Holland — ADDRESS: 512 Robert St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

D 1913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

184 D 1913

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PLACE OF DEATH

CITY OF BALTIMORE (No. 1005 - Guilford Av ST.: 11 WARD)

FULL NAME Albert (or Alfred) Tucker

(Residence in Baltimore: No. 136 W. Hoffman St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, unknown, 1 (Month) (Day) (Year)

7-AGE, 9 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Jno Tucker

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Annie Sommerville

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Tucker

(Address) 136 W Hoffman

15- Filed JAN 31 1917, 191. ROBERT B. KRAUTER Registrar. Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 4, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held Inquest and Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest and Autopsy (Inquest, autopsy or inquiry) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

"Fractured skull — caused by blunt instrument in hands of Major Bladden" 1 Homicide (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) W. D. Riley (Coroner) M. D.

Jan 31, 1917 (Address) 1632 Bruce

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Centre Cem. DATE OF BURIAL, Jan 31, 1917

20-UNDERTAKER, Sammy Blankey ADDRESS 5 Fulton Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 1914

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

D 1914

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 Md General Hosp St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Teresa Scott

(Residence in Baltimore: No. 1721 Druid Hill St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH, ... January ... 2 ..., 1 ... (Month) (Day) (Year)

7-AGE, 39 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... House work
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Allen White

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Clara Smith

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Dobson

(Address) 258 Canal

15- Filed JAN 31 1917 ROBERT P. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June ... 30 ..., 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 25 1917, to June 30 1917, that I saw her alive on June 30 1917, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Septic Intoxication

(Duration) ... yrs. ... mos. 5 ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Edward Hartman M. D.

1 30, 1917 (Address) 1st General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 5 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1721 Druid Hill

19-PLACE OF BURIAL OR REMOVAL, Richmond Va — DATE OF BURIAL, Jan 31 1917

20-UNDERTAKER, Samuel S Hemsley — ADDRESS 1718 Druid Hill

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-2v-14—M. & T.—2000 Bks.

D 1915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 D 1915

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 N. Collington Avenue ST.; 6 WARD)

2-FULL NAME Catherine Amon.

(Residence in Baltimore: No. 410 N. Collington avenue St.; 73 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, May 29th, 1841.
(Month) (Day) (Year)

7-AGE, 75 yrs. 8 mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Not any
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Adam Imay

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Amon

(Address) 410 N. Collington avenue

15-Filed JAN 31 1917, 191.... ROBERT P. KRAUTER, Registrar.

Burial Permit Work

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 29th, 1917.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan 25th 1917, to Jan 28th 1917, that I saw h-r alive on Jan 29th 1917, and that death occurred, on the date stated above, at 6.10 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 1 yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (Duration) 2 yrs. — mos. — ds.

(Signed) Patrick J. Sullivan M. D.

Jan 30th, 191.. (Address) 917 N. Fulton av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Feb 1..., 1917.

20-UNDERTAKER Wendell Ripple & Son — ADDRESS 37 S. Linn St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1916

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 1916

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1187 Cleveland ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herbert Gosnell

(Residence in Baltimore: No. 1187 Cleveland St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Nov. 19th 1874 1874
(Month) (Day) (Year)

7-AGE, 42 yrs. 2 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Shirt Cutter

9-BIRTHPLACE, (State or Country). Ellicott City Howard Co. Md.

PARENTS.

10-NAME OF FATHER, James W. Gosnell

11-BIRTHPLACE OF FATHER (State or Country). Balto. Md.

12-MAIDEN NAME OF MOTHER Annie R. Fox.

13-BIRTHPLACE OF MOTHER (State or Country). Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Annie R. Gosnell

(Address) 1187 Cleveland st

15-JAN 31 1917 ROBERT R. KRAUTER
Filed....., 191... Burial Permit Clerk
Registrar

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 29, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from January 20 1917, to January 29 1917, that I saw h[illegible] alive on January 28 1917, and that death occurred, on the date stated above, at 6 p m.

The CAUSE OF DEATH* was as follows:

a Frank Tuberculosis Phthisis

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) ....yrs. 1 mos. ....ds.

(Signed) Stephen A. Davis M. D.

January 31, 1917. (Address) 6327 Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	Jan. 31, 1917
20-UNDERTAKER	ADDRESS
James Regan & Son	1006 E. Baltimore St.

MADE A FACT

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1917 — 115 D 1917

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hosp St.; 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Persina

(Residence in Baltimore: No. 557 St Marys St.; ...yrs., ...mos. ...ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH. ....., 1..... (Month) (Day) (Year)

7-AGE. 39 yrs. ...mos. ...ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Florida

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed JAN 31 1917, 191... ROBERT E. KRAUSE Registrar. JOHNS HOPKINS HOSPITAL Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 27, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 17 1917, to Jan 27 1917, that I saw h[illegible] alive on Jan 27 1917, and that death occurred, on the date stated above, at 7.30a m.

The CAUSE OF DEATH* was as follows:

Abscess of Liver

..... (Duration) ...yrs. ...mos. 10 ds.

CONTRIBUTORY (Secondary) General Sepsis

..... (Duration) ...yrs. ...mos. 10 ds.

(Signed) Elmer J Lemmon M. D.

1-28, 1917. (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 10 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 557 St Marys St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

Spec.—5-19-13—M. & T.—500 Bks.

D1918

HEALTH DEPARTMENT—CITY OF BALTIMORE

D1918

CERTIFICATE OF DEATH.

151

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 S Charles St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles R. Bouhlein

(Residence in Baltimore: No. 1511 S Charles St.; ... yrs., ... mos. ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, ... Jan (Month) 7 (Day), 1917 (Year)

7-AGE, ... yrs. ... mos. 23 ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): MD.

PARENTS.

10-NAME OF FATHER: Ernest Bouhlein

11-BIRTHPLACE OF FATHER (State or Country): MD.

12-MAIDEN NAME OF MOTHER: Dora Ray

13-BIRTHPLACE OF MOTHER (State or Country): MD.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ernest Bouhlein

(Address) 1511 S Charles St.

15-

Filed JAN 31 1917, 191... ROBERT P. KRAUTER Registrar.

Burial Permit ...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 16 1917, to Jan 30 1917, that I saw h... alive on Jan 29 1917, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Tuberculosis
(Duration) ... yrs. ... mos. ... ds.

(Signed) R. L. Campbell M. D.

Jan 30 191... (Address) 1044 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Elkridge | DATE OF BURIAL, Jan 31, 1917

20-UNDERTAKER ... ADDRESS 16 E Franklin St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1919

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH West End Maternity

REGISTERED No. C

CITY OF BALTIMORE: (No. 17 N Calhoun ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Edwin Mayden

(Residence in Baltimore: No. 530 Robert St. St.; ..... yrs., ... mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Black	Single

6-DATE OF BIRTH, ... Jan (Month) 6 (Day), 1917 (Year)

7-AGE, ... yrs. ..... mos. 21 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Ruckmann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Esther Mayden

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- JAN 31 1917 Filed ....., 191.....

ROBERT P. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 24 1917, to Jan 27 1917, that I saw h[illegible] alive on Jan 26 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 3 ..... ds.

CONTRIBUTORY (Secondary) Premature Child

..... (Duration) ..... yrs. ..... mos. 2 1 ..... ds.

(Signed) [illegible] M. D.

Jan 27, 1917. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 21 ds. In the State ..... yrs. ..... mos. 21 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 530 Robert St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, JAN 30, 191...
20-UNDERTAKER	ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

520

Spec.—5-19-13—M. & T.—500 Bks.

D 1920

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1920

CERTIFICATE OF DEATH.

151

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1322 N. Gilmor ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Roland Cowden.

(Residence in Baltimore: No. 1322 N. Gilmor St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Baby

6-DATE OF BIRTH: January 30, 1917
(Month) (Day) (Year)

7-AGE: ...yrs. ...mos. ...ds.
If LESS than 1 day, ½ hrs. or ... min.†

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baby.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: Joseph M Cowden

11-BIRTHPLACE OF FATHER (State or Country): Penn.

12-MAIDEN NAME OF MOTHER: Margueth Judor.

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15- JAN 31 1917

Filed ..., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: January 30, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 30 1917 to Jan 30 1917, that I saw him alive on Jan 30 1917, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Premature Labor of Mother and Maceration of Foetus

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Charles E. Clark M. D.

Jan. 30 1917. (Address) 1310 N Gilmor St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, | DATE OF BURIAL, ..., 191...

20-UNDERTAKER | ADDRESS

Per. Wm. S. Wood

U. S. Bureau of Census. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1921

CERTIFICATE OF DEATH.

151 D 1921

1-PLACE OF DEATH Md Gen. Hosp.

REGISTERED No. C .....

CITY OF BALTIMORE: (No. Linden Ave & Madison St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Bibel

(Residence in Baltimore: No. Md Gen. Hospital St.; ..... yrs., mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Jan. 21, 1917
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
..... yrs. ..... mos. 7 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Harold Rydholm.

11-BIRTHPLACE OF FATHER (State or Country), Montana

12-MAIDEN NAME OF MOTHER Bessie Bibels

13-BIRTHPLACE OF MOTHER (State or Country), Washington

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- JAN 31 1917

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 28, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 21 1917, to Jan 28 1917, that I saw h[illegible] alive on Jan 28 1917, and that death occurred, on the date stated above, at 6:40 P m.

The CAUSE OF DEATH* was as follows:

Prematurity

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Elmer Hartzman M. D.

1-28, 1917. (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 7 ds. In the State ..... yrs. ..... mos. 7 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

ROBERT P. KRAUTER
Commissioner Health

UNIVERSITY OF MARYLAND

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1922

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 1922

151

1-PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 1724 Poplar Grove St.) 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Franklin Swindell

(Residence in Baltimore: No. 1724 Poplar Grove St.; yrs. mos. 21 hrs ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
M	W	—

6-DATE OF BIRTH: January 26 - 5 P.M., 1917 (Month) (Day) (Year)

7-AGE: 21 hrs ..... yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) 1724 Poplar Grove St

PARENTS

10-NAME OF FATHER B Franklin Swindell

11-BIRTHPLACE OF FATHER (State or country) City

12-MAIDEN NAME OF MOTHER Eva M Bowser

13-BIRTHPLACE OF MOTHER (State or country) City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) B Franklin Swindell

(Address) City 1724 Poplar Grove St

15- JAN 31 1917 ROBERT P. POTTER Filed ....., 191 Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 27, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 26, 1917, to, January 27 1917, that I saw him alive on January 27, 1917, and that death occurred, on the date stated above, at 20 m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(Duration) ..... yrs. ..... mos. 20 hrs ds

Contributory (SECONDARY) Premature Birth

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), B C Cathrow M. D.

....., 191..... (Address) 1404 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
HOPKINS HOSPITAL	JAN 30 1917, 191
20-UNDERTAKER	ADDRESS

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1923 HEALTH DEPARTMENT—CITY OF BALTIMORE D 1923

CERTIFICATE OF DEATH. x146

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thelma Hayes

(Residence in Baltimore: No. 1 mo. 15 days St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Oct. 29 (Month), 1896 (Day), 1896 (Year)

7-AGE,	If LESS than 1 day,
20 yrs. 4 mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Student

9-BIRTHPLACE, (State or Country), Florida

PARENTS.

10-NAME OF FATHER, Murray Hayes

11-BIRTHPLACE OF FATHER (State or Country), S. C.

12-MAIDEN NAME OF MOTHER Sallie Floyd

13-BIRTHPLACE OF MOTHER (State or Country), S. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Smith

(Address) Johns Hopkins Hosp.

15- Filed JAN 31 1917 1917 ROBERT B. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 31 (Month), (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 26, 1916, to Jan. 31, 1917, that I saw h-r alive on Jan. 31 1917, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Acute Mastoiditis

.....

.....

..... (Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Cerebro-Spinal Meningitis

Streptococcus (Duration) ....yrs. ....mos. 3 ds.

(Signed) C. P. Baldwin M. D.

1-31, 1917. (Address) J. H. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mo. 15 ds. In the State ....yrs. 1 mo. 29 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Latta S. C.

19-PLACE OF BURIAL OR REMOVAL, Dillon S C. DATE OF BURIAL, Jan. 31, 1917.

20-UNDERTAKER Elliott & Fuller ADDRESS 22 N Bond

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1924 HEALTH DEPARTMENT—CITY OF BALTIMORE D 1924

92

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Harris

(Residence in Baltimore: No. 330 S. Spring St. St.; ....yrs....mos....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 74 yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp

15- JAN 31 1917 ROBERT R. KRAUTER Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 31, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 30, 1917, to Jan 31 1917, that I saw h[illegible]alive on Jan 31 1917 and that death occurred, on the date stated above, at 5-20 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Senility

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. B. Maston M. D.

Jan 31, 1917 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 330 S. Spring St.

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cemetery DATE OF BURIAL, Feb ....., 1917

20-UNDERTAKER Kendall Dippel & Son ADDRESS 32 S. Arch St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 1925

REGISTERED No. C 29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 924 Lexington Ave St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Elizabeth Kempton

(Residence in Baltimore: No. 924 Lexington Ave St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, December 19, 1850 (Month) (Day) (Year)

7-AGE, 66 yrs. 1 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): Wife

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Preston Dix

11-BIRTHPLACE OF FATHER (State or Country) Snow Hill Md

12-MAIDEN NAME OF MOTHER Maria Carman

13-BIRTHPLACE OF MOTHER (State or Country) Bladensburg Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nevons Kempton

(Address) 924 Lexington Ave

15-

Filed JAN 31 1917 191....

ROBERT R. FRAZIER

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 30 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 1914, to Jan 29 1917, that I saw h[er] alive on Jan 29 1917, and that death occurred, on the date stated above, at 4 1/4 p.m.

The CAUSE OF DEATH* was as follows:

Myocarditis due to Chronic Nephritis

(Duration) yrs. 2 mos. 5 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) 3 yrs. mos. ds.

(Signed) Nevons Kempton M. D.

Jan 31, 1917. (Address) 4141 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, Feby 1st., 1917.

20-UNDERTAKER How Jenkins Sons Co — ADDRESS Mt Cullen Ave & Orchard Sts

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1926 42 D 1926

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE. (No. 1805 N. Calvert St.; 12 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosalie Summers Weems

(Residence in Baltimore: No. 1805 N. Calvert St.; ....yrs.. ....mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, April (Month) 7th (Day), 1843 (Year)

7-AGE, 73 yrs. 9 mos. 23 da.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Mobile Ala

PARENTS.

10-NAME OF FATHER, William Kelly

11-BIRTHPLACE OF FATHER (State or Country). Mobile Ala

12-MAIDEN NAME OF MOTHER not Known

13-BIRTHPLACE OF MOTHER (State or Country). Charleston S C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. J. W. Weems

(Address) 332 N. Howard

15- Filed JAN 31 1917 191.... ROBERT B. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1916, to Jan 29 1917, that I saw h[illegible] alive on Jan 29 1917, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Cancer ma. of Pelvis

Ex. Jan 29 Tumor of Uterus

(Duration) about 1 yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) W. B. Hubert M. D.

Jan. 31., 1917. (Address) 1002 E. Fathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cem. DATE OF BURIAL, Feby 2nd, 1917.

20-UNDERTAKER H. W. Jenkins Sons Co ADDRESS N. Fulton Ave

515

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Elsie Patton

D 1927

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 D 1927

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital St. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elsie Patton

(Residence in Baltimore: No. 908 Fawn Street St.; 9 yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): married

6-DATE OF BIRTH: October (Month) (Day), 1894 (Year)

7-AGE: 23 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Benjamin Patton

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Anna (?)

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): J. Levin

(Address): 1411 E Baltimore

15- JAN 31 1917 ROBERT B. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 1 (Month) 31 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1 30, 1917, to 1 31 1917, that I saw him alive on 1 30, 1917, and that death occurred, on the date stated above, at 1.15 a.m.

The CAUSE OF DEATH* was as follows:

Primary Gastric Perforation

(Duration) yrs. mos. 28 hours ds

Contributory (SECONDARY) Diabetis Coma

(Duration) yrs. mos. 6 hours ds.

(Signed), R. Eo. Lemmon M. D.

1 31, 1917 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. 1 ds. In the State 9 yrs. mos. ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 908 Fawn St.

19-PLACE OF BURIAL OR REMOVAL: Hebrew Washington Rd

DATE OF BURIAL: 1/30, 1917

20-UNDERTAKER: Jack Levin

ADDRESS: 1411 E Balt

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1928 — 104 — D 1928

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 W Baltimore St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank W. Warner

(Residence in Baltimore: No. 806 W Baltimore St.; Life yrs., mos., da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Wht

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June 25th, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. 7 mos. 7 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country), Md

PARENTS.

10-NAME OF FATHER, Frank Warner

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Clara Ford

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank W Warner

(Address) 806 W Baltimore St

15- JAN 31 1917 ROBERT B. KRAUTER

Filed ..., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 30th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1916, to Jan 30 1917, that I saw him alive on Jan 30 1917, and that death occurred, on the date stated above, at 4:40 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs. 5 mos. ... ds.

CONTRIBUTORY (Secondary) Insanitation

(Duration) ... yrs. 5 mos. ... ds.

(Signed) J. M. Cummings M. D.

Jan 31, 1917. (Address) 826 N. Arlington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Stevensfield Md — DATE OF BURIAL, Jan 1., 191.7

20-UNDERTAKER E. F. Waller — ADDRESS 725 W Fa...

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

8 1929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 1929

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 Orleans St. ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J Toles

(Residence in Baltimore: No. 1411 Orleans St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, October (Month) 23 (Day), 1886 (Year)

7-AGE, 30 yrs. 3 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Samuel Dixon

11-BIRTHPLACE OF FATHER (State or Country), Wicomico Co, Md.

12-MAIDEN NAME OF MOTHER, Sarah Patterson

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. H. H. Toles

(Address) 1411 Orleans St

15-

Filed JAN 31 1917, 191... ROBERT R. KRAETER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 28 1917, to January 29 1917, that I saw h[er] alive on January 29 1917, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration)....yrs....mos. 5 ds.

CONTRIBUTORY (Secondary) Not Known

(Duration)....yrs....mos....ds.

(Signed) Richard O Eastlight M. D.

January 30 1917. (Address) 1514 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Laurel Cem. DATE OF BURIAL, Feb 1., 1917

20-UNDERTAKER John W Henderson ADDRESS 317 Gardiner

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1930

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 1930

REGISTERED No. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 S. Washington St.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Fenrran

(Residence in Baltimore: No. 108 S. Washington St.; 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widowed

6-DATE OF BIRTH, June (Month) 3 (Day), 1840 (Year)

7-AGE, 76 yrs. 7 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At home
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Ireland

PARENTS.

10-NAME OF FATHER. Thomas Devine

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Mary Gilner

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Mrs. W. White

(Address) 108 S. Washington St.

15- JAN 31 1917

Filed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 29 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan 13 1917, to Jan 29 1917, that I saw her alive on Jan 29 1917, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Eug. E. E. Talbert M. D.

Jan. 29, 1917. (Address) 1818 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. New Cathedral Cem.

DATE OF BURIAL, Feb 1, 191.7

20-UNDERTAKER. Lilly & Zeller

ADDRESS 403 N. Mt. St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1931 HEALTH DEPARTMENT—CITY OF BALTIMORE D 1931

28

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 820 S.Eutaw St. ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isabelle Green.(col'd)

(Residence in Baltimore: No. 820 S.Eutaw St. St. /yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOW OR DIVORCED, (*Write* the word.)
Female.	Colored	Widow.

6-DATE OF BIRTH, Do not know. (Month) (Day), 1 (Year)

7-AGE, 45. yrs. -- mos. -- ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Howard Co,Md.

PARENTS.

10-NAME OF FATHER, Richard Young.(col'd)

11-BIRTHPLACE OF FATHER (State or Country) Howard Co,Md.

12-MAIDEN NAME OF MOTHER, Josephine Edna.(col'd)

13-BIRTHPLACE OF MOTHER (State or Country) Howard Co Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Carrie Young.(col'd)sister.
(Address) 844 S.Eutaw St.

15-
Filed JAN 31 1917 HARRY C. ANDRE...
Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January,30th.1917. (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(Duration) ...yrs. ...mos. ...da.

CONTRIBUTORY (Secondary) (Duration) ...yrs. ...mos. ...da.

(Signed) Otto M. Bernhardt M. D.
(Complete address) Jan,31,1917. (Address) 1017 S.Charles S

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ...yrs. ...mos. ...da. In the State ...yrs. ...mos. ...da.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cooksville Md. DATE OF BURIAL, Feb. 1, 1917

20-UNDERTAKER, Jas A. Iler ADDRESS Sykesville Md.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1932 — CERTIFICATE OF DEATH. — 29 D 1932

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1426 Argyle Ave., ST. 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Brodie

(Residence in Baltimore: No. 1426 Argyle Ave., St.; —yrs., —mos. —ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): widowed

6-DATE OF BIRTH, unknown ....., ... (Month) ..... (Day) 1 (Year)

7-AGE, about 52 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Queenstown Ireland

PARENTS.

10-NAME OF FATHER, James Allen

11-BIRTHPLACE OF FATHER (State or Country), Queenstown Ireland

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Queenstown Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Brodie

(Address) 1426 Argyle Ave

15- Filed JAN 31 1917, 191..... Harry C. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 6 1916, to Jan. 29 1917, that I saw her alive on Jan. 29 - 1917, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

..... (Duration) ..... yrs. 1 mos. 17 ds.

CONTRIBUTORY (Secondary) Old age

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edmund L. Mueller M. D.

Jan. 30, 1917 (Address) 122 E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Ft Auburn Cemetery	....., 191...
20-UNDERTAKER	ADDRESS
Wm H Keelan	1129 Eutaw

D 1933

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

D 1933

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 907 Dukeland, Ave. St. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Roberta Scott

(Residence in Baltimore: No. 907 Dukeland, Ave. If not in Baltimore, how long in City: yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH Sept. (Month) 30 (Day), 1840 (Year)

7-AGE 76 yrs. 3 mos. 29 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Upper Marlboro, Md.

PARENTS

10-NAME OF FATHER Harry Hilbren

11-BIRTHPLACE OF FATHER (State or country) Maryland

12-MAIDEN NAME OF MOTHER Matilda Macgruder

13-BIRTHPLACE OF MOTHER (State or country) Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Mattie Lightner

(Address) 907 Dukeland, Ave

15. Filed JAN 31 1917, 191 HARRY C. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Jan. (Month) 29. (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1917. to Jan 29, 1917. that I saw h[illegible] alive on Jan., 29, 1917. and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 ds

Contributory (SECONDARY) Unknown

(Duration) yrs. mos. ds.

(Signed) Albert J. Chambers. M. D.

(Address) 1012 W Lafayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL St. Matthews Cem. DATE OF BURIAL Jan Feb 1, 1917

20-UNDERTAKER [illegible] & Co ADDRESS 502 E. York

Spec.—8-24-14—M. & T.—2000 Bks.

D 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1934

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 432 E Lafayette Ave 12 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Miller

(Residence in Baltimore: No. 432 E. Lafayette Ave St.; 12 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, March (Month) 29 (Day), 1844 (Year)

7-AGE, 72 yrs. 10 mos. 1 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Miller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Hahn

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Miller

(Address) 432 E. Lafayette Ave

15- JAN 31 1917

Filed....., 191.... HARRY C. ANDREW

Burial Permit Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1, 191 6, to Jan 29 191 17, that I saw h.er alive on Jan 29 191 17, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

..... arteria Sclerosis .....

..... (Duration) ..... yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

..... (Duration) ..... yrs. 9 mos. 3 ds.

(Signed) W. L. Burke M. D.

Jan 30 191 7. (Address) 3042 Hudson St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Easton Pa. DATE OF BURIAL, Feb 1, 191 7

20-UNDERTAKER H M Cook ADDRESS 502 E. Nathan

D 1935 HEALTH DEPARTMENT--CITY OF BALTIMORE D 1935

CERTIFICATE OF DEATH

120

1-PLACE OF DEATH

CITY OF BALTIMORE (No 1216 John St. 11 WARD)

REGISTERED No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia G Tyler

(Residence in Baltimore: No. 1216 John St. St.; — yrs. — mos. — ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: April 13 (Month) (Day), 1847 (Year)

7-AGE: 69 yrs. 9 mos. 17 ds. If LESS than 1 day, — hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maine

PARENTS

10-NAME OF FATHER: John Goodenow

11-BIRTHPLACE OF FATHER (State or country): Maine

12-MAIDEN NAME OF MOTHER: Sarah Appleton

13-BIRTHPLACE OF MOTHER (State or country): Maine

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George G Tyler

(Address) 1216 John St.

15 JAN 31 1917 Filed ——, 191

HARRY O. ANDREAE
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 31 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 31. 1916 to Jan 31 1917. that I saw her alive on Jan 30 1917. and that death occurred, on the date stated above, at 4:30 a.m. The CAUSE OF DEATH* was as follows:

Asteriosclerosis

(Duration) 1 yrs. 2 mos. ds.

Contributory (SECONDARY) Interstitial Nephritis

(Duration) — yrs. — mos. — ds.

Signed James C. Clarke M. D.

Jan 31 1917. (Address) 1201 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Green Mount

DATE OF BURIAL: Feb. 4 1917

20-UNDERTAKER: E M Mitchell & Co.

ADDRESS: 1201 W Fayette St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 1936

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 N. Castle ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Moira Kuhn

(Residence in Baltimore: No. 24 N. Castle St.; 9 Lives yrs. ..... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, July (Month) 14 (Day), 1897 (Year)

7-AGE, 19 yrs. 6 mos. 15 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balt

PARENTS.

10-NAME OF FATHER, John Weaver

11-BIRTHPLACE OF FATHER (State or Country), Balt

12-MAIDEN NAME OF MOTHER Barbra Wagenaar

13-BIRTHPLACE OF MOTHER (State or Country), Balt

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Kuhn

(Address) 24 N Castel

15- Filed JAN 31 1917 191.... HARRY C. [illegible] Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 29 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 8 1917, to Jan 29 1917, that I saw h[illegible] alive on Jan 24 1917, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

(Duration) yrs. ..... mos. 1 ds.

(Signed) W. J. Mc[illegible] M. D.

Jan 30, 191.. (Address) 1200 E Cohen St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Redeemer	Feb. 2 1917
20-UNDERTAKER	ADDRESS
Wendell Ryall	37 S Am

Spec.—5-19-13—M. & T.—500 Bks.

D 1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 1937

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1313 W. Franklin St. REGISTERED No. C.....
2-FULL NAME George W. Wannell (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)
(Residence in Baltimore: No. 1313 W. Franklin St.: 73 yrs., 11 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male
4-COLOR OR RACE: White
5-~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~, (Write the word.): Widower
6-DATE OF BIRTH: Feb. 22, 1843 (Month) (Day) (Year)
7-AGE: 73 yrs. 11 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?
8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer):
9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.
10-NAME OF FATHER: Jno. H. Wannell
11-BIRTHPLACE OF FATHER (State or Country): Balto
12-MAIDEN NAME OF MOTHER: Margaret Cochran
13-BIRTHPLACE OF MOTHER (State or Country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant): Mrs. Grace Fowler
(Address): 1313 W. Franklin St.

15-
Filed JAN 31 1917, 191.... HARRY C. ANDES Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: January (Month) 29 (Day), 1917 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Jan. 15 1917, to Jan. 29 1917, that I saw h[im] alive on Jan 29 1917, and that death occurred, on the date stated above, at 3 29 pm.
The CAUSE OF DEATH* was as follows:
Bronchio-pneumonia
(Duration) ....yrs. ....mos. 7 ds.
CONTRIBUTORY (Secondary) Arteria sclerosis
(Duration) 2 yrs. ....mos. ....ds.
(Signed) Howard A. Ford M. D.
1/29, 1917. (Address) 735 N. Dolphin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cem. DATE OF BURIAL, Feb. 1st, 1917.
20-UNDERTAKER: C. Gorsuch and Son ADDRESS 1039 Hanover

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1938

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Penitentiary, St.; 10 Ward)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George B. Shaw

(Residence in Baltimore: No. None St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, February - 25 - , 1897
(Month) (Day) (Year)

7-AGE, 19 yrs. 11 mos. 5 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Soldier
(b) General nature of industry, business, or establishment in which employed (or employer) ..... (U.S.)

9-BIRTHPLACE, (State or Country), Indiana

PARENTS.

10-NAME OF FATHER, Owen Shaw

11-BIRTHPLACE OF FATHER (State or Country), Indiana

12-MAIDEN NAME OF MOTHER Clara ~~McCadt~~ McCain

13-BIRTHPLACE OF MOTHER (State or Country), Indiana

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Wm. F. Leonard

(Address) ..... Maryland Penitentiary

15- JAN 31 1917 Filed ..... 191 ..... HARRY C. ... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January - 30 , 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January - 18 1917, to January - 30 1917, that I saw him alive on January 29 1917, and that death occurred, on the date stated above, at 4.30 A.m.

The CAUSE OF DEATH* was as follows:

Toxemia - Cardiac Failure

(Duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) Influenza - Pneumonia (Broncho)

(Duration) ... yrs. ... mos. 12 ds.

(Signed) William F. Stewart M. D.

Jan. 30, 1917. (Address) Md. Penitentiary.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 8 mos. 15 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Annapolis - Md.

19-PLACE OF BURIAL OR REMOVAL, Oakland City - Indiana

DATE OF BURIAL, 1/31, 1917.

20-UNDERTAKER Henry W. Mears & Son

ADDRESS 805 N. Gay St.

Via. Penn. R.R. G.B. Shaw Escort

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1939

HEALTH DEPARTMENT—CITY OF BALTIMORE

167 D 1939

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hopkins Hospital ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Etta Emmis

(Residence in Baltimore: No. 301 N Gilmore st St.; yrs. 6 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Female	White	Baby

6-DATE OF BIRTH. July 25 1916, (Month) (Day) / (Year)

7-AGE, yrs. 6 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: baby
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Charles Emmis

11-BIRTHPLACE OF FATHER (State or Country), Greece

12-MAIDEN NAME OF MOTHER Lilly Tane

13-BIRTHPLACE OF MOTHER (State or Country), Greece

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Emmis

(Address) 301 N. Gilmore St.

15- Filed JAN 31 1917 191 HARRY C. ANDREWS Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 30 1917, (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns accidental white
playing with matches
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner.)

191... (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 21 ds. In the State yrs. 6 mos. 6 ds.

Where was disease contracted, if not at place of death? 301 N. Gilmore St.

Former or usual residence 301 N. Gilmore St.

19-PLACE OF BURIAL OR REMOVAL, Wood Lawn — DATE OF BURIAL, Feb 1, 19[illegible]

20-UNDERTAKER H. Sinda & Sons — ADDRESS 1718 E. Balt

Spec.—8-24-14—M. & T.—2000 Bks.

D 1940

HEALTH DEPARTMENT—CITY OF BALTIMORE

29

D 1940

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2022 E Fayette ST.; 6 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August A. Jones

Residence in Baltimore: No. 2022 E Fayette St.; 9m yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 2 (Month), (Day), 1873 (Year)

7-AGE, 43 yrs. 10 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Chimney Decorator
(b) General nature of industry, business, or establishment in which employed (or employer): Gay, Forest St

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William Jones

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Caroline Hutt

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wife Mrs. Catherine Jones

(Address) 2022 E. Fayette St.

15-

Filed JAN 31 1917, 191.... HARRY O. [illegible] Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 29 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 3 1917, to Jan 29 1917, that I saw h[illegible] alive on Jan 28 1917, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary & Tuberculosis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Jan 30 1917 (Address) 936 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Feb 1, 1917.

20-UNDERTAKER Robt. J. Turner — ADDRESS Broadway & Lloyd

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1941

CERTIFICATE OF DEATH.

170 D 1941

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward F. McGinnis

(Residence in Baltimore: No. 628 N. Broadway St.; 30 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH. July 2, 1862 (Month) (Day) (Year)

7-AGE. 54 yrs. 6 mos. 22 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bar Tender
(b) General nature of industry, business, or establishment in which employed (or employer): New Howard Hotel

9-BIRTHPLACE, (State or Country), East D.C.

PARENTS.

10-NAME OF FATHER. Edward F. McGinnis

11-BIRTHPLACE OF FATHER (State or Country). New York N.Y.

12-MAIDEN NAME OF MOTHER Rosa Fitzpatrick

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Sister Mrs Hogan
(Address) 628 N. Broadway

15-
Filed JAN 31 1917 — HARRY C. ANDERSON
191.. Burial Permit
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 30, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 30 191 7, to Jan 30 191 7, that I saw h[illegible] alive on Jan 30 191 7, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Chronic Art Nephritis

Dropsy & Uraemia

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. 8 mos. ds.

(Signed) [illegible] M. D.

1/30/17, 191.. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. 1 ds. In the State 30 yrs. mos. ds.

Where was disease contracted, if not at place of death? 628 N Broadway

Former or usual residence Same

19-PLACE OF BURIAL OR REMOVAL. New Cathedral Cem. DATE OF BURIAL. Feby 1, 191 7

20-UNDERTAKER. Cook J Turner ADDRESS 1424 N Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1942

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

D 1942

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1136 Myrtle Ave. WARD) 17

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles J Lancaster

(Residence in Baltimore: No. 1136 Myrtle Ave St.; 50 yrs., ✓ mos. ✓ ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED,~~ (Write the word.) married

6-DATE OF BIRTH, Feb 1 (Month), ... (Day), 1862 (Year)

7-AGE, 54 yrs. 11 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Oiler
(b) General nature of industry, business, or establishment in which employed (or employer): City Dep.

9-BIRTHPLACE, (State or Country), Frederick, Md.

PARENTS.

10-NAME OF FATHER, John H. Lancaster

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Margaret A Schaub

13-BIRTHPLACE OF MOTHER (State or Country), Frederick Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Milton Lancaster

(Address) 1136 Myrtle Ave

15- Filed JAN 31 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 30 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 2 1917, to January 28 1917, that I saw h[im] alive on January 28 1917, and that death occurred, on the date stated above, at 1.20 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage
Cerebral

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(Duration) ....yrs. ....mos. 6 ds.

(Signed) M. A. Wentzel M. D.

1-31, 1917 (Address) 1801 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery

DATE OF BURIAL, Feb 2, 1917

20-UNDERTAKER Mrs A Rohde Son

ADDRESS 730 Pa Ave

D 1043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 1043

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. Hebrew Hospital St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Jacob Newman

(Residence in Baltimore: No. 2362 McCulloh St St.; 30 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: unknown (Month) (Day), 1854 (Year)

7 AGE: 63 yrs. — mos. — ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Collector
(b) General nature of industry, business, or establishment in which employed (or employer): Charity Organization

9 BIRTHPLACE (State or country): Russia

PARENTS

10 NAME OF FATHER: ? Unknown

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: ? Unknown

13 BIRTHPLACE OF MOTHER (State or country): Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Lewis

(Address) 1411 E Baltimore St

FEB 1 - 1917 Filed, 191 ROBERT R. KRAUTER Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 30 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 29, 1917, to Jan 30 1917, that I saw h[illegible] alive on Jan 30, 1917, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia (R Lung)

(Duration) yrs. mos. 4

Contributory (SECONDARY) Acute myocardial Dilatation (Duration) 12 hours yrs. mos.

(Signed) Bernard S Jacobson M. D.

Jan 30, 1917 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. 1 ds. In the State 30 yrs. mos. ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 2362 McCulloh St.

19 PLACE OF BURIAL OR REMOVAL: Baltimore Hebrew — DATE OF BURIAL: 2-1-17, 191

20 UNDERTAKER: Jack Lewis — ADDRESS: 1411 E Baltimore St

Spec.—3-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1914

CERTIFICATE OF DEATH.

120 D 1914

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 526 Preston ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Young

(Residence in Baltimore: No. 526 Charlotte St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1857 (Year)

7-AGE 60 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): Public

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Jonas Young

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Sallie ?

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lotta Young

(Address) 526 Charlotte St.

15-Filed FEB 1 - 1917 191.... ROBERT P. KRAUTER Registrar.

Burial Permit Issued

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 30th (Month) (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Dec. 1st, 1917, to Jan 30th 1917, that I saw h— alive on Jan 26th 1917, and that death occurred, on the date stated above, at 9:30 m.

The CAUSE OF DEATH* was as follows:

Diphtheria

Bronchial

(Duration) 2 yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Kidney Trouble

(Duration) 6 yrs. ....mos. ....ds.

(Signed) H. Lee Ellis M. D.

1/31, 191.7 (Address) 924 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL, Feb. 1., 191.7.

20-UNDERTAKER Wm. R. A. Elliott

ADDRESS 506 East St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1945

CERTIFICATE OF DEATH.

92

D 1945

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 638 Georgia St. 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John T. Davis

(Residence in Baltimore: No. 638 Georgia St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1845 (Year)

7-AGE, 72 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) General.

9-BIRTHPLACE, (State or Country) Balt Town.

PARENTS.

10-NAME OF FATHER, John T Davis Sr

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Susan Davis

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Evelyn Smith

(Address) 1119 Oxford Pl.

15- Filed FEB 1 - 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 27, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 27 1917, to Jan 27 1917, that I saw h.m alive on Jan 28 1917, and that death occurred, on the date stated above, at 1:35 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 4 yrs. 5 mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jno. T. Shiefer M. D.

Jan 31, 1917 (Address) 206 S. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem DATE OF BURIAL, Feb 1st, 191...

20-UNDERTAKER Samuel Hensley ADDRESS 538 N. Pa

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1946

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1946

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2864 W North ave St.; 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Watlington Pomp

(Residence in Baltimore: No. 2864 W North ave St.; 61 yrs., 1 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, December 23rd (Month) (Day), 1855 (Year)

7-AGE, 61 yrs. 1 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: accountant
(b) General nature of industry, business, or establishment in which employed (or employer): B & O R R

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Capt. John Pomp

11-BIRTHPLACE OF FATHER (State or Country), Holland

12-MAIDEN NAME OF MOTHER, Marya Watlington

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rida M. Pomp

(Address) 2864 W. North ave

15- Filed FEB 1 - 1917 191... ROBERT B. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15 1915, to Jan 30 1917, that I saw him alive on Jan 30 1917, and that death occurred, on the date stated above, at 8 15 P. m.

The CAUSE OF DEATH* was as follows:

Tabes Dorsalis Followed by Paresis

(Duration) 2 yrs. 6 mos. 10 ds.

CONTRIBUTORY (Secondary) General arteriosclerosis

(Duration) yrs. 6 mos. 20 ds.

(Signed) Herbert E. Lehr M. D.

Jan 31, 1917. (Address) 305 N. Howard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, February 2nd 191 7.

20-UNDERTAKER, George Schilling & Sons — ADDRESS 1126 E Monument st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1947

CERTIFICATE OF DEATH.

157 ✓ D 1917

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2402 Woodbrook ave ST.) 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Morris Heulsch

(Residence in Baltimore: No. 2402 Woodbrook ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept 10th, 1867 (Month) (Day) (Year)

7-AGE, 49 yrs. 4 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Restaurant
(b) General nature of industry, business, or establishment in which employed (or employer)..... Keeper

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Morris Heulsch

(Address) 2402 Woodbrook ave

15- Filed FEB 1 1917 191.... ROBERT B. KRAUSER Registrar

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 31, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strangulation

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) J. Wirt Hartley M. D. (Coroner.)

Feb 1 191.7 (Address) 3632 Roland ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Feb 3, 1917

20-UNDERTAKER W J Jackson — ADDRESS Mt Washington

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1948 D 1948

CERTIFICATE OF DEATH.

REGISTERED NO. C 150

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1825 Riggs Ave - ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruby Rozella Ousler

(Residence in Baltimore: No. 1825 Riggs St.; ..yrs., ..mos. 4 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	single

6-DATE OF BIRTH, ... Jan. (Month) 27 (Day), 1917 (Year)

7-AGE, ... yrs. ..... mos. 4 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Clarence C. Ousler

11-BIRTHPLACE OF FATHER (State or Country), Manchester Ind

12-MAIDEN NAME OF MOTHER Susie Rozella Ruby

13-BIRTHPLACE OF MOTHER (State or Country), Frederick Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Clarence C. Ousler

(Address) 1825 Riggs Ave

15- Filed FEB 1 - 1917, 191.. ROBERT R. KRAUSE Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 31 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 27 1917, to Jan 31 1917, that I saw her alive on Jan 31 1917, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Heart Disease

(Duration) ..yrs. ..mos. 4 ds.

CONTRIBUTORY (Secondary) Valvular Insufficiency

(Duration) ..yrs. ..mos. 4 ds.

(Signed) J. Thomas Gideon M. D.

Jan 31, 1917. (Address) 1001 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cem. DATE OF BURIAL, Feb 1, 191 7

20-UNDERTAKER D. Thomas Hoke ADDRESS 1723 Eutaw

D 1919 D 1919

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED No. C 152

1-PLACE OF DEATH
CITY OF BALTIMORE (No. ~~412~~ 312 E 20th St. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. L. Wilkins Jr.

(Residence in Baltimore: No. 312 E 20th St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH Jan (Month) 7 (Day), 1917 (Year)

7-AGE ___ yrs. — 14 mos. ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE (State or country) Balt Md

PARENTS

10-NAME OF FATHER Wm L. Wilkins

11-BIRTHPLACE OF FATHER (State or country) Balt Md

12-MAIDEN NAME OF MOTHER Amy B Lockhard

13-BIRTHPLACE OF MOTHER (State or country) Balt Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm L. Wilkins
(Address) 312 E 20th St

15.
Filed FEB 1 1917 ROBERT B. KRAUTER BURIAL PERMIT CLERK
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Jan (Month) 31 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1917, to Jan 31 1917
that I saw h[illegible] alive on Jan 31, 1917
and that death occurred, on the date stated above, at 7 p m.
The CAUSE OF DEATH* was as follows:

Pyaemia
(Duration) yrs. mos. 14 ds

Contributory (SECONDARY) Abscess in neck following instrumental delivery
(Duration) yrs. mos. ds.

(Signed), E St Hayward M. D.
Feb 1, 1917 (Address) 838 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, If not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park Cem	Feb 1 1917
20-UNDERTAKER Geo W Lisle	ADDRESS 531 N. Fremont Ave

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1950

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

81 ✓ D 1950

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 16 St.; WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John M. Neubertt

(Residence in Baltimore: No. 2941 Moshen St St.; ..... yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, Sept. (Month) 17 (Day), 1883 (Year)

7-AGE, 33 yrs. 4 mos. 14 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Salesman
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), md.

PARENTS.

10-NAME OF FATHER, John M. Neubertt

11-BIRTHPLACE OF FATHER (State or Country), md.

12-MAIDEN NAME OF MOTHER Annie Lambert

13-BIRTHPLACE OF MOTHER (State or Country), md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt. J. Beard

(Address) Johns Hopkins Hospital

15- ROBERT P. KRAUTER

Filed FEB 1 - 1917 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 31st (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 26th 1917, to Jan 31st 1917, that I saw him alive on Jan 31st 1917, and that death occurred, on the date stated above, at 10 A.M. m.

The CAUSE OF DEATH* was as follows:

Aneurysm of Abdominal Aorta

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Dilatation of Heart & Aneurysm (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) George R. Dunn M. D.

Feb 1, ..., 1917. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State ..... yrs. ..... mos. ..... ds. ✓

Where was disease contracted, if not at place of death? ✓

Former or usual residence 2941 Moshen St.

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Feb 3, 191...

20-UNDERTAKER Jos. Howard & Son ADDRESS 901 Hollins Ave

FILED

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1951

CERTIFICATE OF DEATH.

108 D 1951

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Hospital St.; 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lana M. Armstrong

(Residence in Baltimore: No. 2102 Eutaw Ave St.; 1 yrs. 0 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, May (Month) 1st (Day), 1883 (Year)

7-AGE 33 yrs. 8 mos. 30 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Home Work
(b) General nature of industry, business, or establishment in which employed (or employer). At Home

PARENTS.

9-BIRTHPLACE, (State or Country), Baltimore Maryland

10-NAME OF FATHER, Samuel Armstrong

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Hardy

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas Denny Armstrong

(Address) 2102 Eutaw Ave.

15- Filed FEB 1 1917 191 ROBERT E. KRAUTER Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 31 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 24 1917, to Jan 31 1917, that I saw h[er] alive on Jan 31 1917, and that death occurred, on the date stated above, at 5:00 a. m.

The CAUSE OF DEATH* was as follows:

Cancer Metastasis

Stomach

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Appendicitis

(Duration) yrs. mos. 7 ds.

(Signed) C. A. Reed Chandler M. D.

Jan 31, 1917. (Address) Monumental Hotel

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State 33 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Olivet Cemetery DATE OF BURIAL, Feb, 191[illegible]

20-UNDERTAKER Liston L. Russell Haugh ADDRESS 1620 Mad[illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

KODAK

Spec.—8-24-14—M. & T.—2000 Bks.

D 1952

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 1952

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2918 Bernard ST.; 12 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Enna Abbey

(Residence in Baltimore: No. 2918 Bernard St.; 3 yrs., mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Infant

6-DATE OF BIRTH, Jan 25, 1914
(Month) (Day) (Year)

7-AGE, 3 yrs. mos. 6 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balt

PARENTS.

10-NAME OF FATHER, Henry Abbey

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Laura Schaffey

13-BIRTHPLACE OF MOTHER (State or Country), Balt

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Abbey

(Address) 2918 Bernard

15- Filed FEB 1 - 1917, 191 ROBERT B. KRAUTER Registrar.

Burial Permit Stork 10:22.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 31, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 30th 1917, to Jan 31st 1917, that I saw h[illegible] alive on Jan 31st, 1917, and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH* was as follows:

Diphtheria

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wilbur E. Dingwall M. D.

2/1, 1917. (Address) 1412 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Feb 1, 1917.

20-UNDERTAKER Grant Cracchelson — ADDRESS 1916 Eastland

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1953

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 1953

1 PLACE OF DEATH — REGISTERED No. C 28

CITY OF BALTIMORE (No. 207 Aisquith ST. 5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2 FULL NAME Emma Arnold

(Residence in Baltimore: No. 207 Aisquith St. 54 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Unknown (Month), 1 (Day) (Year)

7 AGE: 54 yrs. mos. ds. — If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Hanby

(Address) 207 Aisquith St

15 FEB 1 - 1917 ROBERT B. KRAUSER

Filed ....., 191 Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January 30 (Month) 1 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1916, to Jan 30 1917.
that I saw h[illegible] alive on Jan 28, 1917.
and that death occurred on the date stated above, at 10 P m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Indefinite (Duration) yrs. mos. ds

Contributory (SECONDARY) Toxemia Heart failure

2 mo (Duration) 9 yrs. 2 mos. ds.

(Signed) Edward Fisher M. D.

Jan 31, 1917 (Address) 1612 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Zion cemetery — DATE OF BURIAL: Feb 1, 1917

20 UNDERTAKER: R C Gross 1400 — ADDRESS: McElderry

Spec.—8-24-14—M. & T.—2000 Bks.

D 195

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1954

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2330 E Fairmount Ave ST.; 6 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte Schell

(Residence in Baltimore: No. 2330 E Fairmount Ave St.; 4 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Widowed

6-DATE OF BIRTH. Oct 6, 1856 (Month) (Day) (Year)

7-AGE. 60 yrs. 11 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Keep Groceries
(b) General nature of industry, business, or establishment in which employed (or employer): Home 2330 E Fairmount Ave

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. John Bash

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Kat Krawn

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Signature) Mrs Minnie Schell

(Address) 2330 E Fairmount Ave

15-

Filed FEB 1 1917 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 30 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 26 1917, to Jan 30 1917, that I saw h[illegible] alive on Jan 29 1917, and that death occurred, on the date stated above, at 5.30 a m.

The CAUSE OF DEATH* was as follows:

1. Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Respiratory Failure

(Duration) 2 yrs. mos. ds.

(Signed) Alma B Lerman M. D.

Feb 1, 1917 (Address) 914 N Patterson Pk Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Md

DATE OF BURIAL. Feb 4, 1917

20-UNDERTAKER Robt J Lummis

ADDRESS Broadway & Aliceanna

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 1955 — 91 — D 1955

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1737 William St. 24 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn R. Thomas

(Residence in Baltimore: No. 1737 William St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Sept (Month) 4 (Day) 1916 (Year)

7-AGE, yrs. 4 mos. 07 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John F. Thomas

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Alma Walters

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Thomas

(Address) 1737 Wm St.

15- Filed FEB 1 1917, 191.... Registrar.

ROBERT L. [illegible]
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 31 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 25 1917, to Jan 31 1917, that I saw h m alive on Jan 30 1917, and that death occurred, on the date stated above, at 6A m.

The CAUSE OF DEATH* was as follows:

Acute Bronchs Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Cardiac collapse

(Duration) yrs. mos. 1 ds.

(Signed) R. R. Campbell M. D.

Jan 31, 191.7 (Address) 1648 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem — DATE OF BURIAL, Feb 1, 191.7

20-UNDERTAKER, Geo J. Ackley & Sons — ADDRESS 318 Light St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1953 — D 1956

CERTIFICATE OF DEATH.

8 — 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 Darley Ave ST.; 8 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamie K. Reinhardt

(Residence in Baltimore: No. 1606 Darley Ave St.; 38 yrs. 7 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married.

6-DATE OF BIRTH, June (Month) 5 (Day), 1877 (Year)

7-AGE, 38 yrs. 7 mos. 26 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Joseph Gumbert

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Barbara Eberstett.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Andrew J. Reinhardt

(Address) 1606 Darley Ave

15- FEB 1 1917 Filed, 191 ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 31 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 2nd 1917, to Jan 31st 1917, that I saw her alive on Jan 31st 1917, and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion from senility

(Duration) yrs. mos. 10 ds.

(Signed) Leonard McCarter M. D.

Jan 31st, 191 7 (Address) 1114 Hartman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Redeemer Cemetery	February 3 191 7
20-UNDERTAKER	ADDRESS
Henry Hoeck Son	1301 E Eager St

CAUSE OF DEATH must be plainly stated, so that it may be properly classified. Date of occupation is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & F.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1957 — CERTIFICATE OF DEATH. — 29 D 1957

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 E. Biddle ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Healy

(Residence in Baltimore: No. 927 E. Biddle St.; 66 yrs. ... mos. ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widower

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 66 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Police Officer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER: Edward J. Healy

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Catherine Kelly

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Healy

(Address) 927 E. Biddle St.

15-

Filed FEB 1 1917 191.....

Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 30th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 3rd 1917, to January 30th 1917, that I saw h.. alive on January 30th 1917, and that death occurred, on the date stated above, at 9:35 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Endocarditis

Chronic Nephritis

(Duration) Unknown yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ... yrs. ... mos. ... ds.

(Signed) Dept. Health Bureau of Vital Statistics M. D.

1431, 191.7 (Address) 2844 St. Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Feb. 3, 191.7

20-UNDERTAKER: Henry Kuck & Son — ADDRESS: 1801 E. Eager St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1958

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

26 D 1958

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2307 Greenmount Ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jestina Gertrude Bowman.

(Residence in Baltimore: No. 2307 Greenmount Ave St.; ....yrs. ....mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Dec 25 (Month) (Day) 1887 (Year)

7-AGE, 29 yrs. 1 mos. 7 da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Sales lady.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Campbell

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Gertrude Campbell

13-BIRTHPLACE OF MOTHER (State or Country), New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Gertrude Campbell wife

(Address) No 200 Greenmount Ave

15-

Filed..... 191.....

FEB 7 1917

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 1st, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 19th 1917, to Feb 1st 1917, that I saw her alive on Feb 1st 1917, and that death occurred, on the date stated above, at 1.35 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ....yrs. ? mos. ....da.

CONTRIBUTORY (Secondary).....

..... (Duration) ....yrs. ....mos. ....da.

(Signed) J. Montgomery [illegible] M. D.

Feb 7th, 1917. (Address) 357 Greenmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, February 3, 1917.

20-UNDERTAKER Henry Storck & Son — ADDRESS 1304 E Eager St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Last attendant of OCCASION must be important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1959

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1959

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. University Hospital ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME William Ford

(Residence in Baltimore: No. 509 Hargrove alley St.; 7 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown, 18.75
(Month) (Day) (Year)

7-AGE, 42 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Boottblack
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), md

PARENTS.

10-NAME OF FATHER, Langford Ford

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Ford

(Address) 509 Hargrove Alley

15- ROBERT R. KRAUTER

Filed FEB 1 1917, 191. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 31, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 24th 1917. to Jan 31st 1917, that I saw him alive on Jan 31st 1917, and that death occurred, on the date stated above, at 2.20A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

1/31, 1917 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State 42 yrs. mos. ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 509 Hargrove alley

19-PLACE OF BURIAL OR REMOVAL, Laurel — DATE OF BURIAL, Feb 2, 1917.

20-UNDERTAKER McGinnis & Carroll — ADDRESS 608 N Potomac St

CAUSE OF DEATH in plain terms, so that it may be properly classified. (See statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks. Marcianna Pilachowski

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1960 D 1960

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 707 S. Anna ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marcianna Pilachowski

(Residence in Baltimore: No. 707 S. Anna St.; 33 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, ... January (Month) 24 (Day), 1884 (Year)

7-AGE,	If LESS than 1 day,
33 yrs. 1 mos. 5 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Work
(b) General nature of industry, business, or establishment in which employed (or employer)..... +

9-BIRTHPLACE, (State or Country), Poland

PARENTS.

10-NAME OF FATHER, Stanislaus Sapielski

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Mary (Milan)

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Frank Pilachowski

(Address)..... 707 S. Anna St.

15-

Filed FEB 1-1917, 191.. ROBERT P. FRAZIER Registrar.

Burial Permit Issued

CAUSE OF DEATH to be plain terms so that it may be properly important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... January (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 14 1917, to January 26 1917, that I saw h[illegible] alive on January 26 1917, and that death occurred, on the date stated above, at 2:30 p.m.

The CAUSE OF DEATH* was as follows:

.....

.....

Pleural Effusion

..... (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Old Age

..... (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) [illegible] M. D.

January 31, 1917. (Address) 707 S. Anna St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
St. Stanislaus	Feby. 3, 1917.
20-UNDERTAKER	**ADDRESS**
W. F. Sadowski	705 S. Ann St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1961 15 D 1961

D 1961

CERTIFICATE OF DEATH.

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1948 Mosher ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 19.)

2-FULL NAME Spencer Lee Luckett

(Residence in Baltimore: No. 1948 Mosher St.; ..... yrs., ... mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Child

6-DATE OF BIRTH, January 27, 1917 (Month) (Day) (Year)

7-AGE, ✓ yrs. ✓ mos. 5 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Child
(b) General nature of industry, business, or establishment in which employed (or employer) ..... None

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Geo. S. Luckett

11-BIRTHPLACE OF FATHER (State or Country) Charles Co. Md.

12-MAIDEN NAME OF MOTHER Ethel Lee Jeffery

13-BIRTHPLACE OF MOTHER (State or Country), Carroll Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. C. Shannon

(Address) 700 Fulton Ave

15- FEB 1 - 1917 ROBERT E. KRAUTER

Filed ....., 191.... Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 1, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 27 191 7, to Feb 1 191 7, that I saw h.. alive on Jan 31 191 7, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

.....

.....

Mal nutrition

..... (Duration) ... yrs. 6 mos. 5 ds.

CONTRIBUTORY (Secondary) Delayed labor

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) George C. Shannon M. D.

Febry 1, 191 7 (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt View Cemetery H. county

DATE OF BURIAL, Feb 2, 1917.

20-UNDERTAKER Josiah Syfer

ADDRESS 1600 W North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 1962

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Sims

(Residence in Baltimore: No. 620 W. Franklin st. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1873 (Year)

7-AGE.	If LESS than 1 day,
44 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Insurance agent
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ohio.

PARENTS.

10-NAME OF FATHER, Melville Sims

11-BIRTHPLACE OF FATHER (State or Country), Ohio

12-MAIDEN NAME OF MOTHER Marie Smith

13-BIRTHPLACE OF MOTHER (State or Country), Ohio.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mildred Sims

(Address) 620 W Franklin

15-

Filed FEB 1 1917 191.....

ROBERT B. KRAUTER
Vital Statistics Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) 31 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 30 1917, to Jan 31 1917, that I saw h[illegible] alive on Jan 31 1917, and that death occurred, on the date stated above, at 10:20 Pm.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Bernard J. Fury M. D.

Feb 1, 1917 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. 5 mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 620 W. Franklin st.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Delaware Ohio	Feb 2. 1917.
20-UNDERTAKER	ADDRESS
W M Britton	230 N Green

CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

D 1963

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 D 1963

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 E Biddle ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Mrs Barbara Litz

(Residence in Baltimore: No. 1011 Biddle st East St.; Litz mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED ~~DIVORCED~~ (Write the word): Widow

6-DATE OF BIRTH: Jan Dec 31 (Month) (Day), 1858 (Year)

7-AGE: 59 yrs. 1 mos. - ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): +

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Liebe

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Eichum

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Mary Mc Dermott

(Address) 1014 E Biddle

15- Filed FEB 1 - 1917, 19.. MARY C. ... Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1, 1917, to, Jan 30 1917, that I saw h-er alive on Jan 30 1917, and that death occurred, on the date stated above, at 2P m.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) 0 yrs. 0 mos. 30 ds.

Contributory (SECONDARY)

(Duration) ... yrs. ... mos. ... ds.

(Signed) John H Gronhaug M. D.

Jan 31, 1917. [Address] 3100 Hanford Rd

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Feb 2, 1917

20-UNDERTAKER: F. A. Krause — ADDRESS: 703 Hanover

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 V D 1964

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 N Ann St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Hall

(Residence in Baltimore: No. 15 N Ann St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Dec (Month) ..... (Day), 1839 (Year)

7-AGE: 77 yrs. 1 mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Pressman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: James Hall

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Mrs Lisay

(Address): 15 N Ann

15-

Filed FEB 1 1917 191.. HARRY C. ANDREWS REGISTRAR

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 31 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1917, to, Jan 31 1917, that I saw h.IM alive on Jan 30 1917, and that death occurred, on the date stated above, at 12.25 p.m.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) 0 yrs 0 mos 21 ds.

Contributory (SECONDARY)

(Duration) ..... yrs ..... mos ..... ds.

(Signed), John H Graham M. D.

Feb 1 1917. [Address] 3100 Hanover

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Lorraine Park Cem — DATE OF BURIAL: Feb 3, 1917

20-UNDERTAKER: Alfred E Fuller — ADDRESS: 221 N Broadway

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1965

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1965

CERTIFICATE OF DEATH.

154

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 732 N. Fulton Ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Lang

(Residence in Baltimore: No. 732 N. Fulton Ave St.; 93 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, Or DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, ... Jany (Month) ..... 29 (Day) ....., 1814 (Year)

7-AGE, ... 93 yrs. ..... mos. 7 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At home
(b) General nature of industry, business, or establishment in which employed (or employer) ..... — 60°

9-BIRTHPLACE, (State or Country), Georgetown, D.C.

PARENTS.

10-NAME OF FATHER, William Lang

11-BIRTHPLACE OF FATHER (State or Country), Annapolis, Md

12-MAIDEN NAME OF MOTHER Lucy Bange

13-BIRTHPLACE OF MOTHER (State or Country), Annapolis, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benin K. Sherwood for L. T. Kemp

(Address) 732 Fulton Ave

15- FEB 1 1917 HARRY O. ANDREW...

Filed ....., 191..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jany (Month) ..... 31 (Day) ....., 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 9 1916, to Jany 31 1917, that I saw her alive on Jany 30 1917, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Old age

Gradually failing for 6 yrs

..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L. T. Kemp M. D.

Febry 1, 1917. (Address) St James Apartment

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Feb 2...,

20-UNDERTAKER George J. Smith — ADDRESS

CAUSE OF DEATH in plain terms. It may be of property importance. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1966

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1966

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital 4 792

CITY OF BALTIMORE: (No. ..... St.; 4 Ward)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Jones

(Residence in Baltimore: No. University Hospital St.; ..... yrs., ... mos. 7 hrs. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, 1874
(Month) (Day) (Year)

7-AGE, 43 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) Laborer (Day

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Mose Jones

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [redacted]

(Address) [redacted]

15-

Filed FEB 1 1917, 191.....

Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 30, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 29 1917, to Jan 30 1917, that I saw him alive on Jan. 30, 1917, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) Unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Bernard J. Perry M. D.

1-30, 1917. (Address) Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 17 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Nottoway, Va.

19-PLACE OF BURIAL OR REMOVAL, Nottaway Station Nottaway Co. Va. DATE OF BURIAL, Feb. 1, 1917.

20-UNDERTAKER Felix B. Pope ADDRESS 102 E. Fulton St.

CAUSE OF DEATH in plain terms, as full as may be proper and important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1967

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 D 1967

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3222 Barley ST.; 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie L. Robertson

(Residence in Baltimore: No. 3222 Barley St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col.

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~, (Write the word.) Widow

6-DATE OF BIRTH, ... (Month) Unknown (Day) ..... 1867 (Year)

7-AGE, 49 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Washington D.C

PARENTS.

10-NAME OF FATHER, Lemuel Henson

11-BIRTHPLACE OF FATHER (State or Country), Washington, D.C

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Robertson

(Address) 3411 Talbot St.

15-

Filed FEB 1 - 1917, 191.....

HARRY O. ANDERSON

Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Jan (Day) 31, (Year) 1917

17-I HEREBY CERTIFY, That I attended deceased from Dec 15 1916, to Jan 30 1917, that I saw her alive on Jan. 30 1917, and that death occurred, on the date stated above, at 6:15 P.M.

The CAUSE OF DEATH* was as follows:

..... Bright's Disease

.....

.....

..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Apoplexy & Pericarditis

..... (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) R. Garland Schmidt M. D.

Jan 31, 1917 (Address) 1534-20 St. Paul

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Feb. 2d 1917

20-UNDERTAKER Felix B. Pope — ADDRESS 1022 E. Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1968

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1968

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeth's Home ST.; 4 WARD) REGISTERED NO. C 37

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charley Jackson

(Residence in Baltimore: No. St. Elizabeth's Home; St. Paul St.; 11 yrs., 11 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	negro	

6-DATE OF BIRTH, Not known (Month), 1 (Day), ... (Yesr)

7-AGE, Probably 14 yr old ....yrs....mos....ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country).

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-
Filed FEB 1 - 1917, 191.... HARRY C. [illegible] Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 30 (Day), 1917. (Yesr)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 28th 1916, to Jan. 30th 1917, that I saw him alive on Jan. 30th 1917, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Syphilis

..... (Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Alimentary Decomposition

..... (Duration) ....yrs....mos....ds.

(Signed) Edgar B. Tinsdeman M. D.

Jan 31, 1917 (Address) 1.5.1.6. Fondren Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
JOHNS HOPKINS HOSPITAL	FEB 1 - 1917, 191...
20-UNDERTAKER Commissioner Health.	ADDRESS

Per. Wm. E. [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each question is important. See instructions on back of certificate.

5283

D 1969

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1969

CERTIFICATE OF DEATH.

REGISTERED No. C 91

PLACE OF DEATH

CITY OF BALTIMORE (No. 315 N Broadway ST.) 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME Clara Ritter

(Residence in Baltimore: No. 315 N Bdway St.; yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Female	White	Baby

6-DATE OF BIRTH, July 26 1916, 1
(Month) (Day) (Year)

7-AGE, yrs. 6 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John Ritter

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Dora Hearman

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Ritter

(Address) 315 N Bdway

15- Filed FEB 1 - 1917, 191 HARRY [illegible] Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 31 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. W. Smith Pooley (Coroner.) M. D.

, 191... (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer Cem	Feb 2, 19 17
20-UNDERTAKER	ADDRESS
Mrs J. L. Evans Son	1420 E Chase St

N.B.—Attending Physician is requested to fill out this Certificate in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1970

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 1970

CERTIFICATE OF DEATH

120

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1217 E Lexington St.; 5 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Bryan Isaacs

(Residence in Baltimore: No. 1217 E. Lexington St St.; lived in Baltimore 41 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Black

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Aug 15, 1866 (Month) (Day) (Year)

7-AGE: 50 yrs. 5 mos. 17 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Thomas Bryan

11-BIRTHPLACE OF FATHER (State or country): St Marys Co

12-MAIDEN NAME OF MOTHER: Elizabeth Clayton

13-BIRTHPLACE OF MOTHER (State or country): St Marys Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph H Isaacs husband

(Address) 1217 E Lexington St

15- Filed FEB 1 1917 191.....

HARRY [illegible]
[illegible] Public Health Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 30 (Day), 1917 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 2, 1917, to Jan 26 1917, that I saw h.... alive on Jan 26 1917, and that death occurred on the date stated above, at 3:30 a.m.

The CAUSE OF DEATH* was as follows:

Brights Disease

(Duration) yrs. 5 mos. ds.

Contributory (SECONDARY) Arteriosclerosis

(Duration) yrs. mos. 25 ds.

(Signed) Frank J Rumsey M. D.

Jan 31 1917 [Address] 2700 Harford Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

17-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

18-PLACE OF BURIAL OR REMOVAL: Albany Cem

DATE OF BURIAL: Feb 1917

19-UNDERTAKER: John W Henderson

ADDRESS: 31 N Carrollst

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 1971

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Stafford Hotel St.; 11 WARD)
REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leslie Witherspoon Fleck
(Residence in Baltimore: No. Stafford Hotel St.; — yrs. — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female
4-COLOR OR RACE. White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, January (Month) 26 (Day) 1840 (Year)

7-AGE. 77 yrs. 11 mos. 5 da.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Mobile Ala.

PARENTS.
10-NAME OF FATHER. David McCall Witherspoon
11-BIRTHPLACE OF FATHER (State or Country). Mobile
12-MAIDEN NAME OF MOTHER. Mary Jane Casey
13-BIRTHPLACE OF MOTHER (State or Country). Mobile Ala

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) John Hagan
(Address) 105 N. Charles St.

15-
Filed FEB 4 1917 191.....
Burial Permit Issued.....
Registrar.....

CAUSE OF DEATH to plain terms, so that it may be properly important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 31st (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 1916, to Jan 31st 1917, that I saw her alive on January 31st 1917, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis - Sclerosis

(Duration) ? yrs. mos. da.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) ? yrs. mos. da.

(Signed) J. L. Shearer M. D.

Jan 31st, 191.7. (Address) 905 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Greenmount
DATE OF BURIAL. Feby. 3rd, 191.7.
20-UNDERTAKER Hawkins Bros Co
ADDRESS McCulloh & Lanvale

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1972 — 120 D 1972

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 Forrest Place. ST.; 10 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane Lecia Adams.

(Residence in Baltimore: No. 1115 Forrest Place St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single.

6-DATE OF BIRTH, April (Month) 6 (Day), 1880. (Year)

7-AGE, 36 yrs. 9 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home.
(b) General nature of industry, business, or establishment in which employed (or employer): 00

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Jacob Thomas Adams.

11-BIRTHPLACE OF FATHER (State or Country), N. Carolina

12-MAIDEN NAME OF MOTHER Susan E. McQuade.

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Susan E. Adams Moore

(Address) 1115 Forrest Place.

15- FEB 1 1917 Filed....., 191.... HARRY O. ANDREWS Deputy Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 31 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 1 1917, to January 31 1917, that I saw h[illegible] alive on " 30 1917, and that death occurred, on the date stated above, at 1:14 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Nephritis

(Duration) yrs. mos. 4 ds.

(Signed) F. D. Kelly M. D.

Feby 1, 191 7. (Address) 110 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Feby 3rd, 1917.

20-UNDERTAKER Newcomer Son Co — ADDRESS [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. It is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

63 ✓ D 1973

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1203 N. Charles ST.; 11 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Fridge Murdoch

(Residence in Baltimore: No. 1203 N. Charles St St.; Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Widowed

6-DATE OF BIRTH, July (Month) 4 (Day), 1833 (Year)

7-AGE, 83 yrs. 6 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired 67
(b) General nature of industry, business, or establishment in which employed (or employer)..... Dry Goods Merchant

9-BIRTHPLACE, (State or Country) Baltimore Md.

PARENTS.

10-NAME OF FATHER, Alexander Murdoch

11-BIRTHPLACE OF FATHER (State or Country). Scotland

12-MAIDEN NAME OF MOTHER Susan Turnbull

13-BIRTHPLACE OF MOTHER (State or Country) Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Davies Murdoch

(Address) 1203 N. Charles St

15- FEB 1 1917 Filed..... 191..... HARRY C. ANDREWS Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 31 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 12th 1917, to Jan 31 1917, that I saw h.. in alive on Jan 31 1917, and that death occurred, on the date stated above, at 7.30 p m.

The CAUSE OF DEATH* was as follows:

Chronic Disease was a Contributory Cause of Death which was caused by a General Senile Break

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) —

(Duration) 2 yrs. 1 mos. ds.

(Signed) Wm D. Whitehead M. D.

Feb 1, 1917. (Address) 1005 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, Feby 3rd, 1917.

20-UNDERTAKER Heisenkins & Son & — ADDRESS McCulloh & Madison

56

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. Important.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1974

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1974

CERTIFICATE OF DEATH.

42

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2070 Plymouth Ave ST.; 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie A. Nash

(Residence in Baltimore: No. 2070 Plymouth Ave St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, December 23, 1863
(Month) (Day) (Year)

7-AGE, 53 yrs. 1 mos. 8 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home.

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, John T. Emmert.

11-BIRTHPLACE OF FATHER (State or Country), Balto County - Md.

12-MAIDEN NAME OF MOTHER Melpomina Simmering

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ephraim T. Nash

(Address) 2070 Plymouth Ave

15-

Filed FEB 1 1917, 191.... HARRY O. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 31, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 31, 1917, to Jan 31, 1917, that I saw h er alive on Jan 30, 1917, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uteri (Clinical)

(Duration) Several yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemmorrhages Uterus (Duration) yrs. 1 mos. ds.

(Signed) Ira D. Wetherby M. D.

1/31..., 1917. (Address) 2020 N. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Mary's Hampden | DATE OF BURIAL, Feb 3, 1917.

20-UNDERTAKER William Cook | ADDRESS 502 E. North Ave.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1975

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1975

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2407 E Preston ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adelena Kremmin

(Residence in Baltimore: No. 2407 E Preston St.; 35 yrs. 9 mos. 13 ds.)

8

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Dec. 17, 1881
(Month) (Day) (Year)

7-AGE, 35 yrs. 9 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Umbrella Operator
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER, Chas P. Kremmin

11-BIRTHPLACE OF FATHER (State or Country) Baltimore

12-MAIDEN NAME OF MOTHER Loretta Halmsmier

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Loretta Kremmin

(Address) 2407 E. Preston st

15- FEB 1 1917

Filed....., 191.....HARRY C. ANDERSON

Burial Permit Issued by.....Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 30, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 30 1916, to Jan 30 1917, that I saw her alive on Jan 30 1917, and that death occurred, on the date stated above, at 11a.m.

The CAUSE OF DEATH* was as follows:

1 Pulmonary Tuberculosis

(Duration) 6 mos.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jno B. Hanner M. D.

Jan 31, 1917 (Address) 1300 N Pat Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Feb 2, 1917

20-UNDERTAKER Wm Cook ADDRESS 502 E Preston

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1976

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1976

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Little Sisters of the Poor

CITY OF BALTIMORE: (No. 10 ST.; WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Eline

(Residence in Baltimore: No. Little Sisters of the Poor St.; 81 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Wid.

6-DATE OF BIRTH, May 22, 1835
(Month) (Day) (Year)

7-AGE, 81 yrs. 8 mos. 10 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James Adams

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Catherine Felix

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- FEB 1 1917 Filed, 191 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 1st, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Record 191, to 191, that I saw her alive on Jany 31 1917, and that death occurred, on the date stated above, at 8.40 a.m.

The CAUSE OF DEATH* was as follows:

Uremia Eclampsia

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) E. U. Darnall M. D.

Feb 1, 1917. (Address) 1133 Valley St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 6 yrs. 9 mos. ds. In the State 74 yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL, Emmitsburg Md DATE OF BURIAL, Feb 3, 1917

20-UNDERTAKER H. C. Wiedefeld ADDRESS 914 Greenmt Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact medium of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1977

D 1977

CERTIFICATE OF DEATH.

10

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Nursery and Childs Hosp ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frankline Sterling Keller

(Residence in Baltimore: No. Nursery and Childs Hosp St.; yrs. 9 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
male	white	Single

6-DATE OF BIRTH, April (Month) 6 (Day) 1916 (Year)

7-AGE, 0 yrs. 9 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George J. Smith

(Address) 1000 W Fayette East

15-

Filed FEB 1 1917 HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 1 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1916, to Feb 1 1917, that I saw h alive on Jan 31 1917, and that death occurred, on the date stated above, at 12:30 P m.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) 0 yrs. 0 mos. 6 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) 0 yrs. 0 mos. 2 ds.

(Signed) Edg. A. Ey M. D.

Feb 1, 1917. (Address) 16.16 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 9 mos. 18 ds. In the State 0 yrs. 9 mos. 18 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Feb 3, 1917.

20-UNDERTAKER George J Smith — ADDRESS 1000 W Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 1978

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 1978

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1073 W. Lexington ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lawson Plummer

(Residence in Baltimore: No. 1073 W. Lexington St.; — yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
65 yrs. ... mos. ... ds.	... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Soldier (U.S.)
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Howard Co Md

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (State or Country) Howard Co Md

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Md?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) B. Lauretta Rose

(Address) 1073 W. Lexington St.

15- Filed FEB 1 1917, 191... HARRY O. ANDREWS Registrar.

Burial Permit

CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 29, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 8 1917, to Jan 29 1917, that I saw h— alive on Jan 28 1917, and that death occurred, on the date stated above, at 2.00 p.m.

The CAUSE OF DEATH* was as follows:

Paralysis Cerebral Hemorrhage

(Duration) ... yrs. ... mos. 21 ds.

CONTRIBUTORY (Secondary) No Others

(Duration) ... yrs. ... mos. 21 ds.

(Signed) J. K. Fowler M. D.

Jan 31, 1917 (Address) 712 S. Howard St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
National Cem.	Feb 5, 1917
20-UNDERTAKER Wilbert Brown.	ADDRESS 806 Mount St

Spec.—8-24-14—M. & T.—2600 Bks.

D 1979

HEALTH DEPARTMENT—CITY OF BALTIMORE

172

D 1979

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2631 N. Calvert ST. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah M. Wright

(Residence in Baltimore: No. 2631 N. Calvert St St.; 12 yrs., 8 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, May 11, 1834 (Month) (Day) (Year)

7-AGE, 82 yrs. 8 mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ohio

PARENTS.

10-NAME OF FATHER, John A. Barr

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER —

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wilbur L Wright

(Address) 2631 N. Calvert St

15-

Filed FEB 2 1917 191.... ROBERT P. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 2nd, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 31 191 7, to Feb 2 191 7, that I saw h[illegible] alive on Feb 1st 191 7, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Dis. D. arch falling down stairs
old age
Accidental

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Shock

(Duration) yrs. mos. ds.

(Signed) Geo. D. Dem Lark M. D.

2/2/17, 191... (Address) 2623 N. Calvert St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn

DATE OF BURIAL, Jan 31, 1917.

20-UNDERTAKER Hue Cook

ADDRESS [illegible] North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

D 1980

81 D 1980

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C

PLACE OF DEATH

CITY OF BALTIMORE (No. 117 W.Hill St. St.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME Carroll Wilson.(col'd)

(Residence in Baltimore: No. 117 W.Hill St. St.: 37 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male.

4-COLOR OR RACE: Colored.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.): Single.

6-DATE OF BIRTH, Do not know., (Month) / (Day) / (Year)

7-AGE, 37 yrs. mos. ds. If LESS than 1 day, hrs. or mins.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer in a
(b) General nature of industry, business, or establishment in which employed (or employer): Bag factory.

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: Do not know.

11-BIRTHPLACE OF FATHER (State or Country): Do not know.

12-MAIDEN NAME OF MOTHER: Do not know.

13-BIRTHPLACE OF MOTHER (State or Country): Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jeannette Jackson.(col'd)

(Address) 117 W.Hill St.

15- Filed FEB 2 1917 ROBERT R. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 31st. 1917., 191 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Breaking of an Aneurism of the Aorta.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Otto M. Bernhardt M. D. (Coroner)

Jan,31,1917. (Address) 1017 S.Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, Feb 2, 1917.

20-UNDERTAKER Wm F Hooper ADDRESS 1108 Little Brad

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1981

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91V

D 1981

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital St. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Clara Felsenberg

(Residence in Baltimore: No. 721 Aisquith St.; yrs. 21 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6 DATE OF BIRTH Nov. 22, 1916 (Month) (Day) (Year)

7 AGE — yrs. 2 mos. 10 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Joseph Felsenberg

11 BIRTHPLACE OF FATHER (State or country) Roumania

12 MAIDEN NAME OF MOTHER Tonie Jacovitz

13 BIRTHPLACE OF MOTHER (State or country) Roumania

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Leurs

(Address) 1411 E. Monument St.

15 Filed FEB 2 1917 ROBERT B. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 1, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1917 to Feb. 1 1917 that I saw her alive on Feb 1, 1917 and that death occurred, on the date stated above, at 9.15 P.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

Primary

(Duration) ..... yrs. ..... mos. 6 ds

Contributory (SECONDARY) Acute Edema of Lungs

(Duration) ..... yrs. ..... mos. 6 hrs.

(Signed) Israel J. Feinglos M. D.

Feb 1, 1917 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 6 ds. In the State ..... yrs. 2½ mos. ..... ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 721 Aisquith St.

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hebrew Mt Carmel	Feb ....., 1917
20 UNDERTAKER	**ADDRESS**
Jacke Leurs	1411 E Monument

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-13-13—M. & T.—500 Bks.

D 1982

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91V D 1982

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 430 N. Central ave ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelin Flax

(Residence in Baltimore: No. 430 N. Central ave St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, October, 1916. (Month) (Day) (Year)

7-AGE, — yrs. 5 mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Abe Flax

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Bertha Harris

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Abe Flax

(Address) 430 N Central ave

15-

Filed....., 191.....

ROBERT B. ERNLE
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 1, 1917. (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 1 1917, to Feb 1 1917, that I saw her alive on Feb 1 1917, and that death occurred, on the date stated above, at 10 p m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) yrs. mos. 2 ds.

(Signed) M. J. Bayne M. D.

Feb. 2 191 7. (Address) 710 Aisquith

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel

DATE OF BURIAL, Feb 2 1917.

20-UNDERTAKER Max Levinson & Son

ADDRESS 1107 E Balto st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1983

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

D 1983

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 522 N Broadway ST. 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME

(Residence in Baltimore: No. M Kate Wilson St.; 25 yrs. ..... mos. ..... ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH ....., 1 ..... (Month) Oct (Day) 1850 (Year)

7-AGE ..... 66 ..... yrs. 4 mos. ..... ds. | If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work ..... Cooper
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Talbot Kent Co MD

PARENTS

10-NAME OF FATHER William H Wilson

11-BIRTHPLACE OF FATHER (State or country) Baltimore MD

12-MAIDEN NAME OF MOTHER Mary C Lathingam

13-BIRTHPLACE OF MOTHER (State or country) Kent Co MD

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Wilson

(Address) 520 N Broadway

15. Filed FEB 2 1917 191 ROBERT B. ..... Burial Permit ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feby 1 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1917, to Feby 1 1917.
that I saw h.. alive on Jan 31, 1917.
and that death occurred, on the date stated above, at 4.30 m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 8 ds

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Alla I Sage M. D.

2/1/17, 191 (Address) 709 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western	Feb 3, 1917

20-UNDERTAKER	ADDRESS
William J Asquith	817 Front St

Spec.—8-24-14—M. & T.—2000 Bks.

D 1984

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

D 1984

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 Whetstone ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Anderson

(Residence in Baltimore: No. 822 Whetstone St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Widow

6-DATE OF BIRTH, 24 known ..... (Month), ... (Day), 1860 (Year)

7-AGE, 57 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Howard Co. Md.

PARENTS.

10-NAME OF FATHER, Henry Dorsey

11-BIRTHPLACE OF FATHER (State or Country), Howard Co. Md.

12-MAIDEN NAME OF MOTHER Harriett Brown

13-BIRTHPLACE OF MOTHER (State or Country), East Indies

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Anderson

(Address) 822 Whetstone St.

15- FEB 2 1917

Filed....., 191.. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 29 - 1917, to Feb. 1 - 1917, that I saw h[illegible] alive on Feb. 1 - 1917, and that death occurred, on the date stated above, at 4-30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas. L. McCardell M. D.

Feb 1, 1917. (Address) 926 N. Stricker St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Feb [illegible], 191[illegible]

20-UNDERTAKER: Joseph A Roszell — ADDRESS: 1318 Druid[illegible]

CAUSE OF DEATH must be stated in plain English. See instructions on back of certificate.

FILMED BY THE GENEALOGICAL SOCIETY

Spec.—8-24-14—M. & T.—2000 Bks.

D 1985

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 1985

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1272 Riverside Ave. WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude K. Laessel.

(Residence in Baltimore: No. 1272 Riverside Ave St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White.	Single

6-DATE OF BIRTH, Aug 24, 1892.
(Month) (Day) (Year)

7-AGE, 24 yrs. 5 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER Philip Laessel.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Minnie Bornhorn

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret E. Zenk

(Address) 1272 Riverside Ave.

15-FEB 2 1917

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 1, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 25 1917, to Feb 1 1917, that I saw her alive on Feb 1 1917, and that death occurred, on the date stated above, at 9:30a m.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) yrs. mos. 4 ds.

(Signed) Jas A. O'Donnell M. D.

Feb 1, 1917. (Address) 1076 West St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross Cem.	Feb 5, 191.7
20-UNDERTAKER	ADDRESS
Lowe & Co.	502 E. South

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U.S. AFFIDAVIT

Spec.—8-24-14—M. & T.—2000 Bks.

D 1986

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1986

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2501 Oak ST.; 12 WARD) REGISTERED NO. C

2-FULL NAME John R. Wolfenden Jr

(Residence in Baltimore: No. 2501 Oak St.; 1 yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, September 15, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 4 mos. 16 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, John R. Wolfenden

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Mary E. Frey

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. M. Frey

(Address) 2435 Maryland Av

15- FEB 2 1917

Filed ..... 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 31, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 30 1917, to January 31 1917, that I saw h[illegible] alive on January 31 1917, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Convulsions

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Gastro enteritis

(Duration) yrs. mos. 2 ds.

(Signed) Geo. M. Frey M. D.

Feb 1, 1917 (Address) 2435 Maryland Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemt. DATE OF BURIAL, Feb 2, 1917

20-UNDERTAKER Wm Cook ADDRESS 602 E North Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1987

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 1987

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 418 N. Gorse ST.; 4 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth E. Jarden

(Residence in Baltimore: No. 418 N Gorse St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	W	Married

6-DATE OF BIRTH, Nov. 20, 1874
(Month) (Day) (Year)

7-AGE, 42 yrs. 2 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Eliza Smith.

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel E. Jarden

(Address) 418 N. Green

15-

Filed FEB 2 1917 191.... ROBERT E. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 31, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis, 7 days
Chronic Valvular Heart disease
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) Albert L. Duncan M. D.
(Coroner)
Feb 1, 1917 (Address) 312 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	2/3, 1917
20-UNDERTAKER William Cook	ADDRESS 502 N Nott

N.B.—CAUSE OF DEATH must be entered by a competent physician. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Also, if death occurred in a hospital or institution, the NAME of the same should be given instead of street and number, and the certificate properly classified.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x54 D 1988

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James M Buckingham.

(Residence in Baltimore: No. Westminster Md St.: ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ..., 1851
(Month) (Day) (Year)

7-AGE, 56 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Henry Buckingham

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Julia Olson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. M. Buckingham

(Address) Westminster Md.

15-FEB 2 1917 ROBERT H. LITZENBERG
Filed....., 191.... Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 2, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1/30 1917, to 2/2 1917, that I saw h[im] alive on 2/2 1917, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(Duration) unknown yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary).....

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. H. Ellis M. D.

2/2..., 191.7 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State ....yrs. 7 mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Westminster Md.

19-PLACE OF BURIAL OR REMOVAL, Westminster Md. DATE OF BURIAL, Feb. 4..., 191.7.

20-UNDERTAKER W. W. Norton ADDRESS 238 N Greene

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1989

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1989

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2111 E. Balto. ST.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude R. Wells

(Residence in Baltimore: No. 2111 E. Balto. St.; 31 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... Feb (Month) ..... 27 (Day), 1853 (Year)

7-AGE, 63 yrs. 11 mos. 23 ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Teacher
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Penna.

PARENTS.

10-NAME OF FATHER, Nicholas Wells

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Mary Clendenen

13-BIRTHPLACE OF MOTHER (State or Country), Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Wells

(Address) 2111 E. Balto St.

15- FEB 2 1917 ROBERT B. KRAUTER

Filed ....., 191.... Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 1st (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 26th 1917, to Feb 1st 1917, that I saw h-er alive on Feb 1st 1917, and that death occurred, on the date stated above, at 3.20 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(Duration) ..... yrs. ..... mos. 1½ ds.

CONTRIBUTORY (Secondary) La Grippe

(Duration) ..... yrs. ..... mos. 6 ds.

(Signed) Edgar Mountain M. D.

Feb 1st, 1917. (Address) 2129 E. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Oxford Pa. | DATE OF BURIAL, Feb. 3, 1917.

20-UNDERTAKER Wm. C. Black | ADDRESS 922 N. Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

D 1990

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1990

CERTIFICATE OF DEATH.

91

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2721 E. Monument St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew R. Francis Jr.

(Residence in Baltimore: No. 2721 E. Monument St.; ..... yrs., 7 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ... Dec. (Month) 8 (Day), 1896 (Year)

7-AGE, ... yrs. 7 mos. 5 ds. | If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Andrew Francis

11-BIRTHPLACE OF FATHER (State or Country), Balto. md.

12-MAIDEN NAME OF MOTHER Mary J. Chalon

13-BIRTHPLACE OF MOTHER (State or Country), Balto. md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew Francis

(Address) 2721 E. monument St

15- ROBERT E. SLATER

Filed FEB 2 1917, 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan 31 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 31 1917, to Jan 31 1917, that I saw h.. alive on Jan 31 1917, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

1 Broncho-Pneumonia

2 Influenza

(Duration) ..... yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary) General Debility

(Conjunctive) (Duration) ..... yrs. 1 mos. 1 ds.

(Signed) Edwin B Lennan M. D.

Feb 1, 191.7 (Address) 714 N Caltert St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery | DATE OF BURIAL, Feb 2, 191.7

20-UNDERTAKER Wm J Schaefer & Son | ADDRESS 1816 Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1991

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 1991

1 PLACE OF DEATH

REGISTERED No. C 2379

CITY OF BALTIMORE (No. 116 W. Hamburg ST. 23 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Minnie Ulinger

(Residence in Baltimore: No. 116 W. Hamburg. St.: 39 yrs. 10 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6 DATE OF BIRTH Sept. 11, 1877
(Month) (Day) (Year)

7 AGE 39 yrs. 10 mos. 20 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) Grocery

9 BIRTHPLACE (State or country) Baltimore

PARENTS

10 NAME OF FATHER Peter F. Ulinger

11 BIRTHPLACE OF FATHER (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Fuchlich

13 BIRTHPLACE OF MOTHER (State or country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Carrie E. Fuchlich

(Address) 116 W. Hamburg St.

15. ROBERT B. KRAUTER

Filed FEB 2 1917 191 Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 2 (Month) 1 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1916, to. 2-1 1917.
that I saw h-er alive on 1-31, 1917.
and that death occurred, on the date stated above, at 4 4' m.
The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) Mitral murmur

(Duration) ..... yrs. 3 mos. ..... ds.

(Signed) Mary Cook Rurlis M. D.

2-1, 1917. (Address) 810 Amerson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem.	Feby 3rd, 1917
20 UNDERTAKER Ed Schumacher	ADDRESS 1039 Hanover St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1992

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 1992

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1008 Hanover St. ST. 23 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Catherine Wendel.

(Residence in Baltimore: No. 1008 Hanover St. St.: 50 yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female.

4-COLOR OR RACE: White.

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow.

6-DATE OF BIRTH: May, 30th. 1850, (Month) (Day) 1 (Year)

7-AGE: 66 yrs. 8 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Germany.

PARENTS

10-NAME OF FATHER: Henry Merle.

11-BIRTHPLACE OF FATHER (State or country): Germany.

12-MAIDEN NAME OF MOTHER: Do not know.

13-BIRTHPLACE OF MOTHER (State or country): Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Miss Annie Wendel./daughter
(Address) 1008 Hanover St.

15. FEB 2 1917
Filed ..... 191 ROBERT B. KRACTER Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February, 1st. 1917. (Month) (Day), 191 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec, 30, 1916, 191 , to, Feb, 1st. 191 7, that I saw h er alive on February 1st. 191 7, and that death occurred, on the date stated above, at 11.45 p m.
The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(Duration) 2 yrs. mos. ds

Contributory (SECONDARY) Lobar Pneumonia.

(Duration) yrs. 1 mos. 2 ds.

(Signed) Otto M Reinhardt M. D.
Feb 2 1917 (Address) 1017 S.Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cem.	Feby 4th, 1917
20-UNDERTAKER	ADDRESS
S. Schumacher Son	1537 Hanover St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1993

CERTIFICATE OF DEATH.

29

D 1993

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 S Pulaski ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George F. Pailer

(Residence in Baltimore: No. 416 S Pulaski St.; ....yrs.....mos.....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
M	White	Single

6-DATE OF BIRTH, Sept 9th (Month) (Day), 1900 (Year)

7-AGE, 16 yrs. 4 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work School Boy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Charles Pailer

11-BIRTHPLACE OF FATHER (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER Lucy Smith

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs L. Pailer

(Address) 416 S Pulaski

15-

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 30 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1916, to Jan 30 1917, that I saw h[er] alive on Jan 29 1917, and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Phthisis

(Duration) yrs. 9 mos. ....ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) yrs. ....mos. 5 ds.

(Signed) W. Bethell M. D.

Jan 30, 1917. (Address) Irvington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery

DATE OF BURIAL, FEB 2 191 7

20-UNDERTAKER Geo. A. Gerber

ADDRESS Baltimore

FEB 2 1917 Burial Permit Clerk

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1994 — 91 D 1994

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 Cumberland ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Hachett Manning

(Residence in Baltimore: No. 515 Cumberland St. St.; 6 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1870 (Year)

7-AGE, 46 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Hachett

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Baron

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. B. Manning

(Address) 515 Cumberland St.

15- FEB 2 1917

Filed....., 191 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 31 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 29 1917 to Jan 31 1917, that I saw her alive on Jan 30 1917, and that death occurred, on the date stated above, at 11 p. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arthritis-Deformans

(Duration) 6 yrs. mos. ds.

(Signed) Edw. Talbott M. D.

Jan 31, 1917 (Address) 1353 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, Feb 3, 1917

20-UNDERTAKER E. Whitehurst — ADDRESS 2433 North Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1995

HEALTH DEPARTMENT—CITY OF BALTIMORE

80 ✓ D 1995

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1215 Park Ave ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph A. Redmond

(Residence in Baltimore: No. 1215 Park Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, December ....., 1864
(Month) (Day) (Year)

7-AGE. 52 yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housman
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Redmond

11-BIRTHPLACE OF FATHER (State or Country) W Virginia

12-MAIDEN NAME OF MOTHER Ann Lund

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia Redmond

(Address) 1215 Park Ave

15-

Filed FEB 2 1917, 191.... ROBERT P. KNAPP Registrar.

Burial Permit ....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 30th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1917, to Jan 30th 1917, that I saw h.. alive on Jan 30th 1917 and that death occurred, on the date stated above 11.45 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia Primary

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 2 yrs. ....mos. ....ds.

(Signed) A. Lum Ellis M. D.

Jan 31, 1917. (Address) 924 N Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery DATE OF BURIAL, Feb 2, 1917

20-UNDERTAKER John A. Bishop ADDRESS 1107 Eutaw St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1996

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 1996

92

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 S. Robinson ST.; 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Marie Herold

(Residence in Baltimore: No. 503 S. Robinson St.; yrs., 4 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female ~~Male~~

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Nov 24 (Month) (Day) 1916 (Year)

7-AGE, yrs. 2 mos. 7 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Joseph J. Harold

11-BIRTHPLACE OF FATHER (State or Country). Balto. Md.

12-MAIDEN NAME OF MOTHER Katie Robinson

13-BIRTHPLACE OF MOTHER (State or Country). Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph J. Herold

(Address) 503 S. Robinson St.

15-

Filed....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 26 1917, to Jan 31 1917, that I saw her alive on Jan. 30 1917, and that death occurred, on the date stated above, at 1 45 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Frank A. Glantz M. D.

Feb. 1, 191.7. (Address) 3244 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Oak Lawn

DATE OF BURIAL, Feb 2d, 191.7

20-UNDERTAKER Lilly & Zeiler

ADDRESS 4038 Mosher

CAUSE OF DEATH to be plainly written, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1997 HEALTH DEPARTMENT—CITY OF BALTIMORE D 1997

92

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3041 O. Donnell ST.; 1 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John T. Pulsfort.

(Residence in Baltimore: No. 3041 O. Donnell St.; 60 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, July 1st, 1839 (Month) (Day) (Year)

7-AGE, 77 yrs. 6 mos. 30 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry Pulsfort

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabette Pulsfort

(Address) 3041 O. Donnell Av

15-

Filed....., 191....

FEB 1917

ROBERT P. KRAUTER

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 31st, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 22 1917, to Jan 31 1917, that I saw him alive on Jan 30 1917, and that death occurred, on the date stated above, at 5 1/2 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(Duration) ....yrs.....mos. 9 ds.

CONTRIBUTORY (Secondary) La Grippe?

(Duration) ....yrs.....mos. 14 ds.

(Signed) W. J. McAvoy M. D.

Jan 31, 1917. (Address) 539 S. Ellwood Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart — DATE OF BURIAL, Feb. 3rd, 1917.

20-UNDERTAKER (Licensed) Lilly & Zuler — ADDRESS 403 S. Wolfe

Duplicate, Date statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Pks.

D 1998

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 1998

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1132 N Carey ST.; 16 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georgiana Ferguson

(Residence in Baltimore: No. 1132 N. Carey St ST.; 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	col	Married

6-DATE OF BIRTH, Jan (Month) 10 (Day), 1872 (Year)

7-AGE, 35 yrs. 1 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Wm Hall

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Eliza Carter

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Addison Ferguson

(Address) 1132 N Carey

15-

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2 (Month) — 1 (Day) '17 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1-25 1917, to 2-1 1917, that I saw h er alive on " 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Debility, exposure

(Duration) yrs. mos. ds.

(Signed) H A Cardozo M. D.

2-1-17, 191... (Address) 1524 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lancaster Va — DATE OF BURIAL, Feb 2, 191.7

20-UNDERTAKER Wm H Crane & Son — ADDRESS 1400 Mosher

CAUSE OF DEATH must be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1999 ✓ D 1999

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 834 Hanover ST.; 22 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Marks

(Residence in Baltimore: No. 834 Hanover St.; 2 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Feb (Month) 24 (Day) 1855 (Year)

7-AGE. 62 yrs. 11 mos. 8 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Stamps
(b) General nature of industry, business, or establishment in which employed (or employer) [illegible]

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, John Day

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Annie Trowers

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Johnson

(Address) 834 Hanover St

15-

Filed ....., 191.....

Registrar.

Burial Permit Clerk

Feb 4 915 Main N

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 1st (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 27 1916, to Feb 1st 1917, that I saw her alive on Feb 1st 1917, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. mos. 6 ds.

(Signed) Sidney H. Straith M. D.

Feb 1st 1917. (Address) 401 E. Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Lorraine — DATE OF BURIAL, Feb 7 1917

20-UNDERTAKER John J. Conroy & Son — ADDRESS 901 Hollins St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2000 HEALTH DEPARTMENT—CITY OF BALTIMORE 64 D 2000

CERTIFICATE OF DEATH

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2428 Oak St.; VR WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Thomas N. Key

(Residence in Baltimore: No. 2428 Oak St; St.; 20 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: Sept. (Month) 25th (Day), 1836 (Year)

7 AGE: 79 yrs. 4 mos. 6 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9 BIRTHPLACE (State or country): Va.

PARENTS

10 NAME OF FATHER: Wm H. Key

11 BIRTHPLACE OF FATHER (State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Key

(Address) 1608 Druid Hill Ave.

15. FEB 2, 1917 Burial Permit Clerk

Filed ....., 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan 31 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1917, to Jan 31, 1917, that I saw h— alive on Jan 31, 1917, and that death occurred, on the date stated above, at 11:30 a. m.

The CAUSE OF DEATH* was as follows:

Paralysis
(Duration) 1 week yrs. ... mos. ... ds

Contributory (SECONDARY) Cerebral Haemorrhage
(Duration) indefinite yrs. ... mos. ... ds.

(Signed) L. Richardson M. D.

Jan 31st, 1917 (Address) 1120 W. 35th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Feb. 2nd, 1917

20 UNDERTAKER: George H. Holland

ADDRESS: 517 Robert Street

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2001

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2001

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 N. Parish St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane Johnson

(Residence in Baltimore: No. 410 N. Parish St.; 55 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec. 25, 1862
(Month) (Day) (Year)

7-AGE, 55 yrs. 1 mos. 6 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day labor

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rachel Johnson

(Address) 410 N. Parish St.

15- FEB 2 1917 ROBERT E. KRAUTER

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 31, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 8 1916, to Jan. 31 1917, that I saw him alive on Jan. 29 1917, and that death occurred, on the date stated above, at 7-40 P. m.

The CAUSE OF DEATH* was as follows:

Bronchitis

(Duration) yrs. 2 mos. 0 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 3 ds.

(Signed) Thos. C. McCarthy M. D.

Feb 1, 191.7. (Address) 906 N. Stricker St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Feb. 2, 191.7

20-UNDERTAKER Geo. W. Holland — ADDRESS 517 Robert St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2002

CERTIFICATE OF DEATH.

150 D 2002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3602 Ash st Woodberry ST.; 13 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emmette T. Peeples

(Residence in Baltimore: No. 3602 Ash St St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Jan (Month) 19 (Day), 1917 (Year)

7-AGE, ...yrs. 12 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Orlando T Peeples

11-BIRTHPLACE OF FATHER (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER, Ethel M. Harrison

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Orlando T. Peeples

(Address) 3602 Ash St Woodberry

15-

Filed....., 191.....

ROBERT R. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 19th 1917, to Jan 31st 1917, that I saw h[im] alive on Jan 31 1917, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

Malnutrition

(Duration) ....yrs. ....mos. 1 W ds.

CONTRIBUTORY (Secondary) Uremia Bright's disease

(Duration) ....yrs. ....mos. 1 W ds.

(Signed) Vernon J. Kelly M. D.

Feb 4, 1917. (Address) 3705 Fall Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Thistle M E Cem Balto Co Md

DATE OF BURIAL, Feb. 2, 1917

20-UNDERTAKER Easton Sons

ADDRESS Ellicott City Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2003

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2003

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2729 W. Calvert St. St.; 17 Ward) REGISTERED No. C

2-FULL NAME Theodore John Morton.

(Residence in Baltimore: No. 2729 W. Calvert (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St. 8 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	married

6-DATE OF BIRTH, Sept 10th (Month) (Day), 1 (Year)

7-AGE, about 60 yrs. (yrs. mos. ds.) If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired coffee merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER, George C. Morton

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Co

12-MAIDEN NAME OF MOTHER Mary A Packwood

13-BIRTHPLACE OF MOTHER (State or Country), New Orleans La

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles E. Morton

(Address) 2729 W. Calvert St

15- FEB 2 1917 ROBERT E. [illegible]

Filed ....., 191. Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan 31st (Month) Jan. (Day) 31 (Year) 1917

17- I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inq (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Old age Coma

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [signature] M. D.

(Coroner)

1917 (Address) 2732 Rodgers Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount — DATE OF BURIAL, Feby 3rd, 1917

20-UNDERTAKER Metropolitan Mfg Co — ADDRESS McCulloh & Lafayette 516

N. B.—Every item of information should be carefully supplied. And should be stated EXACTLY. THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2004 HEALTH DEPARTMENT—CITY OF BALTIMORE 28 D 2004

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8) ST.; 18 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August Thalwitzer

(Residence in Baltimore: No. 809 W Mulberry St.; 36 yrs., ~ mos., ~ ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, August (Month) 31 (Day), 1859 (Year)

7-AGE, 57 yrs. 5 mos. ~ ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tobacco
(b) General nature of industry, business, or establishment in which employed (or employer): Poole + Hunter

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Agnes Jacobs

(Address) 809 W Mulberry St

15-

ROBERT P. LAUTER

Filed FEB 2 1917 191.... Burial Permit ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 1st (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan 1915, to Feb 1 1917, that I saw h~ alive on Feb 1 1917, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Norwood M. D.

Feb 1, 1917 (Address) 939 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western

DATE OF BURIAL, Feb. 4., 1917

20-UNDERTAKER Geo W Little

ADDRESS 531 N Fremont Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2005 ✓ D 2005

CERTIFICATE OF DEATH.

REGISTERED No. C 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1373 Whatcoat ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dennis Aymond

(Residence in Baltimore: No. 1373 Whatcoat st St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Not Known ....., 1 .....
(Month) (Day) (Year)

7-AGE 50 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Not known

PARENTS.

10-NAME OF FATHER. Not known

11-BIRTHPLACE OF FATHER (State or Country). Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country). Not known

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) John Bluford

(Address) 1373 Whatcoat st

15-

Filed ..... 191 .....
Registrar.

FEB 2 1917 ROBERT R. CRAFTER Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 1st, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 28 1917, to Feb 1st 1917, that I saw h[illegible] alive on Jan 31st 1917, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis.

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry F Brown M. D.

Feb 1st, 1917. (Address) 15 01 Presstman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
HOPKINS HOSPITAL	FEB. 2 1917
20-UNDERTAKER Commissioner Health.	ADDRESS

Per. Wm. E. WOODALL.

CAUSE OF DEATH must be plainly written, so that it may be properly classified. Every question must be answered if possible. Unknown or doubtful answers are important. See instructions on back of certificate.

Spec.—8-24-44—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2006

D 2006

CERTIFICATE OF DEATH.

150

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hop-ins Hospital ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Schneider

(Residence in Baltimore: No. 928 Popular Grove St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, January 26 (Month) 1917 (Day), 1 (Year)

7-AGE, ...yrs. ....mos. 2 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles Schneider (brother of mother)

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Emma Schneider

13-BIRTHPLACE OF MOTHER (State or Country), School girl

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Gwinn Murray Jr. M D

(Address) Johns Hopkins Hospital

15-

Filed FEB 2 1917, 191.... JOHNS HOPKINS HOSPITAL

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 28 (Month) 1917 (Day), 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 26 1917 to January 28 1917, that I saw h.r alive on January 28 1917, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Congenital anomaly ? Patent Foramen Ovale ?

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Atelectasis

(Duration) ....yrs. ....mos. 2 ds.

(Signed) John Gwinn Murray Jr. M. D.

January 29 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. ....mos. 2 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Parents 928 Popular Grove St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
HOPKINS HOSPITAL	....., 191...
20-UNDERTAKER	ADDRESS

Commissioner of Health.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

Birth Certificate sent

Spec.—3-24-14—M. & T.—2000 Blks.

D 2007 HEALTH DEPARTMENT—CITY OF BALTIMORE D 2007

CERTIFICATE OF DEATH.

REGISTERED No. C 151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hop-ins Hospital ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Ma-ell

(Residence in Baltimore: No. 1309 Woodyear Street St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Blac-

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, anuary 26 1917, (Month) (Day) (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, 12 hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.... Infant
(b) General nature of industry, business, or establishment in which employed (or employer)....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Edward Wat-ins

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Carrie Ma-ell

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [signature] M.D.

(Address) Johns Hop-ins Hospital

15- Filed FEB 2 1917, 191.... ROBERT P. BRAUER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, anuary 27 1917, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 26 1917, to Jan 27 1917, that I saw him alive on Jan 26 1917, and that death occurred, about on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Prematurity 7 months foetus

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)....

(Duration)....yrs....mos....ds.

(Signed) [signature] M. D.

Jan 28 1917. (Address) Johns Hop-ins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs.... mos. 1/2.

Where was disease contracted, if not at place of death?....

Former or usual residence....

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL

DATE OF BURIAL, FEB 1 - 1917, 191...

20-UNDERTAKER

ADDRESS

Commissioner Health.

CAUSE OF DEATH to be plain terms, so that it may be properly classified. Birth certificate is important. See instructions on back of certificate.

Spec.—5-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2008

CERTIFICATE OF DEATH.

151 D 2008

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Cohen

(Residence in Baltimore: No. 1530 East Pratt St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, January 27 1917, / (Month) (Day) (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, 12 hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Ellis Cohen

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Sophie Cohen

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [illegible] MD

(Address) Johns Hopkins Hospital

15- Filed FEB 2 1917, 191.... ROBERT P. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 28 1917, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 27 1917, to January 28 1917, that I saw her alive on January 27 1917 and that death occurred, on the date stated above, at about 6 a.m.

The CAUSE OF DEATH* was as follows:

Prematurity 8 months foetus

.....

..... (Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) None

..... (Duration) ....yrs....mos....ds.

(Signed) [illegible] M. D.

January 28 17 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. mos. 1/2 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL FEB 1 1917

Case of death in plain type, if not a baby or stillborn, should be reported on Birth Certificate sent in important. See instructions on back of certificate. Birth

28

Spec.—8-24-14—M. & T.—2000 Blks.

D 2009 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 2009

92

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1421 Hanover ST.; 23 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Russell

(Residence in Baltimore: No. 1421 Hanover St.; - yrs., - mos. - ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Not Known, ... (Month) ..... (Day) 1 ..... (Year)

7-AGE,	If LESS than 1 day,
About 70 yrs. ..... mos. ..... ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Barber Master
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Delaware

PARENTS.

10-NAME OF FATHER, George Russell

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Dunn

(Address) 1421 Hanover St

15- ROBERT E. LIMPERT

Filed FEB 3 1917 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 1, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 8 1917, to Feb 1 1917, that I saw h[illegible] alive on Feb 1 1917, and that death occurred, on the date stated above, at 6a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ... yrs. ... mos. 24 ds.

CONTRIBUTORY (Secondary) Cardiac failure

..... (Duration) ... yrs. ... mos. 4 ds.

(Signed) H. Carey Gunn M. D.

Feb 2 1917 (Address) 1535 Mt Hope Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS):

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Feb 3, 1917

20-UNDERTAKER E J Fanning — ADDRESS 1460 Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact [illegible] important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2080 D 2081

63

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert B Cassidy

(Residence in Baltimore: No. 931 W. Franklin St St.: ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, December 18, 1878.
(Month) (Day) (Year)

7-AGE, 39 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bar Tender
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Robt. Cassidy

11-BIRTHPLACE OF FATHER (State or Country), Del.

12-MAIDEN NAME OF MOTHER Molly Bittera

13-BIRTHPLACE OF MOTHER (State or Country), Ind.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Robert B. Cassidy

(Address) 931 W. Franklin St.

15-

Filed ....., 1917 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 2, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12-2-16 191..., to 2-2-17 191..., that I saw h m alive on 2-2-17 191..., and that death occurred, on the date stated above, at 11.20 Am.

The CAUSE OF DEATH* was as follows:

Pyelo-cystitis

(Duration) ..... yrs. 2 weeks mos. ..... ds.

CONTRIBUTORY (Secondary) Infectious Myocarditis

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) Frank C. Krauss M. D.

2-2-, 1917. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. ..... ds. In the State 39 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Not known

Former or usual residence 931 W. Franklin St

19-PLACE OF BURIAL OR REMOVAL, St. Mary's Govans

DATE OF BURIAL, Feb. 5..., 1917.

20-UNDERTAKER Jos. J. Burr

ADDRESS 156 N. Govans

CAUSE OF DEATH to be plain, full and unabbreviated. Use terminal of OCCUPATION if any. Physician may use property cabinet. Use terminal of certificate. important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2011

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

64 D 2011

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 Fawn St. St.: 3 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Stegner.

(Residence in Baltimore: No. 922 Fawn St. St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, February 27th. (Month) (Day) 1841 (Year)

7-AGE, 75 yrs. 11 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Stegner

(Address) 922 Fawn St.

15- FEB 3 1917 HARRY C. ARMSTRONG

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 1st. 1917. (Month) (Day) 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 27 1917, to Feb 1 1917, that I saw h e alive on Jan 31 1917, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. J. Valentine M. D.

Feb 2, 1917. (Address) 16 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Trinity Cemetery DATE OF BURIAL, Feby 4th, 1917.

20-UNDERTAKER Chas. E. Evans & Son ADDRESS 1 Druid Royal Ave

CAUSE OF DEATH to be plainly stated. Each question to be carefully answered. Every certificate must be signed. Every item is important. See instructions on back of certificate.

D 2012

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2012

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 430 ~~Short st~~ Somerset ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elnor Wilson

(Residence in Baltimore: No. 430 ~~Short st~~ Somerset St.; 79 yrs. Life mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOW OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1837 (Year)

7-AGE, 65 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: H Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John Mack

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Jane McPherson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andason Mack

(Address) 430 Somerset st

15- FEB 3 1917

Filed ....., 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 31 1917 (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) G F Ruth Coroner

Jan 31 1917, 191... (Address) E E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Antioch Cemetery

DATE OF BURIAL, Feb 4 1917

20-UNDERTAKER Chas G Bailey

ADDRESS Jefferson st

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If UNDER ONE YEAR, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 2013

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 2013

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 W. Hoffman ST.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm J. Greenwood Jr

(Residence in Baltimore: No. 506 W. Hoffman St.; Life ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH. 7 Nov 17 (Month) (Day) 1882 (Year)

7-AGE. 34 yrs. 2 mos. 15 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Messenger
(b) General nature of industry, business, or establishment in which employed (or employer): Penna. R.R. Co.

9-BIRTHPLACE, (State or Country): Balto - Md

PARENTS.

10-NAME OF FATHER. Wm J. Greenwood

11-BIRTHPLACE OF FATHER (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER Elizabeth Wreck

13-BIRTHPLACE OF MOTHER (State or Country). Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm J. Greenwood Jr

(Address) 506 W. Hoffman St

15-

Filed FEB 3 1917 191.... MARY C. ANDREWS

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 12 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1917, to Feb 12 1917, that I saw him alive on Jan 31 1917, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy

(Duration) 1 yrs. ..... mos. ..... ds.

(Signed) W. Wilson M. D.

Feb 12, 1917. (Address) 1220 E Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Asbury Cemetery

DATE OF BURIAL. Feb 3rd, 1917.

20-UNDERTAKER Chas E Bailey

ADDRESS 1777 Hanover St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Date and cause of OCCUPATION also important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2014 HEALTH DEPARTMENT—CITY OF BALTIMORE D 2014

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2539 Francis St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Francis Lucas

(Residence in Baltimore: No. 2539 Francis St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Dec. 22, 1846
(Month) (Day) (Year)

7-AGE, 70 yrs. 1 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Butcher
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Francis Lucas

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Segafoose

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mattie Lucas

(Address) 2539 Francis St

15-

Filed FEB 3 1917 191.... HARRY C. ANDRUS Registrar. Assistant Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 1, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 18th 1916, to Feb 1st 1917, that I saw him alive on Feb 1st 1917, and that death occurred, on the date stated above, at 1.30 p m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) E. G. Shreve M. D.

Feb 1st 1917. (Address) 1274 W. North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	Feb 7, 1917
20-UNDERTAKER	ADDRESS
W. J. Tickner & Son	North Ave

CAUSE OF DEATH to be plain terms, so that it may be properly classified. Each statement of OCCUPATION is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2015

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2015

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 Woodward St. 16 ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laverna May Roper

(Residence in Baltimore: No. 813 Woodward St.; 34 yrs. 10 mos. 14 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 18, 1882. Saturday 1882
(Month) (Day) (Year)

7-AGE, 34 yrs. 10 mos. 14 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Work
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER, Norman L. Ray

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Jane E. Ray

13-BIRTHPLACE OF MOTHER (State or Country), Mt. Washington Balto Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... L. A. Roper

(Address)..... 813 Woodward St

15-

Filed FEB 3 1917, 191.....

HARRY C. ANDREWS
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 1 Thursday, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ~~Feb~~ Jan 30 191 7, to Feb 1 191 7, that I saw h.. alive on Feb 1 191 7, and that death occurred, on the date stated above, at 9:25 a.m. / p.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis pulmonales

(Duration) One yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. G. Paullinger M. D.

2-1-17 191... (Address) 628 N. Eutaw Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Feb. 4., 191

20-UNDERTAKER Wm. J. Tickner & Sons ADDRESS Pac. ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 2016

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2016

CERTIFICATE OF DEATH.

120

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 S. Robinson ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Thamert

(Residence in Baltimore: No. 1101 S. Robinson St.; Life yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Sept. (Month) 20 (Day), 1850 (Year)

7-AGE, 66 yrs. 4 mos. 12 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Boiler-maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto., Md.

PARENTS.

10-NAME OF FATHER, John Thamert

11-BIRTHPLACE OF FATHER (State or Country), Balto., Md.

12-MAIDEN NAME OF MOTHER, Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Clefford

(Address) 1101 S. Robinson St.

15-

Filed FEB 3 1917, 191.....

HARRY G. ANDREWS
DEPUTY REGISTRAR

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 1 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 30 1917, to Feb 1 1917, that I saw him alive on Feb 1 1917, and that death occurred, on the date stated above, at 9:50 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) Mos. 4 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) H. B. Mellow M. D.

Feb. 2, 1917. (Address) 2132 E. O'Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Carmel Cemetery	Feb 4, 1917
20-UNDERTAKER	**ADDRESS**
Zirkler & Zirkler	1739 E. Eager St

CAUSE OF DEATH must be filled in plainly, so that it may be properly classified. Each question must be answered, or "unknown" or "none" written, as the case may be. Physicians are requested to fill in dates and to make the return as complete as possible, as it is important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2017

CERTIFICATE OF DEATH.

120

D 2017

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 827 Light ST. 32 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary K. Lloyd

(Residence in Baltimore: No. 827 Light St.: 68 yrs., 6 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, July (Month) 27 (Day), 1848 (Year)

7-AGE, 68 yrs. 6 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto., Md.

PARENTS.

10-NAME OF FATHER, Daniel Piquett

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Hartman

13-BIRTHPLACE OF MOTHER (State or Country), Balto, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anthony Miles

(Address) 827 Light St

15-

FEB 3 1917

Filed....., 191.... Registrar.

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 31st (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 24 1917, to Jan 31 1917, that I saw h-r alive on Jan 31st 1917, and that death occurred, on the date stated above, at 9.10 a m.

The CAUSE OF DEATH* was as follows:

Pleurisy

Interstitial Nephritis

Arteriosclerosis

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. Hammer Lochin M. D.

Feb 1, 1917. (Address) 835 S Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Feb. 3, 1917.

20-UNDERTAKER H. & M. L. Flynn ADDRESS 1422 Light St

Spec.—8-24-14—M. & T.—2000 Blks.

D 2018

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2018

CERTIFICATE OF DEATH.

REGISTERED No. C 30

1-PLACE OF DEATH (a) ---

CITY OF BALTIMORE: (No.) Balto. Eye Ear & Throat Hospital St.) 15 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin W Fitzmaurice

(Residence in Baltimore: No.) 2117 Walbrook ave St.; 43 yrs. 2 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Nov. 4, 1873. (Month) (Day) (Year)

7-AGE. 43 yrs. 2 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Inspector for
(b) General nature of industry, business, or establishment in which employed (or employer) U. R.R. Co.

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Walter Fitzmaurice

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Mary Morgan

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Martin Fitzmaurice

(Address) 2117 Walbrook ave

15-

Filed FEB 3 1917, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. February 2, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 26th 1917, to Feb. 1st 1917, that I saw him alive on Feb. 1st at 2.35 pm 1917, and that death occurred, on the date stated above, at 7.30 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia, Acute Influenza, Exhaustion & Collapse

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Mastoid Abscess Left

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thomas Clinton Worthington M. D.

2/2/17, 1917. (Address) 1922 Walbrook ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 6 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2117 Walbrook Ave

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cemetery

DATE OF BURIAL. Feb. 4, 1917.

20-UNDERTAKER R. F. & M. D. Flynn

ADDRESS 1422 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 2019

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93

D 2019

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 E Bank ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Ynarek

(Residence in Baltimore: No. 1619 E Bank St.; 36 yrs., mon. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 23, 1859. (Month) (Day) (Year)

7-AGE. 57 yrs. 8 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Austria

PARENTS.

10-NAME OF FATHER, Jacob Ketzlek

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Dent Inm

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Ynarek

(Address) 1619 E Bank St

15-

Filed FEB 3 1917, 191.... HARRY G. ARCHER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 31, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 28 1917, to Jan 31 1917, that I saw h[illegible] alive on Jan 31 1917, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

A Cute Pleurisy,
(No other history.)
(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

(Signed) William Rosanka M.D.

Feb 2, 191.7 (Address) 300 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Hill Cemetery

DATE OF BURIAL, Feb 3 191.7

20-UNDERTAKER John A Moran

ADDRESS Bank & Ann Sts.

Dr. Physician Not A. Kennedy

CAUSE OF DEATH to be plain, legible, and without abbreviation. Each statement is important. See instructions on back of certificate.

A F F I X S • A K

Spec.—8-24-14—M. & T.—2000 lks.

D2020

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED No. D2020

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 E Preston ST. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas M. S Harding Jr.

(Residence in Baltimore: No. 1210 E Preston St.; 6ft yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, November 9, 1886
(Month) (Day) (Year)

7-AGE, 30 yrs. 2 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): House

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Thos. M. S. Harding Sr.

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Eliza Addison

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Raymond Harding

(Address) 1210 E Preston St.

15-

FEB 3 1917

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 1, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1917, to Jan. 1, 1917, that I saw h alive on Jan. 31 17 1917, and that death occurred, on the date stated above, at 12 20h m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Lee Finney M. D.

Jan. 31, 1917. (Address) 1206 E. Preston.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Feb 4, 1917

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each individual item is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2021 D2021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D2021

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp ST.; 9 WARD)

REGISTERED No. D2021

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hattie M. Klees

Residence in Baltimore: No. 4823 Park Heights ave St.; 18 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept. (Month) 15, (Day) 1878 (Year)

7-AGE, 38 yrs. 4 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Cashier
(b) General nature of industry, business, or establishment in which employed (or employer) Dept Store

9-BIRTHPLACE, (State or Country), Carroll Co Md

PARENTS.

10-NAME OF FATHER, John Klees

11-BIRTHPLACE OF FATHER (State or Country). Balto. Md

12-MAIDEN NAME OF MOTHER Susan Lever

13-BIRTHPLACE OF MOTHER (State or Country). Carroll Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles E. Klees

(Address) 4823 Park Heights

15- FEB 3 1917 Filed ....., 191.... HARRY C. ANDREW Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 1, (Month) (Day) 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1917, to Feby 1st 1917, that I saw her alive on Feby 1st 1917, and that death occurred, on the date stated above, at 1130 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

.....

.....

.....a. (Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia & Pleurisy

.....b. (Duration) ....yrs. ....mos. 12 ds.

(Signed) Walter A Coe M. D.

....., 191.7. (Address) 5 Marion & Druid Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. 3 ds. In the State 24 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Residence

Former or usual residence 4823 Park Heights Ave

19-PLACE OF BURIAL OR REMOVAL, Sams Creek Carroll Co Md

DATE OF BURIAL, Feby 4, 1917

20-UNDERTAKER U. T. Cook

ADDRESS Foleman

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2022

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 2022

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3212 Cedar Ave. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard C. Hackley.

(Residence in Baltimore: No. 3212. Cedar Ave. St.; ....yrs., ...mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Infant.

6-DATE OF BIRTH, ... Jan. (Month) 23. (Day), 1917 (Year)

7-AGE, ...yrs. ....mos. 10 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Jacob A. Hackley.

11-BIRTHPLACE OF FATHER (State or Country), W. Virginia

12-MAIDEN NAME OF MOTHER Mary C. Brown.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob A. Hackley.

(Address) 3212 Cedar Ave.

15- FEB 3 1917 HARRY C. [illegible]

Filed....., 191.... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 2. (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 23 1917, to Feb 2 1917, that I saw h[illegible] alive on Feb 2 1917, and that death occurred, on the date stated above, at 5 m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of stomach

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Gastro Enteritis

(Duration) ....yrs. ....mos. ....ds.

(Signed) R. B. Townsend M. D.

Feb 2, 1917. (Address) 3543 Chesterfield Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt. Marys Hamsden DATE OF BURIAL, Feb. 3, 191.7

20-UNDERTAKER H. W. Ellenworth & Co. ADDRESS 607 Gaston ave

CAUSE OF DEATH to be filled in plain terms, as what may be properly entered is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2023

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2023

1-PLACE OF DEATH U. S. Marine Hosp. REGISTERED NO. C.....

CITY OF BALTIMORE: (No. U. S. Marine Hospital ST.; .... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME R. P. Skipper

(Residence in Baltimore: No. U. S. Marine Hospital ST.) ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1851 (Year)

7-AGE, 55 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer) Marine Engineer

9-BIRTHPLACE, (State or Country). North Carolina

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country). Not known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Hospital record
(Address) .....

15-FEB 3 1917 DATE RECEIVED

Filed ..... 191.... Burial Permit Issued
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 30 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Sept 13 1916, to Jan 30 1917, that I saw h.. alive on Jan 30 1917, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Valvular disease Heart
mutral Regurgitation

(Duration) 6 yrs. 4 mos. 17 ds.

CONTRIBUTORY (Secondary) .....
(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas A. Vogel M. D.
Feb 1, 191.7 (Address) U.S. Marine Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. 4 mos. 17 ds. In the State — yrs. — mos. — ds.
Where was disease contracted, if not at place of death? —
Former or usual residence —

19-PLACE OF REMOVAL, [illegible] OF BURIAL, Woodlawn Cem. Feb 4 1916

20-UNDERTAKER Glenwith & Son ADDRESS 3057 Lorraine ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2024

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2024

CERTIFICATE OF DEATH.

1-PLACE OF DEATH (a) CITY OF BALTIMORE (No.) University Hospital ST.: 18 WARD) Registered No. C. 175

2-FULL NAME Margaret Welsh

(Residence in Baltimore: No. 879 Hollins St.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give STATE or COUNTRY.)

St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH. Jan 10, 1910
(Month) (Day) (Year)

7-AGE. 7 yrs. 2 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School Girl
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thomas Welsh

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Margaret Cavanaugh

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos Welsh

(Address) 879 Hollins

15- Filed FEB 3 1917, 191 PARTY Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 31, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Shock following Fracture of right Femur, Tibia & Fibula caused by being hit by Automobile, (accidental) (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Albert L. Driscoll M. D. (Coroner.)

Feb 7, 1917 (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the City of Balto yrs. mos. ds.

Where was disease contracted, if not at place of death? Balto & Potomac Rd

Former or usual residence 879 Hollins St

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Feb 3, 1917

20-UNDERTAKER John J Cowan & Son — ADDRESS 701 Hollins St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2025

CERTIFICATE OF DEATH.

15 D 2025

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1201 Clarkson ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Sisco.

(Residence in Baltimore: No. 1201 Clarkson St St.; 46 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown ....., ... (Month) ..... (Day) ..... (Year)

7-AGE, 63 yrs. About mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, James H. Sisco.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Julia Eden.

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia Sisco

(Address) 1205 Clarkson St

15-

FEB 3 1917 ROBERT B. ....

Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 1, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 31 1917, to Feby 1917, that I saw h[illegible] alive on Feby 1 1917, and that death occurred, on the date stated above, at 10 Pm.

The CAUSE OF DEATH* was as follows:

Infirmities of old age

..... (Duration) ..... yrs. Unknown mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. E. [illegible] M. D.

Feby 3, 1917 (Address) 910 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem

DATE OF BURIAL, Feb 3, 1917

20-UNDERTAKER Samuel W. Hemsley

ADDRESS 5780 Bridle

CAUSE OF DEATH to be stated in plain terms, so that it may be properly classified. Name and address of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 2026 — 28 ✓ — D 2026

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 607 W. Saratoga St. WARD)

2-FULL NAME Samuel E. Mason

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 607 Saratoga St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: (Month) September (Day) 11 1902 (Year)

7-AGE: 15 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: School boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: Samuel A. Mason

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Mary C. Smith

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Samuel A. Mason

(Address) 607 W. Saratoga

15- Filed FEB 3 1917 ROBERT P. PRASTE... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: (Month) Feb (Day) 1 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 11, 1916, to, Feb 1, 1917, that I saw h[im] alive on Jan 31 1917, and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) yrs 6 mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) H. S. M. Caird M. D.

Feb 1, 1917 [Address] 2005 Hillsdale

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Zion Cem — DATE OF BURIAL: Feb 4 1917

20-UNDERTAKER: Samuel Feuss — ADDRESS: 517 W. Balto

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT–CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 2027

Registered No. C 9 91 D 2027

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 601 Fairoak Av St.; 9 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary A. Barrington Mowbray

(Residence in Baltimore: No. 601 Fairoak Av St.; yrs. mos. ds.)

Mowbray

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Fem	White	Widowed

6 DATE OF BIRTH May 3, 1821 (Month) (Day) (Year)

7 AGE 95 yrs. 9 mos. 29 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Woman
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) York Penn

PARENTS

10 NAME OF FATHER Joseph M. Taylor

11 BIRTHPLACE OF FATHER (State or country) London Eng

12 MAIDEN NAME OF MOTHER Catherine Mattern

13 BIRTHPLACE OF MOTHER (State or country) London Eng

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Charles H. White

(Address) 601 Fairoak Av

15. Filed FEB 3 1917 ROBERT B. KRAUTH, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 2, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1917, to Feb 2 1917, that I saw h[er] alive on Feb 2, 1917, and that death occurred, on the date stated above, at 2.40 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ... yrs. ... mos. 4 ds

Contributory (SECONDARY) Senility

(Duration) ... yrs. ... mos. ... ds.

(Signed) H. J. Shickle Jr M. D.

Feb 2, 1917 (Address) 632 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Johns Cemetery	Feb 4, 1917
20 UNDERTAKER	ADDRESS
Geo J Smith	1000 Fayette E

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2028

CERTIFICATE OF DEATH.

80 ✓ D 2028

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1521 N. Lawrence St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Hare

(Residence in Baltimore: No. 1521 N. Lawrence St.; 30 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
M	W	M

6-DATE OF BIRTH, Oct (Month) 17 (Day), 1847 (Year)

7-AGE, 69 yrs. 3 mos. 13 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Grocery Store
(b) General nature of industry, business, or establishment in which employed (or employer): Employer

9-BIRTHPLACE, (State or Country), Carroll Co Md

PARENTS.

10-NAME OF FATHER, William Hare

11-BIRTHPLACE OF FATHER (State or Country), Carroll Co Md

12-MAIDEN NAME OF MOTHER, Mary Frank

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mutilda Hare

(Address) 1521 N Lawrence

15- FEB 3 1917 ROBERT P. TRACEY Registrar.

Filed....., 191.....

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 31 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 191 6, to Jan 31 191 7, that I saw h[illegible] alive on Jan 31 191 7, and that death occurred, on the date stated above, at 11:40 m.

The CAUSE OF DEATH* was as follows:

Acute Regurgitation

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina + Senile debilitation (Duration) yrs. 5 mos. ds.

(Signed) Clinton Dent M. D.

Feb 2, 1917. (Address) 817 Park ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, U S National Cemetery

DATE OF BURIAL, Feb 3, 1917.

20-UNDERTAKER W M Coulson

ADDRESS 230 N Greene

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2029

CERTIFICATE OF DEATH.

91 D 2029

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1476 E 25th ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin F. Ridgley Jr.

(Residence in Baltimore: No. 1476 E 25th St.; 2 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Jan (Month) 23 (Day), 1824 (Year)

7-AGE, 93 yrs. 12 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Engineer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md Co.

PARENTS.

10-NAME OF FATHER, B. Grunbury Ridgley

11-BIRTHPLACE OF FATHER (State or Country), Balto Co.

12-MAIDEN NAME OF MOTHER Hannah Talbott

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Ridgley

(Address) 447 E. 25th St.

15-

Filed FEB 3 1917 191 ROBERT B. KRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 2. (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 27 1917, to Feb 2. 1917, that I saw h[illegible] alive on Feb 1. 1917, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Pneumonia

A.P. Emphysema

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Cirrhosis

(Duration) 6 yrs. 1 mos. ds.

(Signed) [illegible] M. D.

Feb 2, 1917. (Address) 1336 Hoffman St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Warren Balto Co Md

DATE OF BURIAL, Feb 4, 1917

20-UNDERTAKER W. L. Brookes

ADDRESS Sparks Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2030 ✓ D 2030

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 930 Warner ST.; 21 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary F Arthur

(Residence in Baltimore: No. 930 Warner St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH, unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 44 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), a a

PARENTS.

10-NAME OF FATHER, Williams Baxter

11-BIRTHPLACE OF FATHER (State or Country), a a

12-MAIDEN NAME OF MOTHER Harriett Gross

13-BIRTHPLACE OF MOTHER (State or Country), a a

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James arther

(Address) 930 warner St

15- FEB 3 1917 Filed ....., 191.... ROBERT B. KRAETZER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 1, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1917, to Feb 1 1917, that I saw h[illegible] alive on Jan 31 1917, and that death occurred, on the date stated above, at 12 p. m.

The CAUSE OF DEATH* was as follows: (Labor)

Pneumonia

..... (Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Heart Failure

..... (Duration) yrs. 1 mos. ds.

(Signed) [signature] M. D.

Feb 2, 1917. (Address) 714 S. Stricker

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn cemetery	Feb 4, 1917
20-UNDERTAKER Geo H Foster	ADDRESS 609 Pitt St

D 2031

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 D 2031

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 219 S. Paca ST. 22 WARD)

2-FULL NAME Baby Kelikewicz

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 219 S. Paca St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: M

4-COLOR OR RACE: W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): S

6-DATE OF BIRTH: Feb. (Month) 3 (Day), 1917 (Year)

7-AGE: ... yrs. - mos. - ds. If LESS than 1 day, / hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Michael Kelikewicz

11-BIRTHPLACE OF FATHER (State or country): Lithuania

12-MAIDEN NAME OF MOTHER: Magde Bindokas

13-BIRTHPLACE OF MOTHER (State or country): Lithuania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John A. Meadows Jr.

(Address) 629 Columbia Av

15- Filed FEB 3 1917 ROBERT R. KRAUTER REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1917, to, Feb 3 1917, that I saw h... alive on Feb. 3 1917, and that death occurred, on the date stated above, at 1a m.

The CAUSE OF DEATH* was as follows:

Premature 7 months Infant

(Duration) ... yrs ... mos. 1 ds.

Contributory (SECONDARY) .....

(Duration) ... yrs ... mos. ... ds.

(Signed), John A Meadows Jr M. D.

Feb. 3, 1917. [Address] 629 Columbia Av

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 219 S. Paca St

19-PLACE OF BURIAL OR REMOVAL: St Stanislaws — DATE OF BURIAL: Feb 3 1917

20-UNDERTAKER: John Gubliauckas — ADDRESS: 500 S Paca St

I.C. ... state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2032

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2032

CERTIFICATE OF DEATH.

92

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1419 Argyle Ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Lee Hazelton

(Residence in Baltimore: No. 1419 Argyle Ave St.; 56 yrs. ..... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, ~~Male~~ Fem

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 56 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Mid-Wife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Wm Harrod

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Deborah Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bertha Brooks

(Address) 1419 Argyle

15-
Filed FEB 3 1917, 191.....
ROBERT B. KRAUTER
Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 1, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 22 early 1916, to Feb 1st 1917, that I saw h.. alive on Feb 1st 1917, and that death occurred, on the date stated above, at 4.30 a. m.

The CAUSE OF DEATH* was as follows:

..... D .....

Cerebro Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Edocarditis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. W. Lauenbach M. D.

Feb 1st 1917, (Address) 225 N. Wolfe Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Feb 4, 1917.

20-UNDERTAKER Sam'l W. Crapo Son — ADDRESS 1100 Mosher

D 2033

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175 D 2033

REGISTERED No. C.....

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE (No. 19 ST.: WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellsworth D. Stickell.

(Residence in Baltimore: No. 221 S Mount St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	W.	Married

6-DATE OF BIRTH, Oct. 1, 1882
(Month) (Day) (Year)

7-AGE, 34 yrs. 3 mos. 30 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Harrison P. Stickell

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Emma F. Easterly

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. P. Stickell

(Address) 221 S Mount

15-

Filed FEB 3 1917, 191.....

ROBERT R. KRAUTER

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 31, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Skull Caused by being thrown from Automobile

Accident. (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) H. D. Doscoll M. D.
(Coroner.)

Feb 1, 1917. (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem.	Feb 4, 1917
20-UNDERTAKER	ADDRESS
Chas. Wiedefeld & Co.	1208 W. Fayette

N. B.—Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2034

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 D 2034

REGISTERED No. 2

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 19 Ward)
2-FULL NAME James R. Bell.
(Residence in Baltimore: No. 118 N. Calhoun St. St.; ...yrs...mos...ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and all out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, August 7, 1849
(Month) (Day) (Year)

7-AGE, 67 yrs. 5 mos. 26 ds.
If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work R.R. Officer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). N.Y.

PARENTS.

10-NAME OF FATHER, James Bell

11-BIRTHPLACE OF FATHER (State or Country), N.Y.

12-MAIDEN NAME OF MOTHER Sarah Ryon

13-BIRTHPLACE OF MOTHER (State or Country), N.Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) P. Phelps.
(Address) Johns Hopkins Hosp.

15-
FEB 3 1917
Filed ..., 191...
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 2, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 2, 1917, to Feb 2 1917, that I saw h alive on Feb 2 1917, and that death occurred, on the date stated above, at 5-10 P. m.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
Myocardial Insufficiency
Carcinoma of bladder (6 months)
(Duration) ...yrs. 8 mos. ...ds.
CONTRIBUTORY (Secondary) Carcinoma of bladder
(Duration) ...yrs. 5 mos. ...ds.

(Signed) J. H. Cecil, M. D.
Feb 2, 191 7 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ...yrs. 1 mo. ...ds. In the State ...yrs. ...mos. ...ds.
Where was disease contracted, if not at place of death? —
Former or usual residence 118 N. Calhoun St.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Feb 5, 191 7

20-UNDERTAKER Chas. Mitchell & Co — ADDRESS 1101 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2035

CERTIFICATE OF DEATH.

90 D 2035

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2046 E Fairmount ST.; 8 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosina Busky

(Residence in Baltimore: No. 2046 E Fairmount St. St.; 44 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	widow

6-DATE OF BIRTH. June (Month) 4 (Day) 1843 (Year)

7-AGE. 73 yrs. 7 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER. John Schleicher

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Mary Stump

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Busky

(Address) 2046 E. Fairmount

15- FEB 3 1917 ROBERT P. KRAUTER

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 1, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 17 1916, to Jan 1 1917, that I saw h[illegible] alive on Jan 1 1917, and that death occurred, on the date stated above, at 6:00 a.m.

The CAUSE OF DEATH* was as follows:

Influenza
Bronchial Pneumonia
Chronic Endocarditis

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) 3 yrs. mos. 13 ds.

(Signed) Ernest Kelly M. D.

Feb 2, 1917. (Address) 1419 E Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Dulto Cemetery — DATE OF BURIAL, Feb. 7, 1917.

20-UNDERTAKER, E. L. Fanning — ADDRESS 1938 E Lafayette a

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2036 HEALTH DEPARTMENT—CITY OF BALTIMORE 10 4 D 2036

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 Parkin ST.; 18 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leroy Robert Toney,

(Residence in Baltimore: No. 127 Parkin St. St.; Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May (Month) 31 (Day), 1916 (Year)

7-AGE, ...yrs. 8 mos. 2 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, George A Toney

11-BIRTHPLACE OF FATHER (State or Country), Balto md

12-MAIDEN NAME OF MOTHER Cecelia Tilles

13-BIRTHPLACE OF MOTHER (State or Country), Balto md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George A Toney

(Address) 127 N Parkin St

15- FEB 4 1917 Filed....., 191..... ROBERT B. KRAUTER Registrar,

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 2, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 29 1917, to Feb. 2 1917, that I saw him alive on Feb. 2 1917, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Ileo-Colitis

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Blue Gordon M. D.

2/2, 1917. (Address) 888 W. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Feb. 4, 1917.
20-UNDERTAKER	ADDRESS
Wm. Cook	502 E. North Ave.

Property of Baltimore City Health Department. Any alteration may be prosecuted. CAUSE OF DEATH must be plainly written, so that it may be properly classified. Each statement is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2037

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 D 2037

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 962 N Chester St.; N WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Kessler

(Residence in Baltimore: No. 962 N Chester St.; 32 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb. (Month) 23 (Day), 1894 (Year)

7-AGE, 32 yrs. 11 mos. 7 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER, August Rosenthal

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Gillmeyer

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) August Rosenthal Sr.

(Address) 962 N Chester

15-

Filed FEB 4 1917, 191.....

ROBERT B. KRAUSE
Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 3d (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 11 1916, to Feb 3d 1917, that I saw h[illegible] alive on Feb 1 1917, and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH* was as follows:

Cystic Tumor

Pulmonary

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Krug M. D.

Feb. 3, 1917 (Address) 5936 Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Feb. 6, 1917

20-UNDERTAKER Wm Lowe — ADDRESS 502 E Northern

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2038

CERTIFICATE OF DEATH.

64 D 2038

REGISTERED No. C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 E Biddle ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Maria Loan

(Residence in Baltimore: No. 1508 E. Biddle St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1 ..... (Year)

7-AGE, 65 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Thos Hoban

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Rosanna Cassley

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Logan

(Address) 1508 E Baltimore St

15. Filed FEB 4 1917 191.....

ROBERT B. KRAUSE
Burial Permit
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, FEB (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 24 1917, to Feb 2 1917, that I saw her alive on FEB-2 1917, and that death occurred, on the date stated above, at 9 45 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albertus Cotton M. D.

2/3/, 1917. (Address) 1303 Mad Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem — DATE OF BURIAL, Feb 5, 1917

20-UNDERTAKER Albert E Hulley — ADDRESS 221 N Bradley

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2039

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

29 D 2039

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 N Exeter ST. 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michel Wright

(Residence in Baltimore: No. 306 N. Exeter St.; 3 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White Hebrew

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: November (Month) 2 (Day) 1896 (Year)

7-AGE: 20 yrs. 3 mos. 1 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Russia

PARENTS

10 NAME OF FATHER: Isidor Wright

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Rosie Bloch

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sam aginsky

(Address) 710 Aisquith St

15-

Filed FEB 4 1917 ROBERT B. KRAUSE Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February (Month) 3rd (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 3rd 1917, 1917 to Feb 3 1917, that I saw him alive on Feb 3rd 1917, and that death occurred, on the date stated above, at 8.56 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart disease

(Duration) 5 yrs. mos. ds.

Contributory (SECONDARY): acute dilatation of the heart

(Duration) yrs. mos. ds.

(Signed) Samuel Silverstein M. D.

Feb 3 1917 [Address] 1121 E. Balto st

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Hebrew Mt Carmel Cemetery

DATE OF BURIAL: Feb 3 1917

20-UNDERTAKER: May Levenson & Sons

ADDRESS 1107 E Balto st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2040

CERTIFICATE OF DEATH.

74 D 2040

REGISTERED No. C.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 708 W Fayette ST. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Minnie Gottlieb Sturff

(Residence in Baltimore: No. 708 W Fayette St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, January 12, 1837
(Month) (Day) (Year)

7-AGE, 80 yrs. 0 mos. 21 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Piano
(b) General nature of industry, business, or establishment in which employed (or employer): Maker

9-BIRTHPLACE, (State or Country), Ohio

PARENTS.

10-NAME OF FATHER, Chas W Sturff

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Catherine R. Rorsch

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank P Sturff

(Address) 708 W Fayette St

15-

FEB 4 1917

Filed ..... 191.....

ROBERT R. KRAUSE
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 2, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 27 1917, to Feb 1 1917, that I saw him alive on Feb 1 1917, and that death occurred, on the date stated above, at 9-30 P m.

The CAUSE OF DEATH* was as follows:

Senile Arteriosclerosis

2
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chron. Mitral Endocarditis

2
(Duration) ....yrs. ....mos. ....ds.

(Signed) M J Pabst M. D.

Feb 3, 1917. (Address) Roland Park Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. | DATE OF BURIAL, Feb 5, 1917

20-UNDERTAKER W J Justice Sons | ADDRESS Mon

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2041 ✓ 10 D 2041

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1311 Johns ST.; 11th WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Somervell Sollers

(Residence in Baltimore: No. 1311 Johns St.; 18 yrs. — mos. 6 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, January (Month) 29 (Day), 1851 (Year)

7-AGE,	If LESS than 1 day,
66 yrs. — mos. 5 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Calvert County, Md.

PARENTS.

10-NAME OF FATHER, Alexander Somervell

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Olivia Sewell

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura H. Stewart

(Address) 1534 Park Ave.

15-Filed FEB 4 1917, 191.... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 3 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 27 1917, to Feb 3 1917, that I saw h.. alive on Feb 2 1917, and that death occurred, on the date stated above, at 5 30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Diabetes Mellitus

Dry Gangrene

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ... yrs. ... mos. 4 ... ds.

(Signed) G. B. Gamble Jr M. D.

Feb 3, 1917. (Address) Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Westminster Cem. Cemetery	Feb. 5, 1917.

20-UNDERTAKER	ADDRESS
Henry W. Justice & Sons Co. Bmd.	W. Pratt & Orchard

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2042

CERTIFICATE OF DEATH.

150 D 2042

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 23 N. Amity ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Daniel Berry

(Residence in Baltimore: No. 23 N. Amity St.; ...yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	colored	infant

6-DATE OF BIRTH, January (Month) 5 (Day), 1917 (Year)

7-AGE, — yrs. — mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER. James Berry

11-BIRTHPLACE OF FATHER (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER Addie Maitland

13-BIRTHPLACE OF MOTHER (State or Country), North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chester Ruland M.D.

(Address) 2532 Edmondson Ave

15- Filed FEB 4 1917 191.. ROBERT B. KRAUTER Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 1st (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1st 1917, to Feb 1st 1917, that I saw h im alive on Feb 1st 1917, and that death occurred, on the date stated above, at 10:00 P.m.

The CAUSE OF DEATH* was as follows:

organic heart disease

(Duration) — yrs. — mos. 27 ds.

CONTRIBUTORY (Secondary) bronchitis

(Duration) — yrs. — mos. 27 ds.

(Signed) Chester Ruland M. D.

2-2-, 1917. (Address) 2532 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery — DATE OF BURIAL, Feb. 3rd, 1917.

20-UNDERTAKER Charles B. Jones — ADDRESS 2357 N. Pine

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-16—M. & T.—2000 Bks.

D 2043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1220 Jefferson ST.; 5 WARD)

REGISTERED NO. C 170 D 2043

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augusta Rhein

(Residence in Baltimore: No. 1220 Jefferson St.; 5 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, June 28, 1864 (Month) (Day) (Year)

7-AGE, 53 yrs. 7 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER, John Bunaker

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Rhein

(Address) 1220 Jefferson

15- Filed FEB 4 1917 191.... ROBERT B. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 4, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 2 1917, to Feb 4 1917, that I saw her alive on Feb 2 1917, and that death occurred, on the date stated above, at 12 20 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

(Duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Multiple Neuritis

(Duration) 3 yrs. ? mos. 2 ds.

(Signed) Wm S. Family M. D.

Feb 4, 1917. (Address) 1220 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, Feb. 4, 1917.

20-UNDERTAKER Wm Cook ADDRESS 1826 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2044

CERTIFICATE OF DEATH.

42

D 2044

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 224 N. Carey St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Amanda Hensel

(Residence in Baltimore: No. 224 N. Carey St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, Feb 9, 1855
(Month) (Day) (Year)

7-AGE, 54 yrs. 11 mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Phelip Hensel

11-BIRTHPLACE OF FATHER (State or Country) Boston Mass

12-MAIDEN NAME OF MOTHER Mary Gorman.

13-BIRTHPLACE OF MOTHER (State or Country) Boston Mass

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida L. Hensel

(Address) 224 N. Carey St.

15- FEB 4 1917 ROBERT R. KRAUTH
Filed....., 191.... Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 3, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 28 191 7, to Feb. 3, 191 7, that I saw h er alive on Feb. 2 191 7, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction.
(Post Operative)
(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary) Carcinoma of Ovary.
(Duration) ....yrs. 8 mos. ....ds.

(Signed) E. A. Peter M. D.

Feb 3, 1917. (Address) Church Home & Dsp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. 12 ds. In the State 54 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 224 N. Carey St.

Former or usual residence 224 N. Carey St.

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Feb 6, 1917.

20-UNDERTAKER George J Smith — ADDRESS 1000 N. Fayette St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2045

CERTIFICATE OF DEATH.

81 D 2045

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1536 John Street, ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia F. Granger

(Residence in Baltimore: No. 1536 John Street St.: 40 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Dec. 1, 1828 (Month) (Day) 1 (Year)

7-AGE, 88 yrs. 2 mos. 2 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Frederick Co. Md

PARENTS.

10-NAME OF FATHER, Daniel B. Welty

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Sophia F. Libers

13-BIRTHPLACE OF MOTHER (State or Country) Charles Co., Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) F. F. Granger

(Address) 1536 John St

15- FEB 4 1917

Filed ..... 191.. ROBERT B. KRAUTER Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 30 1917, to Feb 2 1917, that I saw her alive on Feb. 2 1917, and that death occurred, on the date stated above, at 8 30 a.m.

The CAUSE OF DEATH* was as follows:

Infirmaties of Age

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis

Unknown (Duration) yrs. mos. ds.

(Signed) Wilbur P Morgan M. D.

Feb 3, 1917. (Address) 2100 Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Feb 5, 1917

20-UNDERTAKER Henry W Maus & Son

ADDRESS 1005 N Calvert St

D 2046

PLACE OF DEATH

CERTIFICATE OF DEATH

28 V

D 2046

REGISTERED No. C

CITY OF BALTIMORE (No. 1805 E. Pratt ST. V WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachael Lazarowitz

(Residence in Baltimore: No. 1805 E. Pratt st. St. 56 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-[illegible] MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: [illegible] (Month) (Day) 186[illegible] (Year)

7-AGE: 56 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: [illegible]

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: [illegible]

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Lewis

(Address) 1411 E Baltimore

15. FEB 4 1917 191 ROBERT P. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 4 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 30th 1917 to Feb 4 1917.

that I saw her alive on Feb 4 1917.

and that death occurred on the date stated above, at 9:30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Phthisis

(Duration) 12 yrs. mos. ds

Contributory (SECONDARY) Acute Bronchitis

(Duration) yrs. 6 mos. ds.

(Signed) Herman Siedel M. D.

Feb 4 1917 (Address) 1931 E Pratt st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL: 2/4 1917

20-UNDERTAKER: Jacob Lewis — ADDRESS: 1411 E Balto

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2047

50

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2718 E. P. Philadelphia St.; or WARD) 62

2-FULL NAME Patrick J. Mullahey

(Residence in Baltimore: No. 2718 E. P. Phila. ave St.; 8 yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Mar. ....., 1862
(Month) (Day) (Year)

7-AGE, 54 yrs. 11 mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Brass finisher
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Michael Mullahey

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER May Mannon

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Mullahey

(Address) 2718 E. P. Phila. ave.

15- FEB 4 1917 ROBERT E. KRAG, Jr.
Filed....., 191.....
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 1, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 28 1916, to Feb 1 1917, that I saw h[illegible] alive on Jan 31 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia
Disease

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Diabetis

(Duration) yrs. 5 mos. ds.

(Signed) A. A. O'Hara Jr. M. D.

Feb 3, 1917. (Address) 2600 Eutaw pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cemetery — DATE OF BURIAL, Feb 5, 191.

20-UNDERTAKER John A. Inman — ADDRESS Bank & Ann Sts

D 2048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 D 2048

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 22 N. Popplelon ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Rourke

(Residence in Baltimore: No. 22 N Popplelon St.) 5yrs. 5mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 55 yrs. ..... mos. ..... da.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, William Rourke

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Loney Brennan

(Address) 1038 W Fayette

15-

Filed FEB 5 1917, 191..... HARRY C. AND... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 3, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... da.

(Signed) Albert L. Driscoll M. D. (Coroner.)

Feb 4, 1917 (Address) 31 N Carrollton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem. DATE OF BURIAL, Feb 5, 1917

20-UNDERTAKER John J Lowandson ADDRESS 901 Holliday

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2049 / D 2049

CERTIFICATE OF DEATH

REGISTERED No. C 81

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 854 W. Baltimore St. 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2 FULL NAME Laura Virginia Lise

(Residence in Baltimore: No. 854 W. Baltimore St. St.; 73 yrs. 6 mos. 22 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: July 11 (Month) (Day), 1843 (Year)

7 AGE: 73 yrs. 6 mos. 22 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Home work
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Joseph Bulack

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: — Johnson

13 BIRTHPLACE OF MOTHER (State or country): Somerset Co. Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Mrs. Annie M. Schofield

(Address): 854 W. Balto. St.

15. EARL C. ... Feb 5 1917 191 ... Deputy Registrar
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb. (Month) 2 (Day); 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 11 1916 to Feb 2 1917. that I saw h— alive on Jan 31 1917. and that death occurred, on the date stated above, at 4:30 P.m.
The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(Duration) — yrs. 4 mos. — ds

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

....., 191 (Address) 1631 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Fallsview Cem. DATE OF BURIAL: Feb. 5th 191 7

20 UNDERTAKER: Wm. H. Cook ADDRESS: 1003 W. Balto

Spec.—8-24-14—M. & T.—2000 Bks.

D ~~2045~~ 2050

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1920 D 2050

REGISTERED No. D 2050

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Wolfsteiner

(Residence in Baltimore: No. 1809 N. Dallas St. St.; 51 yrs., 3 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, October 5th, 1865 (Month) (Day) (Year)

7-AGE, 51 yrs. 3 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. John Hoffman

(Address) 1809 N. Dallas St

15- FEB 5 1917 Filed....., 191... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 3, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1917, to Feb 3 1917, that I saw him alive on Feb 3 1917, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis, Myocarditis

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 2 ds.

(Signed) [illegible] M. D.

2/3/17, 191... (Address) St. Joseph's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State 24 yrs. mos. ds.

Where was disease contracted, if not at place of death? >

Former or usual residence 1809 N. Dallas St.

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery — DATE OF BURIAL, Feb. 5, 191...

20-UNDERTAKER Henry Kruck & Son — ADDRESS 1301 E. Eager St

CAUSE OF DEATH in plain terms, so that if may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D ~~2041~~ 2051

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 N. Glover ST.; 6 WARD)

REGISTERED NO. D2051

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Wolf

(Residence in Baltimore: No. 417 N. Glover St. Sixteen yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	W.	Married

6-DATE OF BIRTH. June (Month) 7 (Day) 1866 (Year)

7-AGE. 50 yrs. 7 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Grocery
(b) General nature of industry, business, or establishment in which employed (or employer) Clerk

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Jas. Wolf

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Caroline Kastner

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Wolf

(Address) 417 N. Glover St.

15. FEB 5 1917 Filed....., 191... HARRY O. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 2 (Day), 1917 (Year).

17. I HEREBY CERTIFY, That I attended deceased from July 10 1915, to Feb 2 1917, that I saw h.. alive on Feb 2, 1917, 10.30 P. m. and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease (Mitral Regurg.)

Chronic Interstitial Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Rheumatism

(Duration) yrs. mos. ds.

(Signed) C. H. Meyer M. D.

Feb 3, 1917 (Address) 701 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Hill	Feb 5 1917.
20-UNDERTAKER,	ADDRESS,
Wm J Schaefer & Sons	1811 E. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2052 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

90 D 2052

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn Hack

(Residence in Baltimore: No. 405 S. Bond St St.; 20 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, March ....., 1861
(Month) (Day) (Year)

7-AGE, 55 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Jacob Hack

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smyth

(Address) Johns Hopkins Hospital

15-

Filed FEB 5 1917, 191.... HARRY O. ANDREWS Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 5, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 22 1916, to February 5 1917, that I saw h. alive on February 5 1917, and that death occurred, on the date stated above, at 5 30 a. m.

The CAUSE OF DEATH* was as follows:

Empleyema and Chronic Bronchitis.

(Duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocardial degen. and

Right Hemiplegia (Duration) ..... yrs. ..... mos. 4 ds.

(Signed) W.H. Welch M. D.

Feb 5, 1917 (Address) John Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 16 ds. In the State 20 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 405 S. Bond St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Home — DATE OF BURIAL, 2-13-17

20-UNDERTAKER Jack Lewis — ADDRESS 411 E Balto

Spec.—8-24-14—M. & T.—2000 Bks.

D 2053

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 ✓ D 2053

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3559 Cedar Ave. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Westerfield

(Residence in Baltimore: No. 3559 Cedar Ave. St.; ....yrs., ...mos. ....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Feb. (Month) 28th. (Day) 1900 (Year)

7-AGE, 16 yrs. 11 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Opperator in
(b) General nature of industry, business, or establishment in which employed (or employer): Ammunition Plant

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Augusta Westerfield

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Annie Kress

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Annie Westerfield

(Address) 3559 Cedar Ave,

15- Filed FEB 5 1917 191.... HENRY ... Clerk
Burial Permit ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 3 (Month) (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 29 1917, to July 3 1917, that I saw h[illegible] alive on July 3 1917, and that death occurred, on the date stated above, at 1301 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema & Heart failure

Duration—Probably Subacute 2 days

CONTRIBUTORY (Secondary) Suppurating Bursa (Olecranal) (Duration) Indefinite

(Signed) Stewart M. D.

July 3, 1917 (Address) 5 Cor. No. 3 Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St. Mary,s Govan — DATE OF BURIAL, Feb. 6th. 1917

20-UNDERTAKER A.S.Marshall — ADDRESS 3539 Falls Road

A 3305

Spec.—8-24-14—M. & T.—2000 Bks.

D 2054

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 ✓ D 2054

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1313 Herkimer ST.; 21 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katie Snead

(Residence in Baltimore: No. 1313 Herkimer St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, March 20, 1859.
(Month) (Day) (Year)

7-AGE, 55 yrs. 10 mos. 14 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George Bark

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dorothy Reuse

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address) 1313 Herkimer

15- Filed FEB 5 1917, 191.... MARY O. ANDERSON Assistant Registrar. Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 3, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 20 1917, to February 3 1917, that I saw her alive on February 2 1917, and that death occurred, on the date stated above, at 2a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. A. Breidenbach M. D.

February 3, 1917. (Address) 108 N. Bethesda

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
New Cathedral	Feb 5, 1917.

20-UNDERTAKER	ADDRESS
John J. Feldt	1700 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

KODAK

Spec.—5-19-13—M. & T.—500 Bks.

D 2055

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 2055

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 N. Carlton St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Gardner

(Residence in Baltimore: No. 8 N. Carlton St.; 37 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec 25, 1863 (Month) (Day) (Year)

7-AGE, 53 yrs. 1 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Pa

PARENTS.

10-NAME OF FATHER, not Known

11-BIRTHPLACE OF FATHER (State or Country), not Known

12-MAIDEN NAME OF MOTHER not Known

13-BIRTHPLACE OF MOTHER (State or Country), not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Gardner

(Address) 8 N. Carlton St.

15- Filed FEB 5 1917, 191.... HARRY C. [illegible] Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 30, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 21st 1917, to Jan 30th 1917, that I saw h~~im~~ alive on Jan 28th 1917, and that death occurred, on the date stated above, at 8.40 A.m.

The CAUSE OF DEATH* was as follows:

1 Hemorrhage - 5 Minutes (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pulmonary Phthisis (Duration) — yrs. 6 mos. 9 ds.

(Signed) F. C. Smith M. D.

Jan 31 1917 (Address) 1313 W. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, HOPKINS HOSPITAL

DATE OF BURIAL, FEB 3 - 1917, 191...

20-UNDERTAKER

ADDRESS

Commissioner of Health.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 V. D 2056

2-PLACE OF DEATH
CITY OF BALTIMORE, (No. 856 W. 37 St., ST.; 13 WARD)

REGISTERED NO. C

3-FULL NAME Andrew J. Lambert

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. # 856 W. 37 St. St.; 36 yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White	Widowed

6-DATE OF BIRTH, March 6th, 1831
(Month) (Day) (Year)

7-AGE, 85 yrs. 10 mos. 28 da. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Horse

9-BIRTHPLACE, (State or Country). Unknown.

PARENTS

10-NAME OF FATHER, Unknown.

11-BIRTHPLACE OF FATHER (State or Country) Unknown.

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country) Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Lambert

(Address) 856 W. 37 St

15-
Filed FEB 5 1917, 191.
Burial Permit Issued
Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 3, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 3 1917, to Feby 3 1917, that I saw h[illegible] alive on Feby 3, 1917, and that death occurred, on the date stated above, at 2.0 p.m.

The CAUSE OF DEATH* was as follows:

Senile Dementia

(Duration) 7 yrs. mos. da.

CONTRIBUTORY (Secondary) Bronchio Pneumonia

(Duration) yrs. mos. da.

(Signed) Geo W. Dent M.D.

Feby 5, 1917 (Address) 2020 N. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Wesley Chapel Cem. Co. | DATE OF BURIAL, Feb. 6, 1917.

20-UNDERTAKER Renowitz & Son. | ADDRESS 357 Chestnut Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2057

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 ✓ D 2057

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3121 Cedar Ave. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Aurelia V. Spence

(Residence in Baltimore: No. 3121 Cedar Ave. St.; 21 yrs. 7 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	white	Married

6-DATE OF BIRTH, June (Month) 21 (Day) 1895 (Year)

7-AGE, 21 yrs. 7 mos. 14 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, John R. Brittingham

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER, Florence M. Wonder

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant), Husband James H. Spence

(Address) 3121 Cedar Ave.

15- FEB 5 1917 H. T. ... Filed....., 191..... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 13 1917, to Feb 4 1917, that I saw h er alive on Feb 4 1917, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver

(Duration) ....yrs. 1 mos. 24 ds.

CONTRIBUTORY (Secondary) Stomach Ulceration

(Duration) ....yrs. 10 mos. ....ds.

(Signed) E. J. Davis M. D.

2/4, 191 7. (Address) 800 W. Saratoga St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Olivet Cem	Feb 7, 1917.
20-UNDERTAKER	**ADDRESS**
Ehrmantraut & Son	340 Aisquith

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 2058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 2058

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1534 Baldwin ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Oliver Burgell

(Residence in Baltimore: No. 1534 Baldwin St.; 2 yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Apl 30 (Month) (Day), 1861 (Year)

7-AGE, 55 yrs. 9 mos. 5 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Painter
(b) General nature of industry, business, or establishment in which employed (or employer) Horse

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thomas Burgell

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Susan Mitchell

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Christiana Burgell

(Address) 1534 Baldwin St.

15- FEB 5 1917 HEALTH C. E. MEAD

Filed....., 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 4 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 28 1917, to Feb 4 1917, that I saw h[illegible] alive on Feb 3 1917, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

(Duration) yrs. mos. 2 da.

CONTRIBUTORY (Secondary) Pneumonia Lobar

(Duration) yrs. mos. 7 da.

(Signed) C F Congdon M. D.

Feb 4, 1917. (Address) 3701 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem Md B&O — DATE OF BURIAL, Feb 7, 1917

20-UNDERTAKER Edmonston & Son — ADDRESS 340 Edmondson Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2059 HEALTH DEPARTMENT—CITY OF BALTIMORE 167 D 2059

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No.) Maryland Gen. St. Hospital WARD.
REGISTERED No. C
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Gaden
(Residence in Baltimore: No. 1001 Penn. Ave. St.; yrs., mos. ds.) 27 6

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) September (Day) ..... (Year) 1841

7-AGE, 76 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Horse
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.
10-NAME OF FATHER, Robert Gaden
11-BIRTHPLACE OF FATHER (State or Country). Baltimore
12-MAIDEN NAME OF MOTHER Catherine Parkinson
13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Foster
(Address) 24 N. Bridle

15- Filed FEB 5 1917, 191..... Central Form Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 4, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:
(a) Pneumonia
(b) Grippe
(c)
(Duration) ..... yrs. ..... mos. 2 ds.
CONTRIBUTORY (Secondary) Lumbago
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. Wade Carey M. D.
(Coroner)
Feb. 4, 1917. (Address) 519 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State 76 yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? 1001 Penna Ave
Former or usual residence 1001 Penna Ave

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, Feb. 5, 1917.
20-UNDERTAKER Chas. E. Franck ADDRESS 801 Madison Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2000 6 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 ✓ D 2000

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1630 N Montford Ave ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Erma V. Appel

(Residence in Baltimore: No. 1630 N Montford Ave St.: ....yrs., 4 mos. 6 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept. 27, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. 4 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work — None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Edw. Appel

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Matilda Brundan

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edw. Appel

(Address) 1630 N. Montford Ave

15- Filed FEB 5 1917, 191.... HARRY O. ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 3, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 26 1917, to Feb 3 1917, that I saw h[illegible] alive on Feb 3 1917, and that death occurred, on the date stated above, at 5[illegible] m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

Primary

1 (Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary)

.... (Duration) ....yrs. ....mos. ....ds.

(Signed) Chas. Frahm M. D.

Feb 5, 1917. (Address) 1823 E. Madison St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Druid Cemetery

DATE OF BURIAL, Feb. 5, 191.).

20-UNDERTAKER E J Fanning

ADDRESS 1708 E Lafayette

Spec.—8-24-14—M. & T.—2000 Bks.

D 2061 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2061 ✓

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 24 WARD)
REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carolyn Standiford

(Residence in Baltimore: No. 1406 Woodall ST St.; Life mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE, should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, September 30, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. 4 mos. 3 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, James Standiford

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Clara Helme

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. Smith

(Address) Johns Hopkins Hosp.

15-

Filed FEB 5 1917 191.....

MARY C. AMELUNG
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 2, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 26 1917, to February 2 1917, that I saw h[er] alive on February 2 1917, and that death occurred, on the date stated above, at 6 p.m.

The CAUSE OF DEATH* was as follows:

Bronchia pneumonia

(Duration) 0 yrs. 0 mos. 2 ds.

CONTRIBUTORY (Secondary) Empyema

(Duration) 0 yrs. 2 mos. 0 ds.

(Signed) D C W Brown M. D.

2/3, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 ds. In the State 24 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1406 Woodall St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Feb 5th, 1917.

20-UNDERTAKER C. Schlosman & Son ADDRESS 1034 Hanover St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. D 2062

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md General Hosp't St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Collins

(Residence in Baltimore: No. 1518 Druid Hill ave St.; 2 yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH. Unknown (Month) ..... (Day) 1 (Year)

7-AGE. 34 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Balto

PARENTS.
10-NAME OF FATHER. James Robt Collins
11-BIRTHPLACE OF FATHER (State or Country), Md
12-MAIDEN NAME OF MOTHER Lucie Robinson
13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mr James Robinson
(Address) 1518 Druid Hill ave

15-
Filed FEB 5 1917 191 HARRY O. ANDERSON
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1- 1917, to Feb 4 1917, that I saw h-r alive on Feb 4 1917, and that death occurred, on the date stated above, at 9P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. M. Mackenzie M. D.
2-5-, 191.7. (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 4 ds. In the State 2 yrs mos. ds.
Where was disease contracted, if not at place of death? —
Former or usual residence 1518 Druid Hill ave

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cem	Feb 7, 191...
20-UNDERTAKER. Samuel T Busey	ADDRESS 508 N Bdwy

Spec.—8-24-14—M. & T.—2000 Bks.

D 2063

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 ✓

CERTIFICATE OF DEATH.

REGISTERED NO. D 2063

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1919 Mc Culloh St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Loden

(Residence in Baltimore: No. 1919 Mc Culloh St St.; ..... yrs., 6 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) Aug (Day) ....., 19..4.. (Year)

7-AGE, ... yrs. 6 mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Work
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER, John H Loden

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Smith

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Loden

(Address) 1919 Mc Culloh St

15-

Filed FEB 5 1917, 191.... Burial Permit .....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) 2nd (Day) 3rd, 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2/1 191?, to 2/3 191?, that I saw h— alive on 2/6 191?, and that death occurred, on the date stated above, at 1? m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Ben Klutts M. D.

2-4, 1917 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem

DATE OF BURIAL, Feb 5, 1917.

20-UNDERTAKER Samuel D Tansley

ADDRESS 5 784 Biddle

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D [redacted] D2064

HEALTH DEPARTMENT–CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

REGISTERED NO. D2064

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital St. 1 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry J. Benser

Residence in Baltimore: No. 302 S Hudson St. (If LESS than 1 yr. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Feb 29, 1868 (Month) (Day) (Year)

7-AGE: 48 yrs. 11 mos. 6 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Refiner
(b) General nature of industry, business, or establishment in which employed (or employer): Standard Oil Co.

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: Henry Benser

11-BIRTHPLACE OF FATHER (State or country): Balto. Md.

12-MAIDEN NAME OF MOTHER: Harriett Ruley

13-BIRTHPLACE OF MOTHER (State or country): Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Maggie Benser

(Address): 3028 Hudson St.

15 FEB 5 1917 Filed ....., 191.....

[illegible] Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb 4, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1917 to Feb 4 1917.

that I saw him alive on Feb 4 1917.

and that death occurred, on the date stated above, at 5.00 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Left lung)

(Duration) ..... yrs. ..... mos. 9 ds

Contributory (SECONDARY): Cardiac Dilatation

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Bernard Jacobson M. D.

Feb 4, 1917 (Address) 1 W. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted. At Home

If not at place of death?

Former or usual residence 3028 Hudson St.

19-PLACE OF BURIAL OR REMOVAL: Oaklawn Cemetery — DATE OF BURIAL: Feb 7, 1917

20-UNDERTAKER: Zickler Zickler — ADDRESS: 1739 E. Eager

Spec.—8-24-14—M. & T.—2000 Blks.

D2065

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1501 Covington ST.; 24 WARD) REGISTERED NO. D2065

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Louis Rhodes

(Residence in Baltimore: No. 1501 Covington St.: 31 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) 1 (Day) (Year)

7-AGE, 31 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bar tender
(b) General nature of industry, business, or establishment in which employed (or employer): Clerk

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Rhodes

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Margaret Elliott

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ann Elliott

(Address) 1501 Covington

15- Filed FEB 5 1917 191 Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 2 1917, to Feb 2 1917, that I saw him alive on Feb 2 1917, and that death occurred, on the date stated above, at 11:35 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. ds.

(Signed) Woulebaffler M. D.

Feb 5, 191 7. (Address) 1319 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Feb 5th 1917

20-UNDERTAKER John J. Lahey & Sons — ADDRESS 1318 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D2066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. D2066

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1567 Abbottston ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hattie J McC. Fain

(Residence in Baltimore: No. 1567 Abbottston St.; life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female
4-COLOR OR RACE: White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH, July 22, 1866
(Month) (Day) (Year)

7-AGE, 50 yrs. 6 mos. 12 ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto City

PARENTS.
10-NAME OF FATHER, Charles A Budd
11-BIRTHPLACE OF FATHER (State or Country): Maryland
12-MAIDEN NAME OF MOTHER: Elizabeth Mainster
13-BIRTHPLACE OF MOTHER (State or Country): Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Samuel J McC Fain
(Address) 1567 Abbottston

15-
Filed FEB 5 1917 191.... HARRY D. ARBAUGH Special Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 3, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10 1917, to Feb 3 1917, that I saw h alive on Feb 3 1917, and that death occurred, on the date stated above, at 8 1/2 P m.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial nephritis
(Duration) unknown yrs. mos. ds.
CONTRIBUTORY (Secondary) Fatty degeneration of heart
(Duration) unknown yrs. mos. ds.
(Signed) Claud Summers M. D.
Feb 3 1917 (Address) Fairmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore — DATE OF BURIAL Feb 5, 1917

20-UNDERTAKER Wallace Cook — ADDRESS 501 E Nat Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 2067

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 2067

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C 74

CITY OF BALTIMORE: (No. 8 ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Reice

(Residence in Baltimore: No. Little Sisters of the Poor St.; 52 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug 22 (Month) (Day), 1832 (Year)

7-AGE, 66 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Andrew Reice

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Sarah Fagan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15-

Filed FEB 5 1917 19 H.K.Y Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 4th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from To record 191, to 191,

that I saw h/m alive on 28 Jany 1917,

and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Valvular disease of heart

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) T.D.V. Turner M. D.

Feb 4, 1917. (Address) 1133 Valley St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 5 yrs. 1 mos. ds. In the State 52 yrs. — mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Little Sisters of the Poor.

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery DATE OF BURIAL, Feb 6, 1917.

20-UNDERTAKER H.C. Wiedefeld ADDRESS 914 Greenmount Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2068 HEALTH DEPARTMENT—CITY OF BALTIMORE 64 D 2068

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 909 Penn Ave St. 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Roder

(Residence in Baltimore: No. 909 Penn Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, September 1869
(Month) (Day) (Year)

7-AGE, 47 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John A Roder

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Katherine Brun

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C Bohne

(Address) 909 Penn Ave

15- KATHY O. ADELS...
FEB 5 1917 Filed ..., 191.. ...Deputy Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 4, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Cystitis

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY. (Secondary) Cancer

(Duration) yrs. mos. ds.

(Signed) C. W. Mitchell (Coroner.) M. D.

Feb 5, 1917 (Address) 819 N. Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ...yrs. ...mos. ...ds. In the State None yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park | DATE OF BURIAL, Feb 8, 1917

20-UNDERTAKER Louis Eaglon | ADDRESS 776 Penn Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 2069

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2069

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 William ST.; 24 WARD) REGISTERED NO. C

2-FULL NAME Wm Wenger

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1709 William St.; 0 yrs., 1 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Dec 30, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 4 ds.

If LESS than 1 day. ....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Balto, Md.

PARENTS.

10-NAME OF FATHER, Michael Wenger

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Elizabeth Peyton

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Wenger

(Address) 1709 William St.

15-

Filed FEB 5 1917, 191.... HAROLD A. ARRIS Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1917, to Feb 3 1917, that I saw h[illegible] alive on Feb 3 1917 and that death occurred, on the date stated above, at 12 00 P m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) 1 yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) 2 wks yrs. mos. 1 ds.

(Signed) R. E. Campbell M. D.

Feb 3, 1917. (Address) 164 W Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Febr 5, 1917

20-UNDERTAKER W. F. McC. Flynn

ADDRESS 1422 Light St

N. B.—Every item of information should be carefully supplied. ACCURATE information as to CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2070

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 2070

CERTIFICATE OF DEATH

28

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1905 E. Fairmount ave ST. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Margaret Uphoff

(Residence in Baltimore: No. 1905 E. Fairmount ave. St.; 16 yrs. 11 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: February 28 1900 (Month) (Day) (Year)

7-AGE: 16 yrs. 11 mos. 6 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Saleslady
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md. U. S. A.

PARENTS

10 NAME OF FATHER: Henry Uphoff

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Elisabeth Riley

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward Uphoff

(Address) 1905 E. Fairmount ave.

15- Filed FEB 5 1917 191 HARRY O. ANDREWS Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February 3 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from January 23 1917 to, Febr 3 1917, that I saw h[illegible] alive on February 3 1917, and that death occurred, on the date stated above, at 4:30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) — yrs 4 mos. — ds.

Contributory (SECONDARY)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Samuel Silverstein M. D.

Feb. 3 1917. [Address] 1121 E Balto St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Oak Lawn Cem

DATE OF BURIAL: 2/6 191 7

20-UNDERTAKER: Nau Cook

ADDRESS: 501 E Northam

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2071

CERTIFICATE OF DEATH.

64 ✓ D 2071

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital (St.) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Yeager

(Residence in Baltimore: No. 746 N Lexington St.; 46 yrs. — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, June 27 (Month) (Day), 1846 (Year)

7-AGE, 70 yrs. 7 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry Wagner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Wagner

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Yeager

(Address) 1919 Federal St

15- FEB 5 1917 HEALTH DEPT.

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 4., 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 26 1917, to Feb 4 1917, that I saw h[illegible] alive on Feb 4 1917, and that death occurred, on the date stated above, at 1.00 Am.

The CAUSE OF DEATH* was as follows:

Influenza Pneumonia

(Duration) ....yrs....mos. 9 ds.

CONTRIBUTORY (Secondary) Endocarditis of mitral

(Duration) ....yrs....mos. 1 ds.

(Signed) J. E. Lucas M. D.

2/4, 191... (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. 9 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 746 N Lexington St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet Cemetery	Feb 6..., 191..
20-UNDERTAKER	ADDRESS
Wm A Rohde Son	730 Pa Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 2072

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 / D 2072

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2415 Foster St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucia Tymoszewska

(Residence in Baltimore: No. 2415 Foster Ave St.; 10 yrs., ... mos., ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Jan (Month) 1 (Day), 1906 (Year)

7-AGE, 11 yrs. 1 mos. 4 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... School boy

9-BIRTHPLACE, (State or Country), Russian Poland

PARENTS.

10-NAME OF FATHER, Anton Tomaszewski

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland

12-MAIDEN NAME OF MOTHER Felicia Ashorowska

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anton Tomaszewski

(Address) 2415 Foster Ave

15- FEB 5 1917 EARLY C. ENGLERT Registrar

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 4 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 3 1917, to Feb 4 1917, that I saw h.. alive on Feb 4 1917, and that death occurred, on the date stated above, at 8:30 p.m.

The CAUSE OF DEATH* was as follows:

Appendicitis

(Duration) ..... yrs. ca mos. 5 ds.

CONTRIBUTORY (Secondary) Peritonitis

(Duration) ..... yrs. Hour mos. ..... ds.

(Signed) F. B. Tomaszewski M. D.

Feb. 4, 1917 (Address) 2431 Foster Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, Feb ....., 1917

20-UNDERTAKER Wm Kaczorowski

ADDRESS 1618 Eastern Ave.

Spec.—5-19-13—M. & T.—500 Bks.

D 2073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 ✓ D 2073

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 Lancaster ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva Sergeu

(Residence in Baltimore: No. 1604 Lancaster St.; 1 Hour yrs.. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	—

6-DATE OF BIRTH, Feb. (Month) 4th (Day) 1917 (Year)

7-AGE, 1 Hour yrs. mos. ds. If LESS than 1 day, 1 hrs. or ... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Stanislaus Sergeu

11-BIRTHPLACE OF FATHER (State or Country), Russia Poland

12-MAIDEN NAME OF MOTHER Stefania Bronwa

13-BIRTHPLACE OF MOTHER (State or Country), Russia Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Lucksinger MD

(Address) 2121 Broadway

15-

Filed ....., 191.... FEB 5 1917 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 4th (Day) 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 4 1917, to Feb 4 1917, that I saw h[illegible] alive on Feb 4th 1917, and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

(a) Premature Birth

(b) six months

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ... yrs. ... mos. ... ds.

(Signed) Alexander A Lumpkin M. D.

Feb 5, 1917 (Address) 22 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1604 Lancaster St

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Feb 5, 1917

20-UNDERTAKER Wm Fallsowk — ADDRESS 1618 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 2074 HEALTH DEPARTMENT—CITY OF BALTIMORE D 2074

CERTIFICATE OF DEATH.

170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 S Washington ST.; W WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Bauer

(Residence in Baltimore: No. 521 S. Washington St.; 44 yrs., 11 mos. 3 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Feb 16 (Month) (Day), 1872 (Year)

7-AGE,	If LESS than 1 day,
44 yrs. 11 mos. 3 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John Dougherty

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Rose T. Steil.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John P. Bauer

(Address) 521 S. Washington St

15-

Filed....., 191.....

Registrar.

FEB 5 1917 BALTIMORE CITY

Deputy Health Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 3rd (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 29 1917, to Feb 3 1917, that I saw h er alive on Feb 2 1917, and that death occurred, on the date stated above, at 5 55 p. m.

The CAUSE OF DEATH* was as follows:

.....

.....

Chronic Interstitial Nephritis

..... (Duration).....yrs. 6 mos.....ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

..... (Duration).....yrs.....mos.....ds.

(Signed) A P Smithson M. D.

Feb 5, 1917. (Address) 2013 Bank

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cathedral	Feb 7....., 1917.
20-UNDERTAKER	ADDRESS
Lilly & Jones	403 N Gay St

Spec.—8 24-14—M. & T.—2000 Bks.

D 2075

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2075

CERTIFICATE OF DEATH.

92

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 S. Ellwood ave WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John G. Jung.

(Residence in Baltimore: No. 110 S. Ellwood Ave, St.; 57 yrs. — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Divorced

6-DATE OF BIRTH, (Month) Autumn (Day) ..... (Year) 1866

7-AGE, 51 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... Druggist

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Philip Jung

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dellmours

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev. Geo. P. Jung

(Address) Cumberland Md.

15-

Filed FEB 5 1917, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) Feb (Day) 3rd (Year) 1917

17- I HEREBY CERTIFY, That I attended deceased from Jan 29 1917, to Feb 3 1917, that I saw him alive on Feb 3 1917, and that death occurred, on the date stated above, at 10 30 a. m.

The CAUSE OF DEATH* was as follows:

.....

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Feb 4, 1917. (Address) 2701 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Feb. 5, 1917

20-UNDERTAKER Lilly-Zeiler

ADDRESS 4033 Wyl

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Lks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2076

CERTIFICATE OF DEATH.

1917 D 2076

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 28 Pearl ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth H. Schneider

(Residence in Baltimore: No. 28 Pearl St.; 66 yrs., 1 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Dec. (Month) 28th (Day) 1850 (Year)

7-AGE, 66 yrs. 1 mos. 6 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Duties
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: August Rambach

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Pfeifer

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Schneider

(Address) 28 Pearl St.

15-

Filed FEB 5 1917, 191.... ROBERT R. KRAUTZ Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 3rd (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1916, to Feb 3 1917, that I saw h[illegible] alive on Feb 3 1917, and that death occurred, on the date stated above, at 10:15 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Bright's Disease

Contributory Carcinoma of Lungs

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Lungs

(Duration) yrs. mos. 2 ds.

(Signed) J. M. Litsinger M. D.

Feb 4, 1917. (Address) 127 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Feb 6, 1917

20-UNDERTAKER: Mrs. Wm. H. Tuffe

ADDRESS: 800 N. Fayette St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2077 HEALTH DEPARTMENT—CITY OF BALTIMORE D 2077

CERTIFICATE OF DEATH.

179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1140 Scott ST.; 21 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William A. Parks

(Residence in Baltimore: No. 1140 Scott St.; 42 yrs., 7 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, June (Month) 25 (Day) 1 (Year)

7-AGE, 42 yrs. 7 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Foreman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Iron works (Steam)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James Parks

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Lydia Wilson

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mrs. Maggie Parks

(Address)..... 1140 Scott St.

15-

Filed FEB 5 1917, 191.....

ROBERT P. KRAUTH
Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 5 (Day), 1917 (Year)

17-I I HEREBY CERTIFY, That I attended deceased from Feb 4 191 7, to Feb 5 1917, that I saw h[illegible] alive on Feb 4 191 7, and that death occurred, on the date stated above, at .....m.

The CAUSE OF DEATH* was as follows:

Acute Gastritis,

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Chr. Endocarditis

(Duration) 1 yrs. mos. 14 ds.

(Signed) J. M. Blewett M. D.

Feb 5, 1917. (Address) 621 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet Cem.	Feb 8, 1917

20-UNDERTAKER	ADDRESS
Wm & Wm John N. Lemmel	801 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2078

CERTIFICATE OF DEATH.

D 2078

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 847 Hollins ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hermann A Knappe

(Residence in Baltimore: No. 847 Hollins St.: 64 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 2, (Month) (Day) 1854. (Year)

7-AGE, 62 yrs. 5 mos. 5 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Professor
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Fred Knapp

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Louise Graetzinger

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... E. Edward Knapp

(Address)..... 847 Hollins St.

15-

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 23, (Month) (Day) 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 23 1917, to Feb 5 1917, that I saw h[illegible] alive on Feb 3 1917, and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration)..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) Pneumonia (Duration)..... yrs. ..... mos. 2 ds.

(Signed)... C. H. McElwee M. D.

Feb 12, 1917 (Address) 1416 Linden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Feb. 6, 1917

20-UNDERTAKER C. Madison Mitchell & Co. — ADDRESS 1201 W. Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2079

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 D 2079

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2426 Guilford Ave. St.; 12 WARD)

REGISTERED No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Katharine A. Lord

(Residence in Baltimore: No. 2426 Guilford ave. St.; yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Aug 31, 1837 (Month) (Day) (Year)

7 AGE: 77 yrs. 5 mos. 4 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Nova Scotia

PARENTS

10 NAME OF FATHER: David Holland

11 BIRTHPLACE OF FATHER (State or country): Nova Scotia

12 MAIDEN NAME OF MOTHER: Mary McArthur

13 BIRTHPLACE OF MOTHER (State or country): Nova Scotia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Eleanor L. Lord

(Address) 2426 Guilford Ave

15 FEB 5 1917 Filed ....., 191.... ROBERT B. KRAUTZ Burial Permit Issued REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: February 4, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1916, to Feb 4 1917, that I saw her alive on Feb 4, 1917, and that death occurred, on the date stated above, at 8. 8 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) — yrs. 2 mos. — ds

Contributory (SECONDARY)

(Duration) — yrs. — mos. — ds.

(Signed) John Gundwood M. D.

Feb 5 1917 (Address) 102 E 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Baltimore Md. DATE OF BURIAL: Feb 5, 1917

20 UNDERTAKER: E.W. Marshall Co. ADDRESS: Balt. Md.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2080

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2080

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 N. Central ave ST. 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fredinck Koenig

(Residence in Baltimore: No. 211 N. Central Ave St.; 51 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, December (Month) 14th (Day), 1844 (Year)

7-AGE, 72 yrs. 1 mos. 20 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER, Christian Koenig

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E Koenig

(Address) 211 N. central ave

15-

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 31 1917, to Feb 3 1917, that I saw him alive on Feb 3 1917, and that death occurred, on the date stated above, at 2.00 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

..... (Duration) ? yrs. ? mos. 3 ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis and senility (Duration) ? yrs. 3 mos. 3 ds.

(Signed) Edwin L. Turby M. D.

2/3, 1917. (Address) 213 N. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore Cmetery	Feby 6th, 191.7
20-UNDERTAKER	ADDRESS
George Schilling & Sons	1126 E Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2081

CERTIFICATE OF DEATH.

47 D 2081

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 647 West Mulberry ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjimen H. Welch.

(Residence in Baltimore: No. 647 West Mulberry St.; ....yrs. ....mos. ....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, ...October...., 1.....
(Month) (Day) (Year)

7-AGE, 64 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Household-Work

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Harry Welch

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen C Welch

(Address) 647 W. Mulberry St.

15- FEB 5 1917 ROBERT E. KRAUSE

Filed....., 191.. DEPUTY REGISTRAR

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 4th, 1917.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 31st 1917, to Feb 4th 1917, that I saw h.im alive on Feb 3rd 1917, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Acute Articular Rhumatism
2d Endocarditis

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) Age & Exposure

(Duration) ....yrs. ....mos. ....ds.

(Signed) John L. McCarthy M. D.

Feb 4th 1917. (Address) 656 W Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Mt Auburn Cem'y

DATE OF BURIAL, Feb 7....., 1917

20-UNDERTAKER Geo H Naylor

ADDRESS 60 Eutaw St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2082

CERTIFICATE OF DEATH.

D 2082

64

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 Hope St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Richard Leach

(Residence in Baltimore: No. alley Life at above, St.; ....yrs., ...mos. ....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Dec (Month) 3 (Day), 1836 (Year)

7-AGE, 80 yrs. 1 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Rope Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER, James Leach

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Catherine Shields

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Teagler

(Address) 1908 E. Fairmount St.

15- 1917

Filed....., 191....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 29 1917, to Feb 4 1917, that I saw h[illegible] alive on 3 of Feb 1917, and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration)....yrs....mos. 6....ds.

CONTRIBUTORY (Secondary)

....., (Duration)....yrs....mos....ds.

(Signed) Edward A Morgan M. D.

Feb 4, 1917 (Address) 1520 W Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery. DATE OF BURIAL, Feb 7th, 191.

20-UNDERTAKER George J. Reuth ADDRESS 1735 Harford Ave

Wilnerwicz

D 2083 HEALTH DEPARTMENT—CITY OF BALTIMORE D 2083

64

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 179 Lancaster St. Ward) REGISTERED No. C

2-FULL NAME Helen Wilnerwicz

(Residence in Baltimore: No. 1925 Lancaster St.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; 41 yrs., 3 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	widow

6-DATE OF BIRTH, ... May ..... 3 ....., 1845
(Month) (Day) (Year)

7-AGE, ... 71 ..... yrs. ..... mos. ..... da. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany Poland

PARENTS.

10-NAME OF FATHER, Francis Franckowicz

11-BIRTHPLACE OF FATHER (State or Country), Germany Poland

12-MAIDEN NAME OF MOTHER Bridget Moore

13-BIRTHPLACE OF MOTHER (State or Country), Germany Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Frances Edwards

(Address)... 177 S Lancaster St

15-

FEB 5 1917

ROBERT E. TYSON

Filed....., 191.....

BURIAL PERMIT

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb ..... 3 ....., 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquest ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Dyspepsia .....

..... (Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) ..... Chronic Ryan Smoky .....

..... (Duration) ..... yrs. ..... mos. ..... da.

(Signed) ..... Chronic Ryan Smoky ..... M. D.
(Coroner.)

Feb 5, 1917. (Address) 1610 E 13 Saltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Holy Rosary.	Feby 6th, 1917.
20-UNDERTAKER	ADDRESS
M. F. Sadowski.	705 S Ann St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 D 2084

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 441 Bentalou ST.; 20 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Wagner

(Residence in Baltimore: No. 441 Bentalou St.; 36 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Dec 15, 1866 (Month) (Day) (Year)

7-AGE: 50 yrs. 1 mos. 20 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): New York

PARENTS.

10-NAME OF FATHER: Louis O. Haugis

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Eva A Steiner

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Johan Haugner

(Address): 441 S Bentalou

15-

Filed FEB 5 1917 ROBERT P. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Feb (Month) 4 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1917, to Feb 4 1917, that I saw her alive on Feb 4 1917, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Oedema of Lungs

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Abscess of Liver

(Duration) yrs. 2 mos. ds.

(Signed) [illegible] M. D.

, 191.. (Address) Garrison & Lincoln

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, 2-7-, 1917.

20-UNDERTAKER [illegible] — ADDRESS 1738 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 2085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 2085

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2301 E. Madison St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dr. Harry W. Stoner

(Residence in Baltimore: No. 2301 E Madison St.; 25 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	married

6-DATE OF BIRTH, January 14, 1872 (Month) (Day) (Year)

7-AGE, 44 yrs. 7 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Chemist at.....
(b) General nature of industry, business, or establishment in which employed (or employer): Health Dept.

9-BIRTHPLACE, (State or Country), Carroll Co Ind

PARENTS.

10-NAME OF FATHER, Upton Stoner

11-BIRTHPLACE OF FATHER (State or Country), Ind

12-MAIDEN NAME OF MOTHER Margaret A Perry

13-BIRTHPLACE OF MOTHER (State or Country), Ind

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret A. Stoner (mother)

(Address) 2405 E Lafayette Ave

15- FEB 5 1917 Filed....., 191..... ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 27, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1917, to Feb. 4, 1917, that I saw h.m alive on Feb. 4, 1917, and that death occurred, on the date stated above, at 9a m.

The CAUSE OF DEATH* was as follows:
Pneumonia, Left upper lobe with Edema & Fatigue
(Pneumonia, Septicaemia)
..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm G Armistead M. D.
....., 191... (Address) 2013 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Dist. near Winston or Woodlawn Md — DATE OF BURIAL, Feb 7, 1917.

20-UNDERTAKER Armstrong Denny & Co — ADDRESS 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 2086 **CERTIFICATE OF DEATH.** V/8 D 2086

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joshua Stanley

(Residence in Baltimore: No. ——— St.; 56 yrs., mos. da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	negro	Single

6-DATE OF BIRTH, May 8, 1 (Month) (Day) (Year)

7-AGE, 56 yrs. mos. da. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: fireman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, —

11-BIRTHPLACE OF FATHER (State or Country), —

12-MAIDEN NAME OF MOTHER —

13-BIRTHPLACE OF MOTHER (State or Country), —

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15- Filed FEB 5 1917, 191 ROBERT B. ADAMS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 5, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 2 1917, to Feb 5 1917, that I saw h[illegible] alive on Feb 5 1917, and that death occurred, on the date stated above, at 5 05 a. m.

The CAUSE OF DEATH* was as follows:

Meningitis (Cerebrospinal)

(Duration) yrs. mos. 1 da.

CONTRIBUTORY (Secondary) Erysipelas

(Duration) yrs. mos. 3 da.

(Signed) Emma Ellwanger M. D.

2/5, 191 7 (Address) Mercy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 da. In the State 45 yrs. mos. da.

Where was disease contracted, if not at place of death? ?

Former or usual residence ?

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL. DATE OF BURIAL, FEB 7 - 1917, 191...

20-UNDERTAKER Commissioner Health. ADDRESS

(533)

Spec.—S-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2087

CERTIFICATE OF DEATH.

91 D 2087

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2 E. Eliz[illegible]th Home ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Gregory

(Residence in Baltimore: No. 2 St Paul St St.; 4 yrs. 11 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
male	colored	

6-DATE OF BIRTH, Founding ..... (Month), ... (Day) 1 (Year)

7-AGE,	If LESS than 1 day,
..... yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed FEB 5 1917, 191.... ROBERT B. CRATER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 25 1916, to Feb. 3, 1917, that I saw h[illegible] alive on Feb. 3, 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Bronchial pneumonia

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Rickets

..... (Duration) 4 yrs. ..... mos. ..... ds.

(Signed) Edwin R. Grudmald M. D.

Feb 7, 1917 (Address) 16 16 London Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL FEB 5 1917

Commissioner Health.

Burial Permit

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FILMED

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2088

CERTIFICATE OF DEATH.

28

D 2088

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 803 Covington ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John L. Zimmerman

(Residence in Baltimore: No. 803 Covington St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, [illegible] 31, 1876
(Month) (Day) (Year)

7-AGE, 40 yrs. 1 mos. 4 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Grocer

9-BIRTHPLACE, (State or Country) Maryland.

PARENTS.

10-NAME OF FATHER, John Zimmerman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Mary Tilson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. H. Zimmerman

(Address) 803 E. Covington St

15-

Filed FEB 5 1917, 191.....

ROBERT P. KRAUTH
Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 4, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1916, to Feb. 4 1917, that I saw h[illegible] alive on Feb. 4 1917, and that death occurred, on the date stated above, at 4 50 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. P. Krauth Jr. M. D.

Feb 5, 1917. (Address) 1418 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, Feb. 6, 1917

20-UNDERTAKER, Edw. F. Fanning ADDRESS 1760 Battery Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Physician's name and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

KODAK S·A·F

D 2089

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

15 W

REGISTERED No. D 2089

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1427 Battery Ave ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2 FULL NAME Ella M. Smith

(Residence in Baltimore: No. 1427 Battery Ave St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Feb 5, 1917 (Month) (Day) (Year)

7 AGE: ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Wm. M. Smith

11 BIRTHPLACE OF FATHER (State or country): Chicago Ill.

12 MAIDEN NAME OF MOTHER: Lillie Slackeman

13 BIRTHPLACE OF MOTHER (State or country): Washington D.C.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm M. Smith

(Address) 1427 Battery Av

15 Filed FEB 5 1917, 191 ROBERT B. EMACT·R Burial Permit Issued REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb 5, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 5, 1917, to Feb 5 1917, that I saw her alive on Feb 5, 1917, and that death occurred, on the date stated above, at 8.30 p.m.

The CAUSE OF DEATH* was as follows:

Premature separation of placenta

(Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) Accidental fall

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) S. H. Streett M. D.

Feb 5, 1917 (Address) 431 E Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cedar Hill

DATE OF BURIAL: Feb 6, 1917

20 UNDERTAKER: E. D. Fanning

ADDRESS: 1426 Battery ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2090

CERTIFICATE OF DEATH.

D 2090

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 4 University Hospital ST.: WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fairfax A. Whiting

(Residence in Baltimore: No. 8. North Ave. W. Washington Md. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	White.	Married.

6-DATE OF BIRTH, December 12, 1852
(Month) (Day) (Year)

7-AGE, 64 yrs. 1 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cotton samples.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, S. H. Whiting

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Margaret Douglass

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Caroline M Whiting

(Address) Mt Washington Md.

15- Filed FEB 5 1917 191.... ROBERT B. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 3, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (apoplexy.)

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Albert L. Driscoll M. D.
(Coroner.)

Feby 5, 1917. (Address) 312 W. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place University Hospital In the of death.....yrs.....mos. 1 ds. State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Mt. Washington Md

19-PLACE OF BURIAL OR REMOVAL, St. Thomas Hampden DATE OF BURIAL, Feb 6, 1917

20-UNDERTAKER Horace Burgerton ADDRESS 365 Fallsway

Spec.—8-24-14—M. & T.—2000 Bks.

D 2091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 92 D 2091

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST.; 4 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Bannon

(Residence in Baltimore: No. University Hosp. St.; ....yrs.. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ...January.... (Month) ...., 1870 (Day) (Year)

7-AGE, 47 yrs. .... mos. .... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): ....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Mark Bannon

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER A E Clarke

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. H. Lauckamp

(Address) Jessops Md.

15- FEB 5 1917 Filed ...., 191.... ROBERT P. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 4 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 30 1917, to Feb 4 1917, that I saw him alive on Feb 4 1917, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

....
Lobar Pneumonia
.... (Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Hemastoma
.... (Duration) ....yrs. ....mos. 5 ds.

(Signed) W Hampton Nicholson M. D.

Feb 4, 1917. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. 5 ds. In the State unknown yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? University Hosp

Former or usual residence Jessops, Md

19-PLACE OF BURIAL OR REMOVAL, Jessops Md — DATE OF BURIAL, Feb 5, 1917.

20-UNDERTAKER Wm J Peakes & Sons — ADDRESS Balt ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2092

CERTIFICATE OF DEATH.

X 45 ✓ D 2092

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida C. Lester

(Residence in Baltimore: No. St Josephs Hospital St.: ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	White	Single

6-DATE OF BIRTH, Sept. (Month) 6 (Day), 1861 (Year)

7-AGE, 55 yrs. 4 mos. 29 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Dressmaker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Daniel H. Lester

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary C. Manahan

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Emmal J. Lester

(Address)...Westminster

15-

Filed FEB 5 1917, 191..... ROBERT E. KRAUTER Registrar.

Burial Permit

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 18 1917, to Feb 5 1917, that I saw h[er] alive on Feb 5 1917, and that death occurred, on the date stated above, at 6.25 m.

The CAUSE OF DEATH* was as follows:

Carcinoma Pancreas

.....

.....

Duration.....

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) W. L. Richards M. D.

Feb 5., 191.7. (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 18 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Westminster Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Westminster Md	Feb 6., 191.7
20-UNDERTAKER E. M. Mitchell & Co	ADDRESS 120 N. Paca St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2093

CERTIFICATE OF DEATH.

92

REGISTERED NO. C D 2093

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2506 Guilford Ave. ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard J. Ward

(Residence in Baltimore: No. 2506 Guilford Ave. St.; 59 yrs., 3 mos. 22 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, October 11 1857
(Month) (Day) (Year)

7-AGE, 59 yrs. 3 mos. 22 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Paca Loan Co.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Eastern "

12-MAIDEN NAME OF MOTHER Eastern

13-BIRTHPLACE OF MOTHER (State or Country), Eastern "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Matilda Ward

(Address) 2506 Guilford Ave.

15- FEB 5 1917 ROBERT B. KRAUTER
Filed ....., 191.... DEPUTY REGISTRAR
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 3rd (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 28th 1917, to Feb 3rd 1917, that I saw h[illegible] alive on Feb 3rd 1917, and that death occurred, on the date stated above, at 7,30 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 1 yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

Feb 5, 1917. (Address) 4625 Eddy St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cemetery

DATE OF BURIAL, 2/6, 1917

20-UNDERTAKER Henry W. Meyer & Son

ADDRESS 805 N. Calvert St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

13c
81

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2094

CERTIFICATE OF DEATH.

167 D 2094

1-PLACE OF DEATH Maryland General Hospital

REGISTERED No. C

CITY OF BALTIMORE (No. Asylum St.; Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma King

(Residence in Baltimore: No. 1445 Hull St.; yrs. 32 mos. 7 ds. 3)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec. 24, 1884 (Month) (Day) (Year)

7-AGE, 32 yrs. 7 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, John Ragan

11-BIRTHPLACE OF FATHER (State or Country), U. S.

12-MAIDEN NAME OF MOTHER Harriet Frost

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John T. King

(Address) 1445 Hull St

15-

Filed FEB 5 1917, 191.....

ROBERT P. KRAUTER
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 5, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Decubitus & Burns
Typhoid
(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Dyspepsia
Iron Stove
(Duration) yrs. mos. ds.

(Signed) G. H. Williams M. D.
(Coroner.)
Feb 5, 191... (Address) 814 N Paca

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 4 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1445 Hull St

Former or usual residence 1445 Hull St

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem. DATE OF BURIAL, Feb. 8, 1917

20-UNDERTAKER Joseph L. Cox ADDRESS 1013 W. Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2095

CERTIFICATE OF DEATH.

15 45

D 2095

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hahnemann General Hospital ST., 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Sheffield

(Residence in Baltimore: No. 1917 Pulaski St.; 50 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male.

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, Unknown (Month) (Day) (Year)

7-AGE, 69 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Grocer

9-BIRTHPLACE, (State or Country), Henry County, Va.

PARENTS.

10-NAME OF FATHER, Jesse Sheffield

11-BIRTHPLACE OF FATHER (State or Country), Henry Co., Va.

12-MAIDEN NAME OF MOTHER Margaret ——

13-BIRTHPLACE OF MOTHER (State or Country), Henry Co., Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Wm H. Colbath

(Address) 417 So Odem Street

15-

Filed FEB 5 1917, 191.... DAVID R. KRALSTEIN Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12-21 1916, to 2-4 1917, that I saw him alive on Feb 4 1917, and that death occurred, on the date stated above, at 1.45 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Probable

Contributory

(Duration) 3 (?) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) yrs. mos. 16 ds.

(Signed) Geo. P. Houck M. D.

Feb 4, 1917. (Address) 812 W Madison St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 2 mos. 14 ds. In the State 50 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? At his home,

Former or usual residence 1917 Pulaski St.

19-PLACE OF BURIAL OR REMOVAL, Mount Ca... DATE OF BURIAL, Feb 6, 1917

20-UNDERTAKER Joseph Block ADDRESS 1003 W Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spoe—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2096 **CERTIFICATE OF DEATH.** 79 ✓ D 2096

1-PLACE OF DEATH REGISTERED No. C

CITY OF BALTIMORE: (No. 918 Columbia Ave. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adnal Brown

(Residence in Baltimore: No. 918 Columbia Ave. St. 35 yrs. 5 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug. (Month) 8 (Day), 1881 (Year)

7-AGE, 35 yrs. 5 mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Robert McElrigg

11-BIRTHPLACE OF FATHER (State or Country), New Jersey

12-MAIDEN NAME OF MOTHER Rachel Ann Cassatone

13-BIRTHPLACE OF MOTHER (State or Country), New Jersey

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. J. Brown

(Address) 918 Columbia Ave.

15- FEB 5 1917 ROBERT B. [illegible] Registrar.
Filed....., 191.....
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1916, to Feb. 4, 1917, that I saw her alive on Feb. 4, 1917, and that death occurred, on the date stated above, at 6 30 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary) Edema of lungs

(Duration) yrs. mos. 12 ds.

(Signed) D. L. Joseph Krieger M. D.

Feb 5, 1917. (Address) 818 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Feb. 7, 1917

20-UNDERTAKER Joseph B Cook ADDRESS 1003 W Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2097

CERTIFICATE OF DEATH.

37 D 2097

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1307 N. Gilmor ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Florence Hay.

(Residence in Baltimore: No. 1307 N. Gilmor St. St.; 40 yrs., 5 mos. 8 ds.)

8

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, August 27, 1876.
(Month) (Day) (Year)

7-AGE, 40 yrs. 5 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Joseph Stivers

11-BIRTHPLACE OF FATHER (State or Country), Savage, Md.

12-MAIDEN NAME OF MOTHER Mary Campbell

13-BIRTHPLACE OF MOTHER (State or Country), Savage, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Chas L. Hay.

(Address)..1307 N. Gilmor St.

15- FEB 5 1917 Filed....., 191.... ROBERT P. BRASHEAR, Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 4, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....1908, to Feb 4 1917, that I saw h ex alive on Feb 4 1917, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Progressive paralysis - finally involving muscles of throat.

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Lentiac degeneration of Spinal cord (Duration)..9..yrs....mos....ds.

(Signed)..M Bowmanstood M. D.

Feb 5, 1917. (Address)..626 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
London Park Cem	Feb 6, 1917
20-UNDERTAKER Cosgrove & Cook	ADDRESS 1003 W Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—200 Bks.

D 2098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

39 D 2098

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 1106 E North Ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick H Kenney

(Residence in Baltimore: No. 1106 E North Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb (Month) 2 (Day), 1836 (Year)

7-AGE, 81 yrs. — mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) Retired Dentist

9-BIRTHPLACE, (State or Country), Ireland (County Klare

PARENTS.

10-NAME OF FATHER, Timothy Kenney

11-BIRTHPLACE OF FATHER (State or Country), Ireland County Klare

12-MAIDEN NAME OF MOTHER Hannah Purcell

13-BIRTHPLACE OF MOTHER (State or Country), Ireland (County Klare

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harman C Kenney

(Address) 1106 E North Ave

15- FEB 6 - 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1914, to Feb. 4 1917, that I saw h alive on Feb 3 1917, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Face (Clinical)

(Duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) — yrs. — mos. — ds.

(Signed) [illegible] M. D.

Feb 6, 1917 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state: (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem DATE OF BURIAL, Feb 7, 1917

20-UNDERTAKER [illegible] ADDRESS [illegible]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2099

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 D 2099

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 860 Park Ave 11 ST.: ..... WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Dorsey

(Residence in Baltimore: No. 860 Park Ave ST.: 70 yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7-AGE: 75 yrs ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Cook in private family
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: not known

11-BIRTHPLACE OF FATHER (State or country): Not Known

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mamie Seamon

(Address) 412 Druid Hill ave

15. FEB 6 - 1917 (Time) ..... 191 .....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February 3 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 30 1917, to February 3 1917, that I saw h[illegible] alive on February 3, 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 6 ds

Contributory (SECONDARY) Pneumonia Edema

..... (Duration) ..... yrs. ..... mos. 6 ds.

(Signed) Edwin R Ballard M. D.

..... 191 ..... (Address) 1417 Mt Royal ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Feb 6th 1917

20-UNDERTAKER: Jas. W. Chase - son

ADDRESS: 1400 Mosher st

Spec.—8-24-14—M. & T.—2000 Blks.

D ~~9000~~ D2100

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

~~D 9000~~ D2100

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 Mulliken ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Yorkman

(Residence in Baltimore: No. 1712 Mulliken St.; Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) married

6-DATE OF BIRTH, Unknown (Month) 1 (Day) (Year)

7-AGE, 54 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Joseph Smith

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mary Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Yorkman

(Address) 1712 Mulliken st

15- Filed FEB 6 - 1917, 191.. HARRY C. ANDREWS Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 15, 1917, to February 2 1917, that I saw her alive on February 2, 1917, and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia

Valvular Insufficiency Mitral

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Respiratory Failure

(Duration) yrs. mos. 1 ds.

(Signed) G. G. Yanney M. D.

Feb 5, 1917. (Address) 2002 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL.
Asbury	Feb 6, 1917
20-UNDERTAKER	ADDRESS
John W Henderson	31 N Caroline

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2101
~~2001~~

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D ~~2001~~ 2101
REGISTERED NO.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 2107 W Lexington ST.: 70 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Ann Owens

(Residence in Baltimore: No. 2107 W Lexington St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, April (Month) 23 (Day) 1915 (Year)

7-AGE, 1 yrs. 9 mos. 13 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, David Owens

11-BIRTHPLACE OF FATHER (State or Country), Wales

12-MAIDEN NAME OF MOTHER Margaret Williams

13-BIRTHPLACE OF MOTHER (State or Country), Wales

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) David Owens
(Address) 2107 W Lexington St

15- Filed FEB 6 - 1917 HARRY C. ANDREWS Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 6 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
(Duration) ....yrs. ....mos. 10 ds.
CONTRIBUTORY (Secondary) Emphysema
(Duration) ....yrs. ....mos. 7 ds.
(Signed) James M Fenton M. D.
(Coroner)
Feb 6, 1917 (Address) 700 E Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Feb 6, 1917

20-UNDERTAKER E. W. Waddell & Co — ADDRESS 1201 W. Fayette St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2102

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D 2102

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 708 S. Sharp St ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Gant

(Residence in Baltimore: No. 708 S Sharp St.; 60 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) 18[illegible]3 (Year)

7-AGE, 74 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) (Day)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Wing

(Address) 417 W Cross

15- Filed FEB 6 - 1917, 19.. HARRY O. ANDREWS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1917, to Feb 5 1917, that I saw h[illegible] alive on Feb 4 1917, and that death occurred, on the date stated above, at 12 p. m.

The CAUSE OF DEATH* was as follows: Pneumonia (Lobar)

(Duration) yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. 1 mos. 5 ds.

(Signed) C. W. Flowers M. D.

Feb 5, 1917 (Address) 712 S Sharp St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Feb 7, 1917

20-UNDERTAKER John H. Toadvine — ADDRESS 1432 Whitex St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2103

CERTIFICATE OF DEATH.

79 D 2103

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hahnemann General Hospital ST.) 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Page

(Residence in Baltimore: No. 1029 N Stockton St.; 39 yrs. — mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, January 20, 1878 (Month) (Day) (Year)

7-AGE, 39 yrs. — mos. 16 ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Private family

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Robert Page

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Eliza Smith

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Brown

(Address) 719 School St.

15- Filed FEB 6 1917 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 5, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 1 1916, to Feb 5 1917, that I saw her alive on Feb 5 1917, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Feb 6 191... (Address) 1623 W Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 6 6 ds. In the State 39 yrs. — mos. 16 ds.

Where was disease contracted, if not at place of death? ---

Former or usual residence 719 School St.

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Feb 7, 191...

20-UNDERTAKER John A Bradley ADDRESS 1923 W Fayette St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2104

HEALTH DEPARTMENT—CITY OF BALTIMORE

1917 D 2104

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Franklin Square Hospital ST.; 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary S. Cooper

(Residence in Baltimore: No. 1164 Columbia ave St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Not Known, ... (Month) ....., 1 ..... (Day) (Year)

7-AGE, 43 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, W. F. Carr

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Annie Ebaugh

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Cooper

(Address) 744 St. Peter St

15-

Filed FEB 6 - 1917, 191.. MARY C. ANDREWS Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 4th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol Shot Wound through Brain, Murder

(Duration) ..... yrs. ..... mos. 1 hr. ds.

CONTRIBUTORY (Secondary) Hemorrhage

(Duration) ..... yrs. ..... mos. 1 hr. ds.

(Signed) James M. Fenton M. D. (Coroner.)

Feb. 6, 1917. (Address) 700 E. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State. 43 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 1164 Columbia ave

Former or usual residence 1164 Columbia ave

19-PLACE OF BURIAL OR REMOVAL, Druid Park Cem. DATE OF BURIAL, Feb. 7, 1917

20-UNDERTAKER W. J. Tucker Son ADDRESS 1116 N. Pine ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 2105 HEALTH DEPARTMENT—CITY OF BALTIMORE D 2105

CERTIFICATE OF DEATH.

81

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 310 Emory St.; 27 WARD) REGISTERED NO. C

2-FULL NAME Frances Stickel

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 310 Emory St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, July (Month) 25th (Day), 1840. (Year)

7-AGE, 76 yrs. 7 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Francis Nagel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F. Stickel

(Address) 282 N. Randolph St. Balto

15- Filed FEB 6 - 1917, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 3 1916, to Feb. 4 1917, that I saw h[er] alive on February 3 1917, and that death occurred, on the date stated above, at 10 15 A m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis,

(Duration) 3? yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Congestion

(Duration) 0 yrs. mos. 1 ds.

(Signed) E. M. Dilcher M. D.

Feb. 4, 1917. (Address) 621 Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	Feb 7th, 191 7
20-UNDERTAKER	ADDRESS
Geo Lenhardt & Son	641 W Balto

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PENCIL, WITH ONE ERASING INK—THIS IS A PERMANENT RECORD

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2106

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 ✓ D 2106

1-PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 403 - 21½ ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jno. Franklin Edward Smith.

(Residence in Baltimore: No. 403 - 21½ St.; 1 yrs. 2 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Single

6-DATE OF BIRTH Nov. 15, 1915.
(Month) (Day) (Year)

7-AGE 1 yrs. 2 mos. 19 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country) Baltimore, Md.

PARENTS

10-NAME OF FATHER George Smith

11-BIRTHPLACE OF FATHER (State or country) Va.

12-MAIDEN NAME OF MOTHER Victoria Johnson.

13-BIRTHPLACE OF MOTHER (State or country) Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) George Smith,
(Address) 403 - 21½ St.

15. FEB 6 - 1917
HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH July 4, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 30, 1917, to July 4, 1917, that I saw h[illegible] alive on July 4, 1917, and that death occurred, on the date stated above, at 3:40 p.m.
The CAUSE OF DEATH* was as follows:

(Broncho) Pneumonia.
(No other history)

(Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Hugh Forsythe M. D.
July 4, 1917. (Address) 1124 E. Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Laurel Cem. — DATE OF BURIAL Feb 6, 1917

20-UNDERTAKER Mrs Robert A Elliott — ADDRESS 606 East 21

D 2107

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 D 2107

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 927 McDonough St. ? WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Newman

(Residence in Baltimore: No. 927 McDonough St. 30 yrs. — mos. — ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female | 4-COLOR OR RACE: Colored | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Unknown (Month) ..... (Day), 1867 (Year)

7-AGE: 50 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: John Quinn

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Ann Brown

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Susie Russell

(Address) 202 W Henrietta St

15-Filed FEB 6 - 1917, 19.. HARRY C. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 2 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1917, to Feb 2 1917, that I saw h.. alive on Feb 1, 1917, and that death occurred, on the date stated above, at 2 H m.

The CAUSE OF DEATH* was as follows:

1. Mitral Insufficiency

Antecedent ..... (Duration) 1 yrs. ..... mos. Fatty

Contributory (SECONDARY) Tertiary Syphilis — Heart

Last days (Duration) ..... yrs. ..... mos. 10 ds.

(Signed) J Edward Fiske M. D.

Feb 2, 1917. (Address) 1614 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem | DATE OF BURIAL: Feb 6th, 1917

20-UNDERTAKER: Harry A. Vodery | ADDRESS: 1125 Baltimore St

Spec.—8-24-14—M. & T.—2000 Bks.

D 2108

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2108

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH Md Gen Hosp. REGISTERED NO. C 1

CITY OF BALTIMORE: (No. Linden Ave Madison ST.) WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lottie Holt.

(Residence in Baltimore: No. 19 S. Collington Ave. St.) (If not in Baltimore, Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH. May (Month) (Day), 1860. (Year)

7-AGE. 56 yrs. 9 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. Joseph Holt.

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Sarah Hollis

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Holt

(Address) 19 S Collington Ave

15- FEB 6 - 1917 Filed, 191 Burial Permit Clerk Registrar. HARRY C. ANDREWS

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 31 1917, to Feb. 3 1917, that I saw her alive on Feb. 3 1917, and that death occurred, on the date stated above, at 8:55 A.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

Cerebral Hemorrhage

(Duration) yrs. 3 mos. 5 ds.

CONTRIBUTORY (Secondary) Cachexia Diabetica

(Duration) yrs. mos. 1 ds.

(Signed) Elmer Newcomer M. D.

Feb. 3, 1917. (Address) Md Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 4 ds. In the State 56 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 198 Collington Ave

19-PLACE OF BURIAL OR REMOVAL. Greenmount Cem. DATE OF BURIAL. Feb 6, 1917.

20-UNDERTAKER J. J. Inman ADDRESS Balto.

N. B.—CAUSE OF DEATH must be entered as exactly as possible. Avoid use of terms like "Heart Failure," "Exhaustion," "Blood Poisoning," etc., by themselves. Indefinite and unsatisfactory terms should be followed by the disease causing them. Abbreviations should be avoided. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2109

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 2109

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 613 Hilton ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Celina T. Tweedy

(Residence in Baltimore: No. 613 Hilton St St.; Lifes. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, November 1 (Month) (Day) (Year)

7-AGE, 86 yrs. mos. da. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework wife.
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Robt. Gsseck

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Annie Shoup

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Hughes

(Address) Norwood & Fleetwood

15- FEB 6 - 1917 Filed....., 191.... MARY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 3, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 28 1917. to Feb 3 1917.
that I saw her alive on Feb 3 1917.
and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia

(No other history)

(Duration) yrs. mos. 7 da.

CONTRIBUTORY (Secondary) Cardiac dilatation

(Duration) 7 yrs. mos. da.

(Signed) A. C. Smink M. D.

Feb 4, 1917. (Address) W. Fares & Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem — DATE OF BURIAL, Feb 6, 1917

20-UNDERTAKER Wm J. McKeon & Son — ADDRESS 814 E. Fayette ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2110

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2110

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St Elizabeth Home ST. W WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2-FULL NAME Annie Mary Bea

(Residence in Baltimore: No. St. Paul St.) St.; 8 yrs. 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	colored	single

6-DATE OF BIRTH. Oct (Month) ..... (Day) 1908 (Year)

7-AGE. 8 yrs. 4 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Samuel Bea

11-BIRTHPLACE OF FATHER (State or Country). Va.

12-MAIDEN NAME OF MOTHER Tabbie Bookman

13-BIRTHPLACE OF MOTHER (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Rev. Mother M. Mulord
(Address) St. Elizabeth Home

15- Filed FEB 6 - 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 28 1916, to Feb 2 1917, that I saw h er alive on Feb 2 1917, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edgar T. Predenwald M. D.
Feb 3, 191 7 (Address) 1616 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death 1 yrs. 7 mos. 18 ds. In the State Life yrs. mos. ds.
Where was disease contracted if not at place of death? St Elizabeths Home
Former or usual residence St Elizabeths Home

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cem.	Feb 6, 191 7
20-UNDERTAKER Geo. H. Holland	ADDRESS 511 Robert St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2111

HEALTH DEPARTMENT—CITY OF BALTIMORE

45 D 2111

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 178 Chester ST.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Louisa Schmidt

(Residence in Baltimore: No. 17 S. Chester St.; 60 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec 25th, 1847.
(Month) (Day) (Year)

7-AGE, 69 yrs. 1 mos. 8 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Contractor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Adam Schmidt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizibeth Naumle

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John A. Schmidt

(Address) 445 N. Lauzern ave

15- Filed FEB 6 - 1917, 191... HARRY C. ANDREWS Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 2, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July — 1916, to Feb 2 1917, that I saw h— alive on Feb 2 1917, and that death occurred, on the date stated above, at 11 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Neck — (Clinical)

(Duration) 1 yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) General Exhaustion

(Duration) ..... yrs. 1 mos. 5 ds.

(Signed) Jno A. Miller M. D.

Feb 3, 191.7 (Address) 125 S Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, 2/6/17, 191...

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 2112

HEALTH DEPARTMENT—CITY OF BALTIMORE

1320 D 2112

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3734 Hickory Ave. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Smith

(Residence in Baltimore: No. 3734 Hickory Ave. St.; 2 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June (Month) 24th (Day), 1842 (Year)

7-AGE, 74 yrs. 7 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Co.

PARENTS.

10-NAME OF FATHER, Henry Smith

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Teuressa Shalk

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Preccela Smith

(Address) 3734 Hickory Ave.

15-

Filed FEB 6 1917 191.....

HARRY C. ANDREWS
Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 12 1917, to February 5 1917, that I saw h~~im~~ alive on February 4 1917, and that death occurred, on the date stated above, at 1 Odd.

The CAUSE OF DEATH* was as follows:

.....

.....Nephritis Interstitial Chronic.....

..... (Duration) 2 yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Senility Acute Congestion of Lungs

..... (Duration) 4 yrs. ..... mos. ..... ds.

(Signed) E. K. Shelley M. D.

Feb 6 1917. (Address) 3549 Rolandale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Mary's

DATE OF BURIAL, Feb 7, 1917

20-UNDERTAKER A. S. Marshall

ADDRESS 3509 Falls Rd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 2113 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 2113

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 346 E. 23½ St. ; ST.; 17 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Annie Berry

(Residence in Baltimore: No. 346 E 23½ St. St.; 47 yrs., 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	married

6-DATE OF BIRTH, April, 19, 1869. (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
47 yrs. 10 mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Shredder

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Berry

(Address) 346 E. 23½ St.

15-

Filed FEB 6 - 1917, 191.. MARY C. ANDREWS Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 2d, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 31 1917, to Feby 2 1917, that I saw h[illegible] alive on Feby 3d 1917, and that death occurred, on the date stated above, at 1.40 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

about 5 Da (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) General Paralysis

(Duration) 2 yrs. 2 mos. 3 ds.

(Signed) Geo E Holland M. D.

Feby 6, 1917. (Address) 1426 Bank St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 7 yrs. mos. ds. In the State 47 yrs. 10 mos. ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence Hunter St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	Feby 6, 1917.

20-UNDERTAKER	ADDRESS
Geo. Holland	577 Robt St,

N. B.—Each question must be answered. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 2114

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2114

CERTIFICATE OF DEATH.

REGISTERED No. C 111

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Germen Hospital ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Douglas

(Residence in Baltimore: No. 1742 Keyser St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Widow

6-DATE OF BIRTH, November, 1875
(Month) (Day) (Year)

7-AGE, 22 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Chas H Douglas

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mayfet Edwards

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas H Douglas

(Address) 1716 Keyser St

15- Filed FEB 6 - 1917, 191... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 4th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 4 1916, to Feby 4 1917, that I saw him alive on Feby 4th 1917, and that death occurred, on the date stated above, at 4.30 p. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation Heart

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Yellow atrophy liver

(Duration) yrs. 2 mos. ds.

(Signed) Allan L Roemure, M. D.

Feby 4, 191 7. (Address) St Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. 18 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Home

Former or usual residence 1742 Keyser St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem	2-7, 191...
20-UNDERTAKER	ADDRESS
Samuel Townsley	538 Park

over

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2115

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 2115

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 940 Whitelock St., St.; 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adolph Koeningsberger,
(Residence in Baltimore: No. 940 Whitelock St., St.; 45 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White,	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) ..... (Year)
December 1

7-AGE,
72 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Wholesale Merchant

9-BIRTHPLACE, (State or Country), Germany,

PARENTS.

10-NAME OF FATHER, Zadoc Koeningsberger,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Sarah Armstein,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) E. Rosenfeld,
(Address) 2239 Eutaw Place

15-Filed FEB 6 - 1917. Ro. ROBERT R. KRAUTER
Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 5, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ~ 1906, to February 5 1917, that I saw h[illegible] alive on February 5 1917, and that death occurred, on the date stated above, at 4 p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis - Uraemia - Nephritis.

(Duration) Five yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Harry S. Greenbaum M. D.

Feb 5, 1917. (Address) 1222 Madison avenue.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto. Hebrew,
DATE OF BURIAL, Feb. 7th, 1917.

20-UNDERTAKER David Bowlein
ADDRESS 1[illegible] Fayette St.

N. B.—Entire accuracy in answering inquiries on this certificate is earnestly requested. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2116

CERTIFICATE OF DEATH.

13 92 ✓ D 2116

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2419 Lakeview Ave., ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leon S.Manline, Jr.

(Residence in Baltimore: No. 2419 Lakeview Ave., St.; lifetime, yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single,

6-DATE OF BIRTH, Nov. (Month) 14th. (Day) 1910. (Year)

7-AGE, 6 yrs. 2 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: school boy,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Leon S.Manline,

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Sophia Brown,

13-BIRTHPLACE OF MOTHER (State or Country), Cincinnati Ohio,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S.Manline.

(Address) Esplanade Aprt.,

15- Filed FEB 6 - 1917, 191.. ROBERT R. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby. (Month) 5th. (Day); 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1910, to Feb.5 1917, that I saw h[illegible] alive on Feb.5 1917, and that death occurred, on the date stated above, at 6 9 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..yrs. ..mos. ..ds.

CONTRIBUTORY (Secondary) Heart failure

(Duration) ..yrs. ..mos. ..ds.

(Signed) John Rutherford M. D.

Feb ..., 191.. (Address) 11 E. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto. Hebrew. DATE OF BURIAL, Feb. 7th.; 191..7

20-UNDERTAKER David Goodman ADDRESS 1201 N. Broadway

I.C.D.—Each item of information must be given. If unknown, state the fact. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2117

CERTIFICATE OF DEATH.

9 ✓ D 2117

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 Rosedale Terrace ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hannah Allman.

(Residence in Baltimore: No. 411 Rosedale Terrace St.; 58 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Nov. (Month) 25 (Day), 1848 (Year)

7-AGE, 68 yrs. 2 mos. 10 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, Bro. Allman

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Elizabeth Sullivan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) B. F. Hulton

(Address) 411 Rosedale Terra

15- FEB 6 1917 191... ROBERT B. KRAUTH Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 29. 1917, to Feb 4. 1917; that I saw h[illegible] alive on Feb 4. 1917, and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) yrs. mos. 10 ds.

(Signed) W. C. Fuhrmann M. D.

2-5-, 1917 (Address) 607 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery | DATE OF BURIAL, 2-7-, 1917

20-UNDERTAKER Henry C. Brenning's Son | ADDRESS 51[illegible] Schroeder

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2118

CERTIFICATE OF DEATH.

50 ✓ D 2118

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 747 S. Curley ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Revelon

(Residence in Baltimore: No. 747 S. Curley St.; 28 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Dec 6th, 1860
(Month) (Day) (Year)

7-AGE, 56 yrs. 1 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Turner Galleher

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Jane Cossen

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Blanche Cassen

(Address) 747 S. Curley St

15- Filed FEB 6 - 1917, 191... ROBERT B. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 4th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 28 1917, to Feb 4 1917, that I saw h Er alive on Feb 3 1917, and that death occurred, on the date stated above, at 2 Hours m.

The CAUSE OF DEATH* was as follows:

Diabetis Mellitus

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Coma

(Duration) yrs. 2 mos. ds.

Signed) Wm J McCarty M. D.

Feb 5, 191 7 (Address) 539 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cem. DATE OF BURIAL, Feb 7, 191 7

20-UNDERTAKER H. Sander Son ADDRESS 1710 Eastst

Mattie Kearney

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2119

CERTIFICATE OF DEATH.

X 175

D 2119

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Joseph Hospital WARD)

REGISTERED No. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME, Mildred Kearney

(Residence in Baltimore: No. Roland Park St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Single

6-DATE OF BIRTH, Dec 20, 97
(Month) (Day) (Year)

7-AGE, 19 yrs. 1 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer): Maid

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Patrick Kearney

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Agnes Bradley

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Agnes Bradley

(Address) 640 Augusta

15- FEB 6 - 1917 Filed..... 191.... ROBERT B. KRAUTH Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 3, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism
due to motor Accident

(Duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(Duration) yrs. mos. ds.

(Signed) J. H. Buchanan M. D.
(Coroner.)
....., 191... (Address) 14 E. Lex St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death 12 hrs. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Hemwood & Oliver Sts

Former or usual residence Roland Park

19-PLACE OF BURIAL OR REMOVAL, Long Green Md. DATE OF BURIAL, Feb 7, 1917

20-UNDERTAKER A. C. Wredfeld ADDRESS 914 Guilford Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2120

CERTIFICATE OF DEATH.

64 / D 2120

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Conrad Helfrich

(Residence in Baltimore: No. Little Sisters of the Poor St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... Jan (Month) 2 (Day), 1842 (Year)

7-AGE, 75 yrs. 1 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jacob Helfrich

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Helfrich

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- FEB 6 - 1917 ROBERT B. KRAUTER
Filed ..... 191.....
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 5th, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
No record 191..., to ..... 191...,
that I saw h.. alive on Feby 4 191 7,
and that death occurred, on the date stated above, at 3 a m.
The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

2 months (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) T. A. Brennan M. D.

Feb 5, 191 7. (Address) 1132 Valley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 9 yrs. 9 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Feb. 7., 1917.

20-UNDERTAKER H. C. Waidefeld — ADDRESS 914 Gruman Av.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2121

CERTIFICATE OF DEATH.

5 91 ✓ D 2121

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 434 North Eden Street ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Hic-s

(Residence in Baltimore: No. 434 North Eden Street St.; .....yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-~~COLOR~~ OR RACE, Blac-

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, February 3 1917, 1
(Month) (Day) (Year)

7-AGE, ...yrs. .....mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country),
Baltimore

PARENTS.

10-NAME OF FATHER, Campbell Hic-s

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Sallie Marshall

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Thurman MD

(Address) Johns Hopkins Hospital

15- FEB 6-1917 Burial Permit Clerk

Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 4 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 3 1917, to Feb 4 1917, that I saw him alive on Feb 4 1917 191, and that death occurred, on the date stated above, at about 6 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

..... (Duration) .....yrs. .....mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

..... (Duration) .....yrs. .....mos. 2 ds.

(Signed) John Thurman M. D.

Feb 5 191 7. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL — DATE OF BURIAL, ..., 191...

20-UNDERTAKER — ADDRESS

Commissioner Health.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

15340

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2122 **CERTIFICATE OF DEATH.** 15 D 2122

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Kennedy Hospital ward) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Scott.

(Residence in Baltimore: No. Kennedy Hospital St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, 2 (Month) 1 (Day), 1917 (Year)

7-AGE, 0 yrs. 0 mos. 0 ds. If LESS than 1 day, 7 hrs. or [illegible] min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER Frank Scott.

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Mary Reed.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15- ROBERT P. [illegible]

Filed FEB 6 1917, 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2 (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2-1 1917, to 2-1 1917, that I saw her alive on 2-1 1917, and that death occurred, on the date stated above, at 7.30 m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. J. Wolff M. D.

2-1, 1917 (Address) Kennedy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191..
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL FEB 5 1917

Commissioner Health.

Spec.—8-24-14—M. & T.—2000 Blks.

D 2123

HEALTH DEPARTMENT—CITY OF BALTIMORE

9 1/2 D 2123

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St.; 4 WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Russell Seymour

(Residence in Baltimore: No. Unknown St.: ..... yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1840 (Year)

7-AGE,	If LESS than 1 day,
77 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Refused to give any such data

PARENTS.

10-NAME OF FATHER, —

11-BIRTHPLACE OF FATHER (State or Country), —

12-MAIDEN NAME OF MOTHER —

13-BIRTHPLACE OF MOTHER (State or Country), —

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed FEB 6 - 1917, 191... Registrar.

Burial Permit [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 2, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1-24 1917, to 2-2 1917, that I saw him alive on 2-2 1917, and that death occurred, on the date stated above, at 6 05 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY.....
(Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Bernard J. Berry M. D.

2/3, 1917. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 9 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Refused to give information

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL

Commissioned Items.

F. D. C. WESSELL

542

KODAK

Spec.—8-24-14—M. & T.—2000 Bks.

D 2124

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2124

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Wade

(Residence in Baltimore: No. 11 - St. S E. Washington D.C St.; 24 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... Jan (Month) 1 (Day), 1893 (Year)

7-AGE, 24 ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Sailor
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed ..... FEB 6 1917 ....., 191... .....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1917, to Feb 3 1917, that I saw h[im] alive on Feb 3 1917, and that death occurred, on the date stated above, at 1.30 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

..... (Duration) 6 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

..... (Duration) 6 yrs. ..... mos. ..... ds.

(Signed) Fred E Heagy M. D.

2/5/, 191.7 (Address) Mercy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 24 ds. In the State 6 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 11 St S E. Wash DC

Former or usual residence Same

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL

DATE OF BURIAL, ..., 191...

20-UNDERTAKER Commissioner Health.

ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—S-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2125 **CERTIFICATE OF DEATH.** 15 D 2125

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 Boyd ST.; 18 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maronna Elizabeth Benning

(Residence in Baltimore: No. 925 Boyd St. St.; ..... yrs., mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Black	Single

6-DATE OF BIRTH, ... Feb (Month) 9 (Day), 1917 (Year).

7-AGE, ... yrs. ..... mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... X .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Arthur Benning

11-BIRTHPLACE OF FATHER (State or Country) Washington, D.C.

12-MAIDEN NAME OF MOTHER Rosa Douglas

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- FEB 6 1917

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb (Month) 4 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Feb 2 1917, to Feb 4 1917, that I saw her alive on Feb 3 1917, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis

..... (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Prematurity (7 mo).

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) J. J. Wolff M. D.

Feb 4, 1917. (Address) University Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL FEB 6 1917

Commissioner Health.

Burial Permit

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2126 CERTIFICATE OF DEATH. 92 D 2126

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 738 E Baker St. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nathaniel Selby

(Residence in Baltimore: No. 738 E Baker St.; yrs., mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 37 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gustav Fabian Platte

(Address) 1610 Bank Point Boulevard

15- FEB 6 - 1917 Received ..... 191.....

Filed....., 191.....

Burial Permit #..... Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 4, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry Ryan Direct M. D.
Coroner.

Feb 4, 1917 (Address) 1610 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, ... DATE OF BURIAL, ..., 19....

20-UNDERTAKER ..... ADDRESS .....

JOHNS HOPKINS HOSPITAL
FEB 6 1917
Commissioner Health.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2127

CERTIFICATE OF DEATH.

X 9V D 2127

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hosp ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Johnson

(Residence in Baltimore: No. Stirrup Pond Md St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, 72 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Maryland.

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-FEB 6 1917 ROBERT P. [illegible]

Filed....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 3, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 27 1917, to Feb 3 1917, that I saw h[illegible] alive on Feb 3 1917, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration).....yrs.....mos. 7 ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) Elmer Hendrickson M. D.

2-4, 191 7. (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. 7 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Stirrup Pond Md

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL. ....., 191...
20-UNDERTAKER	ADDRESS

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

[illegible] HOPKINS HOSPITAL
Commissioner of Health.

17
3 8 4
7 7

D 2128

HEALTH DEPARTMENT—CITY OF BALTIMORE

8/✓ D 2128

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 718 h Stockton ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Sullivan

(Residence in Baltimore: No. 718 N. Stockton St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1879 (Year)

7-AGE, 38 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wagon
(b) General nature of industry, business, or establishment in which employed (or employer): Driver

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Hines

(Address) 2800 Montebello Ave

15- ROBERT B. LEAUTY

Filed FEB 6 1917, 191. Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 6, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Rupture of Artery

30 minutes (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown (Duration) yrs. mos. ds.

(Signed) J. Wallace Williams M. D.
(Coroner)
Feb 6, 1917 (Address) 617 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State Unknown yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Lehnard Cuddy

DATE OF BURIAL, Feb 7, 1917

20-UNDERTAKER Robt Turner

ADDRESS 1442 N Broadway

Spec.—5-19-13—M. & T.—500 Eks.

D 2129 HEALTH DEPARTMENT—CITY OF BALTIMORE

91 ✓ D 2129

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1474 Stevenson ST.; 24 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel W. Timbs

(Residence in Baltimore: No. 1474 Stevenson St.; 3 yrs., 7 mos. 11 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	single

6-DATE OF BIRTH, June (Month) 24 (Day), 1913 (Year)

7-AGE, 3 yrs. 7 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Noble L. Timbs

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Viola Reamy

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs N. L. Timbs

(Address) 1474 Stevenson St.

15- FEB 8 1917 ROBERT P. KRAUT

Filed ....., 191.... Burial Permit Clk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 4 1917, to Feb 5 1917, that I saw her alive on Feb 5 1917, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

a Broncho pneumonia

(Duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Diabetes history

(Duration) ... yrs. ... mos. ... ds.

(Signed) Sidney H. Street M. D.

Feb 6., 191.7. (Address) 431 E Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem.	2/7..., 191.7
20-UNDERTAKER	ADDRESS
J. Fenwick Mitchell	130 E. Fort Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2130

CERTIFICATE OF DEATH.

167 ✓

D 2130

REGISTERED No. C

(PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George. G. Donaldson

(Residence in Baltimore: No. 1716 N Payson St St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, December 23, 1852 (Month) (Day) (Year)

7-AGE, 64 yrs. 1 mos. 12 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Butchers

9-BIRTHPLACE, (State or Country), Columbus- Ohio

PARENTS.

10-NAME OF FATHER, George N. Donaldson

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Sarah E. White

13-BIRTHPLACE OF MOTHER (State or Country), Washington - D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret K. Donaldson

(Address) 1716 Payson St

15- ROBERT E. LEACH

Filed FEB 6 1917 Special Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 25, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Primary Cause of Pneumonia
Accident & Injuries received at 624 S. Charles St
(Duration) ...yrs.....mos.,.....ds.
CONTRIBUTORY (Secondary) Lobar Pneumonia
(Duration) .....yrs.....mos.....ds.

(Signed) W. R. Riley M. D.
(Coroner.)
Jan 26, 1917. (Address) 1129 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? 624 S. Charles St

Former or usual residence 1716 N. Payson St

19-PLACE OF BURIAL OR REMOVAL Mt. Olivet - Washington D.C. DATE OF BURIAL, Feb. 7, 1917

20-UNDERTAKER William Cook ADDRESS 502 E. North Ave

Spec.—5-15-15—M. & T.—500 Bks.

D 2131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 ✓ D 2131

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2225 Christian St.; 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. (S.)

2-FULL NAME Geo. W. Wright

(Residence in Baltimore: No. 2225 Christian St.; 74 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, Feb. (Month) 22. (Day), 1842. (Year)

7-AGE, 74 yrs. 11 mos. 5 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto City

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Mrs Smith

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. W. Wright

(Address) 2225 Christian St

15- FEB 6-1917 ROBERT E. TRAUTH, Registrar of Vital Statistics, Burial Permit Clerk.

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 5. (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5t 1917, to Jan 5 1917, that I saw h[illegible] alive on Dec'd 10 m Jan 1917, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Valvular disease of heart

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute Indigestion

(Duration) yrs. 8 mos. 1 ds.

(Signed) J. F. Miller M. D.

1-5-, 191.. (Address) 1733 Walbrook

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cem't — DATE OF BURIAL: Feby 8., 1917

20-UNDERTAKER: E. M. Cook — ADDRESS: 502 E North Ave

Daniel Hornberger

Spec.—8-24-14—M. & T.—2000 Bks.

D 2132

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

x 91 D 2132

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. John Hopkins Hosp. St.; 7 WARD)
REGISTERED No. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Hornbarger
(Residence in Baltimore: No. Johns Hopkins Hosp. St.; ..... yrs. ..... mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH ..... Sept. (Month) ..... 5 (Day), 1866 (Year)

7-AGE,	If LESS than 1 day,
50 yrs. 5 mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Conductor
(b) General nature of industry, business, or establishment in which employed (or employer): Rail Road

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Wm Hornbarger
11-BIRTHPLACE OF FATHER (State or Country), Va.
12-MAIDEN NAME OF MOTHER Mary Evans.
13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) C Phelps
(Address) Johns Hopkins Hosp.

15-FEB 6 - 1917 Filed ....., 191.... ROBERT P. BEAUTE Registrar
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 30, 1917, to Feb. 6 1917, that I saw h[illegible] alive on Feb 6 1917, and that death occurred, on the date stated above, at 1 45 p. m.

The CAUSE OF DEATH* was as follows:
Pernicious Anaemia
.....
.....
..... (Duration) 3 yrs. 6 mos. 7 ds.
CONTRIBUTORY (Secondary) Bronchopneumonia
..... (Duration) ..... yrs. ..... mos. 1 ds.
(Signed) W. P. Manton M. D.
Feb. 6., 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. 7 ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at places of death? ✓
Former or usual residence Winston, West Va.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Winston West Va	Feb. 6, 1917.
20-UNDERTAKER Wm J. Schaffer & Son	ADDRESS 816 Monument

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2133

CERTIFICATE OF DEATH.

79 D 2133

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3639 Roland Ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth L. Mann

(Residence in Baltimore: No. 3639 Roland Ave St.; 28 yrs. ..... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... March 21, 1842 (Month) (Day) (Year)

7-AGE, 74 yrs. 10 mos. 15 ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Housework

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thos Theiter

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Caroline Moffoot

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Harry L. Mann

(Address) ..... 3639 Roland Ave

15- Filed FEB 6 - 1917, 191. ROBERT P. KRAUTER Registrar. Burial Permit issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1916, to Feb 5 1917, that I saw h.. alive on Feb 5 1917, and that death occurred, on the date stated above, at 10.30 A.m.

The CAUSE OF DEATH* was as follows:

..... Pulmonary Edema

..... (Duration) ..... yrs. unknown mos. ..... ds.

CONTRIBUTORY (Secondary) ..... May be Carditis

..... (Duration) ..... yrs. unknown mos. ..... ds.

(Signed) ..... Harry Coffman M. D.

Feb 6, 1917. (Address) 3644 Roland Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Mary's Hampden | DATE OF BURIAL, Feb 7, 191.7

20-UNDERTAKER Horace E. Burgee & Son | ADDRESS 363 Wells St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2134

CERTIFICATE OF DEATH.

6 ✓ D 2134

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED No. C.....

CITY OF BALTIMORE: (No. ..... ST.) 16 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles W. Hitchcock

(Residence in Baltimore: No. Little Sisters of the Poor St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July 22, 1851
(Month) (Day) (Year)

7-AGE, 65 yrs. 6 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William Hitchcock

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Susan Decraft

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- FEB 6 1917 ROBERT P. KRAUTH
Filed....., 191..... Burial Permit Issued Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 6th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....., 191..., to ....., 191...,
that I saw h... alive on ....., 191...,
and that death occurred, on the date stated above, at 12:50 a.m.
The CAUSE OF DEATH* was as follows:

..... Apoplectic Convulsions .....
.....
.....
1 Day (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
Feb. 6, 191... (Address) 1133 Valley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death 6 yrs. 6 mos. ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Md. DATE OF BURIAL, Feb. 8, 1917

20-UNDERTAKER H. C. Wiedefeld ADDRESS 916 Gunsit

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2135 64 ✓ D 2135

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH Little Sisters of the Poor

CITY OF BALTIMORE: (No. ..... ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kate Ott

(Residence in Baltimore: No. Little Sisters of the Poor St.; ..... yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... Jan (Month) ..... (Day), 1837 (Year)

7-AGE, 80 yrs. 1 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Karl Ott

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Dorothee N. N

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Superior

(Address) Little Sisters of the Poor

15- FEB 6 - 1917 ROBERT P. KRAUTER

Filed ....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 5th, 1917
(Month) (Day), (Year)

17- I HEREBY CERTIFY, That I attended deceased from No record 191.., to ..... 191.., that I saw h[illegible] alive on Feb 4 1917, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Senile Dementia

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Feb 5, 1917. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 15 yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Peters

DATE OF BURIAL, Feb 8, 1917

20-UNDERTAKER H. C. Wiedefeld & Co

ADDRESS Guilford Ave

D 2136

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79

D 2136

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 511 N. Carey St. 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Margaret A. Hayes

Residence in Baltimore: No. 511 N. Carey St.: 56 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female

4-COLOR OR RACE White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Widow

6-DATE OF BIRTH Unknown, 1861
(Month) (Day) (Year)

7-AGE 56 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE (State or country) Ireland

PARENTS

10-NAME OF FATHER Denis Mowbray

11-BIRTHPLACE OF FATHER (State or country) Ireland

12-MAIDEN NAME OF MOTHER Margaret Mowbray

13-BIRTHPLACE OF MOTHER (State or country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Shenden

(Address) 511 N. Carey St.

Filed FEB 7 - 1917, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb. 6, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1916, to, Feb 6 1917.
that I saw h[illegible] alive on Feb. 6, 1917.
and that death occurred, on the date stated above, at 5 P. m.
The CAUSE OF DEATH* was as follows:

Chronic Myocarditis & Mitral Regurgitation & Cardiac Dilatation (Duration) 5 yrs. mos. ds

Contributory (SECONDARY) Pulmonary Edema (Duration) yrs. mos. 1 ds.

(Signed) J. T. Alvarez M. D.

Feb 6, 1917. (Address) J. T. Alvarez

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Cathedral Cemetery — DATE OF BURIAL Feb 9, 1917

20-UNDERTAKER John J. Conway Son — ADDRESS 905 Hollins St.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

D 2137

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2137

CERTIFICATE OF DEATH.

REGISTERED No. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 64 Darby st. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Silvia M. McAllister

(Residence in Baltimore: No. 64 Darby st. St.; ..... yrs. 4 mos. 18 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Infant

6-DATE OF BIRTH, Sept. (Month) 19 (Day), 1916 (Year)

7-AGE, ... yrs. 4 mos. 18 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Baltimore City Md.

PARENTS.

10-NAME OF FATHER: Wm. H. McAllister

11-BIRTHPLACE OF FATHER (State or Country): Unknown.

12-MAIDEN NAME OF MOTHER: Sara A. Green

13-BIRTHPLACE OF MOTHER (State or Country): England.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary C. Green

(Address) 64 Darby st.

15- FEB 7 - 1917 HARRY C. ANDREWS

Filed ....., 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 31 1917, to Feb 6 1917, that I saw h.r alive on Feb 6 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH was as follows:-

Broncho Pneumonia

..... (Duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary) Bronchitis (acute)

..... (Duration) ... yrs. ... mos. 14 ds.

(Signed) S R Wantz M. D.

Feb 6, 1917. (Address) 845 N. 36th

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Mary's Lawnd. | DATE OF BURIAL, ..., 191...

20-UNDERTAKER: Bernard & Son. | ADDRESS 1607 Eastern

D 2138

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

78V D 2138

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 824 Wellington ST. 13 WARD)

2 FULL NAME John S. Corkery

(Residence in Baltimore: No. 824 Wellington St St. 30 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Unknown. (Month) , 1 (Day) (Year)

7 AGE: 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer Day
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Irrland.

PARENTS

10 NAME OF FATHER: John. Cowahey.

11 BIRTHPLACE OF FATHER (State or country): Irland.

12 MAIDEN NAME OF MOTHER: Unknown.

13 BIRTHPLACE OF MOTHER (State or country): Unknown.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary E. Cowahey.

(Address) #824 Wellington St.

15 Filed FEB 7 - 1917, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb (Month) 6 (Day) , 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 25, 1916, to Feb 6 1917
that I saw h— alive on Feb 6, 1917
and that death occurred, on the date stated above, at 4 P. m.
The CAUSE OF DEATH* was as follows:

Laryngeal & Pulmonary
Tuberculosis 2 mo & 9 days (Duration) ... yrs. ... mos. ... ds.
Contributory (SECONDARY) to my knowledge
(Duration) ... yrs. ... mos. ... ds.

(Signed) Harry E. Hyde M. D.
Feb 6, 191 7 (Address) 3640 Rolandthe

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: Feb 9, 1917.

20 UNDERTAKER: Dunnourth & Son. ADDRESS: 367 Chestnut ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2139

CERTIFICATE OF DEATH.

79 ✓ D 2139

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 E. Pratt ST.; ✓ WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Johanna Turner

(Residence in Baltimore: No. 1827 E. Pratt st St.; ..... yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Feb. 14, 1843 (Month) (Day) (Year)

7-AGE, 73 yrs. 11 mos. 23 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fish
(b) General nature of industry, business, or establishment in which employed (or employer): Business

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles Riddle

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Charlotta West

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary K. King

(Address) 1827 E. Pratt

15-

Filed FEB 7 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 6, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 30 1917, to Feb 6 1917, that I saw h[illegible] alive on Feb 5 1917, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Bronchio - Pneumonia

(Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Aortic and Mitral Regurgitation

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. F. Rees M. D.

June 6, 1917. (Address) 24 E. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Feb. 9, 1917

20-UNDERTAKER Fickler & Fickler ADDRESS 1739 E. Eager

D 2140

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

40 D 2140

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1431 N. Patterson Pk. Ave 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Beckers

(Residence in Baltimore: No. 1431 N. Patterson Pk. Ave St.; 65 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Apr 1st, 1849 (Month) (Day) (Year)

7-AGE: 67 yrs. 10 mos. 5 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work:
(b) General nature of industry, business, or establishment in which employed (or employer): Housework at Home

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: John Schmidt

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma Miller

(Address) 1431 N. Patterson Pk Ave

15-

Filed FEB 7 - 1917, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 6th (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1916, to, Feb 6, 1917, that I saw h[illegible] alive on [illegible] 191[illegible], and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pyloric Orifice of Stomach (Clinical) probably 7th Month, (Duration) yrs mos ds.

Contributory (SECONDARY)

(Duration) yrs mos ds.

(Signed) Geo. A. Hartman M. D.

Feb 7, 1917 [Address] 1211 N. Caroline St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Balto Cem. DATE OF BURIAL: Feb 8 191 7

20-UNDERTAKER: Phil. Hennig ADDRESS 301 E Orleans St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

D 2141

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 ✓ D 2141

REGISTERED No. C .....

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 154 Dolphin St. 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kate Downing

(Residence in Baltimore: No. 154 Dolphin St.; 25 yrs. 3 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	Married

6-DATE OF BIRTH: Oct (Month) 8 (Day), 1891 (Year)

7-AGE: 25 yrs. 3 mos. 26 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore, Md

PARENTS

10-NAME OF FATHER: James Bowens

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Susan Thompson

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Susan Johnson

(Address) 154 Dolphin St

15. Filed FEB 7 - 1917, 191 HARRY C. ARCHER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 4 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec, 1916, to Feb 4th, 1917, that I saw h— alive on Feb 2nd, 1917, and that death occurred, on the date stated above, at 4 P.M. The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. 2 mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed). Henry E. Gale M. D.

Feb 5th, 1917 (Address) 260 W. Lyman St, Balto Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Lane's Cemetery — DATE OF BURIAL: Feb 7, 1917

20-UNDERTAKER: John A. Piel — ADDRESS: 117 N. Eutaw

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2142

CERTIFICATE OF DEATH

19 D 2142

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 8 Mary Abbottson St. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edwin Marriner

(Residence in Baltimore: No. 1524 Abbottson St.: 1 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Oct 20, 1866 (Month) (Day) (Year)

7-AGE: 50 yrs. 3 mos. 15 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Marble Planer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Matthews Co Va

PARENTS

10-NAME OF FATHER: Edw Marriner

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Elvira Dickerson

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Maud Marriner

(Address): 1524 Abbottson

FEB 7 - 1917 Filed, 191

HARRY C. ANDREWS Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July 4th (Month) (Day), 1917 (Year)

15 I HEREBY CERTIFY, That I attended deceased from July 1, 1917, to July 4th, 1917, that I saw h— alive on July 3, 1917, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of the Heart (Chronic)

(Duration) yrs. 6 mos. — ds

Contributory (SECONDARY) Accupation —

(Duration) yrs. — mos. — ds.

(Signed) A Bussard M. D.

July 6 1917 (Address) 1228 Edmondson

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Balto Cemetery

DATE OF BURIAL: Feb 7, 1917

20-UNDERTAKER: John J Fahey & Sons

ADDRESS: 1318 Light

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1001 D 2143

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital St. 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary Singer

(Residence in Baltimore: No. 1102 W. Fayette St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6 DATE OF BIRTH August 28, 1914 (Month) (Day) (Year)

7 AGE 2 yrs. 5 mos. 9 ds. If LESS than 1 day hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Md

PARENTS

10 NAME OF FATHER Howard L. Singer

11 BIRTHPLACE OF FATHER (State or country) Md

12 MAIDEN NAME OF MOTHER Lillian Borelius

13 BIRTHPLACE OF MOTHER (State or country) Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Singer

(Address) 1102 Fayette St.

15 Filed FEB 7 - 1917, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 6, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1916, to Feb 6 1917, that I saw her alive on Feb. 6, 1917, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Post-Operative Gangrene of palate & upper lip

(Duration) 1 yrs. 5 mos. 5 ds.

Contributory (SECONDARY) Acute Septic Bronchitis (Duration) yrs. mos. 7 ds.

(Signed) Howard L. Singer M. D.

Feb 6, 1917 (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. 11 mos. 11 ds. In the State of Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Never at hospital

Former or usual residence 1102 W. Fayette St.

19 PLACE OF BURIAL OR REMOVAL Pennsylvania DATE OF BURIAL Feb 7, 1917

20 UNDERTAKER Jos. Edelgrass ADDRESS 318 Light St

D 2144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 ✓ D 2144

REGISTERED No. C

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 2407 Ettings st ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME George H Coale

(Residence in Baltimore: No. 2407 Ettings st

St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April (Month) 16, (Day) 1880 (Year)

7-AGE, 36 yrs. 9 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ice Porter
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country) Balto City

PARENTS.

10-NAME OF FATHER, W. Coale

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Henrietta Carré

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margt Coale

(Address) 2407 Ettings St

15- Filed FEB 7 - 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ✓ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage

Pr. Lung Tuberculosis

Chronic (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ✓

(Duration) ....yrs. ....mos. ....ds.

(Signed) John Morrison M. D. (Coroner.)

Feb 6, 1917. (Address) 5632 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel cemetery — DATE OF BURIAL, Feb 7 1917

20-UNDERTAKER Milton Davis — ADDRESS 1601 Mc[illegible]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

D 2145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 ✓ D 2145

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1107 S S Streeper ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Brukiewa

(Residence in Baltimore: No. 1107 S S Streeper St St.; yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, ... Jan 26, 1917. (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 11 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Walter Brukiewa

11-BIRTHPLACE OF FATHER (State or Country): Baltimore

12-MAIDEN NAME OF MOTHER: Antonina Wisniewska

13-BIRTHPLACE OF MOTHER (State or Country): Michigan

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Brukiewa

(Address) 1107 S Streeper St.

15- FEB 7 - 1917 HARRY C. ANDREWS

Filed ....., 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb 6, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an unknown (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said unknown (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital debility,

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Henry Lyons Brush M. D. (Coroner.)

Feb 7, 1917. (Address) Pikesville Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus Cem DATE OF BURIAL, Feb 7, 1917

20-UNDERTAKER Stephen J Fialkowski ADDRESS 1017 S Kenwood Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

D 2146

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 2146

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 E Pratt St.; W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilhelmine Sack

(Residence in Baltimore: No. 1507 E Pratt St. St.; 50 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, Oct 25, 1840 (Month) (Day) (Year)

7-AGE, 76 yrs. 3 mos. 11 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Karl Bevier

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anst Knod

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) August Sack

(Address) 1507 E. Pratt St.

15- Filed FEB 7 - 1917, 191.... HARRY C. ANDREWS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 6, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 21 1917, to Feb 6 1917, that I saw h.r alive on Feb 5 1917, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dropsy

..... (Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Old age.

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Rosenbush M. D.

Feb., 191 7. (Address) 2911 Harford Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. | DATE OF BURIAL, Feb 8, 191 7

20-UNDERTAKER Lewis Hemann | ADDRESS 922 S Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Antonio Tober Tobve

D 2147 HEALTH DEPARTMENT—CITY OF BALTIMORE 154 D 2147

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antonio Tober

(Residence in Baltimore: No. Internum boarded 737 E. Balto St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate

WRITE PLAINLY, WITH ONE PADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... January (Month), 1 (Day), ... (Year)

7-AGE, 22 yrs. ~ mos. ~ ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), ~~Austria~~ Italy

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Proprietor.

(Address).....

15- Filed FEB 7 - 1917. ROBERT R. KRAUTH Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) 31 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Laceration by Pistol Shot

wounds Bit brain

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs. .....mos. .....ds.

(Signed) W. S. Rule M. D.
(Coroner)

Jan 31, 1917. (Address) 1639 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 737 E. Balto St.

19-PLACE OF BURIAL OR REMOVAL, St Vincents

DATE OF BURIAL, Feb 1, 1917

20-UNDERTAKER Wendel Pippelsdon

ADDRESS 37 S. Conn St

Spec.—8-24-14—M. & T.—2000 Blks.

D 2148

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

137 D 2148

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Libby May Thompson

(Residence in Baltimore: No. 919 Sterling St. St.; ..... yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	Black	Married

6-DATE OF BIRTH. ..... (Month) ..... (Day) 1898 (Year)

7-AGE.	If LESS than 1 day,
19 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) Johns Hopkins Hosp.

15-

Filed FEB 7 - 1917 191.... ROBERT B. BRUCE

Burial Permit ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 3, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 27 1917, to February 3 1917, that I saw her alive on February 3 1917, and that death occurred, on the date stated above, at 11.25 P m.

The CAUSE OF DEATH* was as follows

Septicaemia and
Generalized peritonitis - (Streptococcus)

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Puerperal Endometritis

(Duration) ..... yrs. ..... mos. 11 ds.

(Signed) John Thompson Jr. M. D.

Feb 5, 1917. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 919 Sterling St

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Asbury Cemetery

DATE OF BURIAL, Feb 8th, 1917.

20-UNDERTAKER Chas G Bailey

ADDRESS 1427 Eutaw St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 2149

CERTIFICATE OF DEATH.

92 D 2149

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas L Gray

(Residence in Baltimore: No. 508 N Mulberry St.; ... yrs., ... mos. ... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, ... (Month) unknown (Day) ....., 18[illegible] (Year)

7-AGE,	If LESS than 1 day,
62 yrs. ... mos. ... ds.	... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Cooking Agent
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Albert W Gray

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Matilda Tyler

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hospital Records

(Address) Lombard & Greene Sts

15- FEB 7 - 1917 Filed ....., 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 4 1917, to Feb 4 1917, that I saw h[illegible] alive on Feb 7 1917, and that death occurred, on the date stated above, at 1230 P m.

The CAUSE OF DEATH* was as follows:

..... Lobar Pneumonia .....

..... (Duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis of Lungs

..... (Duration) ... yrs. ... mos. 1 ds.

(Signed) John E. Evans M. D.

2/7, 1917. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 4 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 508 N Mulberry St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	2/9, 1917
20-UNDERTAKER	ADDRESS,
McLean & Jones	835 Lombard

Spec.—8-24-14—M. & T.—2060 Blks.

D 2150

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2150

CERTIFICATE OF DEATH.

38

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1402 N Mount ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary B. F. Mayden

(Residence in Baltimore: No. 1402 N Mount St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1868 (Year)

7-AGE, 49 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Calvert co md.

PARENTS.

10-NAME OF FATHER, Wm H Hammond

11-BIRTHPLACE OF FATHER (State or Country), md.

12-MAIDEN NAME OF MOTHER Anne Howard

13-BIRTHPLACE OF MOTHER (State or Country), md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grant Mayden

(Address) 1402 N Mount

15- FEB 7 - 1917 ROBERT R. KRAUTER

Filed ..... 191... Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2 (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2-3- 1917, to 2-6- 1917, that I saw her alive on 1917, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Ruptured Peritonitis

Puerperal

Probable (Duration) yrs. 7 mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Pelvic Disease

Ent to Pneumonia (Duration) yrs. mos. ds.

(Signed) F. R. Caldwell M. D.

2-7-17 191... (Address) 1524 Hull ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel cemetery

DATE OF BURIAL, Feb 8, 191.7

20-UNDERTAKER James H. Dennis

ADDRESS 1303 Preston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3711 Liberty Heights St.; 15 WARD)

REGISTERED No. C 120 D 2151

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Percy Ruckette

(Residence in Baltimore: No. 3711 Liberty Heights Ave St.; 68 yrs., 1 mos., — da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, January 6th, 1849. (Month) (Day) (Year)

7-AGE, 68 yrs. 1 mos. — da. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Invalid
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Chas H Percy

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary P. Pole

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary H. Hannon

(Address) 3716 Liberty Heights

15. FEB 7 - 1917 Filed, 191. ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 6th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 1st 1916, to Feb 6th 1917, that I saw h-- alive on Feb 6th 1917, and that death occurred, on the date stated above, at 3 30 p. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Duration) 5 yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) 5 yrs. mos. da.

(Signed) C. [illegible] M. D.

Feb 7, 191.7 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge; STATE OF BURIAL, Md.; Feb 8, 191.7

UNDERTAKER George Scott; ADDRESS 1088 Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2152

CERTIFICATE OF DEATH.

120

D 2152

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 843 W. 37th St. ST.; 13 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H Benson

(Residence in Baltimore: No. 843 W. 37th St. St.; ....yrs.,....mos.....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widowed

6-DATE OF BIRTH, [redacted] (Month) Nov. (Day) 5, (Year) 1841.

7-AGE, 75 yrs. ~ mos. — da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... Laborer (Ginned)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Nicholas Benson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mrs. L. E. Fisher

(Address)..... 843 W. 37th St.

15- FEB 7 - 1917 Filed....., 191.... ROBERT B. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2 (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2-2-1917, to 2-5-1917, that I saw h[illegible] alive on 2-5-1917, and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH* was as follows:

Uraemia

..... (Duration) ....yrs. ....mos. 5 da.

CONTRIBUTORY (Secondary) Chronic Nephritis

..... (Duration) ....yrs. ....mos. 5 da.

(Signed) E. A. Carey-Dr

2/5, 1917 (Address) 3 Washington ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....da. In the State....yrs....mos....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Druid Ridge

DATE OF BURIAL. Feb. 8, 1917

20-UNDERTAKER W E Gaither

ADDRESS 905 W 37th

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

No. Smallwood 2153

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D 2153

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2029 N Smallwood St. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adelaide V Rowley

(Residence in Baltimore: No. 2029 N Smallwood St; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, Oct. 6th, 1895
(Month) (Day) (Year)

7-AGE, 21 yrs. 4 mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm H Rowley

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Ella V Mullen

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Wm Rowley

(Address) 2029 Smallwood St

15- FEB 7 - 1917 Filed ....., 191.... ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 6th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 3 1917, to July 6th 1917, that I saw h[illegible] alive on July 6th 1917, and that death occurred, on the date stated above, at 2.00 p.m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia
Both Lungs

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Failing Heart

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Ella [illegible] M. D.

July 6, 1917. (Address) 1605 N Monroe St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, St Peters — DATE OF BURIAL, Feb 9, 1917

20-UNDERTAKER M Fahey & Sons — ADDRESS 846 Lafayette Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

D 2154

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

120 D 2154

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1500 Myrtle Ave ST.; 14 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie Rawlings

(Residence in Baltimore: No. 1500 Myrtle Ave St.; ... yrs., ... mos. ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, January; 1866
(Month) (Day) (Year)

7-AGE, 51 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home - House Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Andrew Schaefer

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Sarah Sellman

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Rawlings

(Address) 144 Mosher St.

15- FEB 7 - 1917 Filed ... 191... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 7, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 10 1916, to Feb 7th 1917, that I saw her alive on Feb 7th 1917, and that death occurred, on the date stated above, at 9.45 A m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ... yrs. ... mos. ... ds.

(Signed) Sidney H. Streett M. D.

Feb 7, 1917 (Address) 1431 E. Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, Feb 14, 1917.

20-UNDERTAKER M Ebersoll ADDRESS 705 W 37th St

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 2155

CERTIFICATE OF DEATH

92 D 2155

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1535 Myrtle Ave St.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kunigunda Rush

(Residence in Baltimore: No. 1535 Myrtle Ave St.; 40 yrs. ~~X~~ mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: January (Month) (Day) 1845 (Year)

7-AGE: 62 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bessie Rush

(Address) 1535 Myrtle Ave

15 FEB 7 - 1917 Filed ..... 191 .....

ROBERT R. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. 5th (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1917, to, Feb. 5, 1917, that I saw her alive on Feb. 4th 1917, and that death occurred, on the date stated above, at 3a m. 4—9

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs mos. 10 ds.

Contributory (SECONDARY): Valvular Dis. Heart

(Duration) yrs 6 mos. ds.

(Signed) Chas. D. Beer M. D.

2/6/17, 191 [Address] 408 Park Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park DATE OF BURIAL: Feb 8 1917

20-UNDERTAKER: Martin Baker ADDRESS: 618 Lafayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2156

CERTIFICATE OF DEATH.

15 ✓

D 2156

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Marshall

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs., ... mos. ..... ds.)

8

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, C.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb 5, 1917
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 21 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Louis Gettings

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Irene Marshall

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Irene Marshall

(Address) 1004 E Madison St.

15-

Filed FEB 7 - 1917 191... ROBERT R. KRAUTER
Registrar.

Burial Permit Work

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 6, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 5 1917, to Feb 6 1917, that I saw h[illegible] alive on Feb 6 1917, and that death occurred, on the date stated above, at 24, m.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Prolonged Labor

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

Feb 6, 1917 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
JOHNS HOPKINS HOSPITAL	FEB 7 1917
20-UNDERTAKER	ADDRESS
Commissioner Health.	

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

2553

STATE OF MARYLAND

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2157

CERTIFICATE OF DEATH

D 2157

1-PLACE OF DEATH U. S. Marine Hospital 28

CITY OF BALTIMORE: (No. U. S. Marine Hospital St.; ..... WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jas. Bradley

(Residence in Baltimore: No. U. S. Marine Hospital

Age 43 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown, 1873
(Month) (Day) (Year)

7-AGE, 43 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital record

(Address).....

15- FEB 7 - 1917 Filed....., 191.....

ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 6, 1917
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from April 12 1916 to Feb. 6 1917, that I saw him alive on Feb 6 1917, and that death occurred, on the date stated above, at 9.30 p. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Chronic Pulmonary

(Duration) yrs. 10 mos. 6 ds.

CONTRIBUTORY (Secondary) (at Hospital)

(Duration) yrs. mos. ds.

(Signed) J. R. Carter M. D.

Feb 7, 1917. (Address) U.S. Marine Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 10 mos. 6 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Richmond Va.

DATE OF BURIAL, Feb. 8, 191.7

20-UNDERTAKER Duncour & Son.

ADDRESS 367 Eastern Ave.

N. B.—Every item of information should be carefully supplied. A CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

KODAK

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2158

CERTIFICATE OF DEATH.

92 ✓ D 2158

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 N. Duncan ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbora Ceska

(Residence in Baltimore: No. 213 N. Duncan St.; ....yrs., ...mos. ....da.)

N. B.—Every item of information should be carefully supplied. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should state
important. See instructions on back of certificate. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, January 3rd (Month) (Day), 1844 (Year)

7-AGE, 73 yrs. 1 mos. 3 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, John Stanzl

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Charles F. Ceska

(Address). 1627 Barnes St.

15- FEB 7 - 1917 ROBERT R. KRAUTER
Filed....., 191.... Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 6th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 5 1917, to Feb 6 1917, that I saw h er alive on Feb 5 1917, and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia, only seen patient
twice-lived next door
knew much about patient
(Duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary)
..... (Duration)..... yrs..... mos..... ds.

(Signed)..... F. A. Kinzie M. D.

Feb 6, 1917 (Address) 647 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Feb 8th, 1917

20-UNDERTAKER	ADDRESS
Geo. W. Bond	811 N. Wolfe

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2159 — 120 ✓ — D 2159

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1407 Mary ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Jones

(Residence in Baltimore: No. 1407 Mary St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Colo.	Married

6-DATE OF BIRTH, [illegible], ... (Month) (Day) (Year)

7-AGE, 37 yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alberta Glasco

(Address) 1407 Mary St

15- Filed FEB 7 - 1917, 191.... ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 6, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 5 1917, to Feb. 6 1917, that I saw h[illegible] alive on Feb. 5 1917, and that death occurred, on the date stated above, at 9:20 a.m.

The CAUSE OF DEATH* was as follows: Mitral Regurgitation

..... (Duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

..... (Duration) ....yrs. 2 mos. ....ds.

(Signed) H. C. Bruns M. D.

Feb. 7, 191.7 (Address) 1532 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Asbury Cemetery	Feb. 7, 191.7
20-UNDERTAKER	ADDRESS
Charles B Jones	235 N Pine St

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2160

CERTIFICATE OF DEATH.

10 ✓ D 2160

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 Byrd. ST.; 24 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Naigaud.

(Residence in Baltimore: No. 1702 Byrd St.; 53 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, Nov. 19, 1848 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
68 yrs. 2 mos. 17 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... Carpenter

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Naigaud.

(Address) 1702 Byrd St

15- FEB 8 - 1917

Filed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 5th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1917, to Feb. 5 1917, that I saw h[illegible] alive on Feb. 5 1917, and that death occurred, on the date stated above, at 5.30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Obstruction of Bowel

& senile marasmus

(Duration) ...yrs. ...mos. 5 ds.

CONTRIBUTORY (Secondary) Grippe

(Duration) ...yrs. ...mos. 10 ds.

(Signed) J. F. Duffy M. D.

2-7, 191.. (Address) 6 E. Lexington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem. DATE OF BURIAL, 2-8, 191.7

20-UNDERTAKER E & B Harle ADDRESS 1115 E Baltimore St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

D 2161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 2161

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 527 W Lafayette Ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Calaba

(Residence in Baltimore: No. 527 W. Lafayette Ave. St.; — yrs., — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Unknown (Month) ....., 1 (Day) (Year)

7-AGE, 18 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... mts.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Frank Sloan

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Eliza Jamels

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Williams

(Address) 527 W. Lafayette

15- Filed FEB 8 - 1917, 191.. HARRY C. ANDREWS Registrar. Chief Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 7 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan. 17 1917, to Feb. 7 1917, that I saw her alive on Feb. 7 1917, and that death occurred, on the date stated above, at 1.20 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) — yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary) Old age

(Duration) — yrs. — mos. — ds.

(Signed) Elva J. Whalley M. D.

2/7, 191.7 (Address) 1220 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, Feb 8, 191..

20-UNDERTAKER Samuel A. Hensley ADDRESS 5 N. Bridge

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2162 — 104 — D 2162

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610. Fleet. ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry. J. Pierse.

(Residence in Baltimore: No. 1610 Fleet. St.; ..... yrs., 2 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec. 4, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. 7 mos. 7 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... " "

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James Piers

11-BIRTHPLACE OF FATHER (State or Country), Poland.

12-MAIDEN NAME OF MOTHER Laura Wojciechowska

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Piers

(Address) 1610 Fleet St.

15- FEB 8 - 1917 Filed ....., 191.....

HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 6, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 30 1917, to Feb. 6 1917, that I saw h— alive on Feb 3d 1917, and that death occurred, on the date stated above, at 6.40 P m.

The CAUSE OF DEATH* was as follows:

Status Epilepticus

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Infected adenoids

(Duration) ..... yrs. ..... mos. 14 ds.

(Signed) A Pilus M. D.

Feb 7, 1917. (Address) 2428 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Feb 8, 1917.

20-UNDERTAKER Wm Fialkowski ADDRESS 618 Eastern Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

D 2163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2163

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 W Lafayette ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lawrence C Smith

(Residence in Baltimore: No. 1600 W North ave St.; ... yrs., ... mos. 30 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... Jan ..... (Month) 7 (Day), 1917 (Year)

7-AGE, ... yrs. ..... mos. 30 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, C. Walter Smith

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Annie Hoffer

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C W Smith

(Address) 1600 W Lafayette ave

15- FEB 8 - 1917 Filed ..... 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb ..... (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 30 191 7, to Feb 7 191 7, that I saw him alive on Feb 7 191 7, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Pyemia

(Duration) ... yrs. ... mos. 9 ds.

CONTRIBUTORY (Secondary) ..... (Duration) ... yrs. ... mos. ... ds.

(Signed) Henry B Kolb M. D.

Feb 8, 1917. (Address) 1303 Light

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery — DATE OF BURIAL, Feb 8th, 1917

20-UNDERTAKER George Schilling & Sons — ADDRESS 1126 Monument

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

D 2164

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2164

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Inf. St.; WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr Jacob Gordon

(Residence in Baltimore: No. 14 N. Washington St.; 20 yrs., — mos. — ds.)

N. B.—THIS IS A PERMANENT RECORD—WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.—See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, March 1st, 1861
(Month) (Day) (Year)

7-AGE, 56 yrs. 11 mos. 7 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cap Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 Eastern Ave

15- Filed FEB 8 - 1917 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 7, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 21 1917 to Feb 7 1917.
that I saw h'm alive on Feb 7 1917.
and that death occurred, on the date stated above, at 4:20 P m.
The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach
(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cardiac arthenia
(Duration) yrs. mos. 1/2 ds.

(Signed) Wm H. Peter M. D.
Feb 7, 1917 (Address) Church Home

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 16 ds. In the State 20 yrs. mos. ds.
Where was disease contracted, if not at place of death? at Home
Former or usual residence 3128 S. High St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Hebrew Rom

DATE OF BURIAL, 2-8, 1917

20-UNDERTAKER Jack Lewis

ADDRESS 1411 Eastern

D 2165

HEALTH DEPARTMENT—CITY OF BALTIMORE. ✓

CERTIFICATE OF DEATH.

92 D 2165

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1358 Cleveland ST.; 21 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eleanora Smith

(Residence in Baltimore: No. 1358 Cleveland

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH. June (Month) 6 (Day), 1914 (Year)

7-AGE. 2 yrs. 8 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Charles Smith

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Theresa Stocks

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Theresa Smith

(Address). 1358 Cleveland St

15- FEB 8 - 1917 HARRY C. ANDREAS

Filed....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Febr (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. mos. 0 ds.

(Signed) James M Benton M. D.
(Coroner.)

Feb 6, 1917. (Address) 701 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19-PLACE OF BURIAL, OR REMOVAL. Dobbs Ferry

DATE OF BURIAL, Feb 9, 1917

20-UNDERTAKER John F Cowan

ADDRESS 901 Hollins

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

D 2166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 ✓ D 2166

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Mary Lamie Dunn

(Residence in Baltimore: No. Church Home & Inf- St.: Like yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, June (Month) 13 (Day) 1845 (Year)

7-AGE, 71 yrs. 7 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER, C. J. Thorpe

11-BIRTHPLACE OF FATHER (State or Country). Balto Md.

12-MAIDEN NAME OF MOTHER Jane Dunn

13-BIRTHPLACE OF MOTHER (State or Country). Wash, D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Daisy Dunn

(Address) 141 S. Broadway

15-

Filed FEB 8 - 1917 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 6 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan 27 1917, to Feb 6 1917, that I saw her alive on Feb 6 1917, and that death occurred, on the date stated above, at 9 40 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) yrs. mos. 10 ds.

(Signed) C M Harmon M. D.

2-6.., 1916. (Address) Church Home

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 2 yrs. mos. ds. In the State Life yrs. mos. ds.

Where was disease contracted if not at place of death? Church Home & Infirmary

Former or usual residence Church Home & Infirmary

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	Feb 9, 1917

20-UNDERTAKER A E Hughes ADDRESS 17 S Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

D 2167. HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 2167

113

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 1106 ST. (WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Whiteside

(Residence in Baltimore: No. 624 N. Arlington Ave. ...yrs. ...mos. ...ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) Divorced

6-DATE OF BIRTH November 8, 1863
(Month) (Day) (Year)

7-AGE. 53 yrs. 3 mos. ...ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Civil Engineer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Pa.

PARENTS.

10-NAME OF FATHER. George A. Whiteside

11-BIRTHPLACE OF FATHER (State or Country). Pa.

12-MAIDEN NAME OF MOTHER Mary A. Webb

13-BIRTHPLACE OF MOTHER (State or Country). Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Charles Hyde

(Address) Johns Hopkins Hospital

15-

Filed FEB 8 - 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. February 7, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 22 1916, to Feb. 7 1917, that I saw h-m alive on Feb. 7 1917, and that death occurred, on the date stated above, at 9.25 a. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

.....

.....

..... (Duration) ...yrs. 2 mos. ...ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

..... (Duration) ...yrs. ...mos. 2 ...ds.

(Signed) Adam Ja. Luston M. D.

Feb. 7, 191.7 (Address) Phys. Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. 1 mos. 17 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 624 N. Arlington Ave

19-PLACE OF BURIAL OR REMOVAL. Harrisburg Pa

DATE OF BURIAL. Feb. 8..., 1917.

20-UNDERTAKER. [illegible]

ADDRESS 502 E. Hadley

Via Adams Express Co. Consigned to R. Hospital

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2168

CERTIFICATE OF DEATH.

X 76 V D 2168

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Grove

(Residence in Baltimore: No. University Hospital St.; ..... yrs., ... mos. 20 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Aug (Month) ..... (Day) 1916 (Year)

7-AGE, ... yrs. 6 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Baby .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md-

PARENTS.

10-NAME OF FATHER, Charles Grove

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Lowrey

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Grove

(Address) Simpsonville Md

15- Filed Feb 8 - 1917 191.... HARRY G. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 7 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from 1 - 18 1917, to 2 - 7 1917, that I saw h im alive on Feb 7 1917, and that death occurred, on the date stated above, at 5.35 P. m.

The CAUSE OF DEATH* was as follows:

Cerebro - Spinal Meningitis (Pneumococcic) .....

..... (Duration) ..... yrs. ..... mos. 20 ds.

CONTRIBUTORY (Secondary) States media Influenza

..... (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) ..... M. D.

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 20 ds. In the State ..... yrs. 6 mos. ..... ds.

Where was disease contracted if not at place of death? Simpsonville Howard Co Md

Former or usual residence Simpsonville Md

19-PLACE OF BURIAL OR REMOVAL, Zion Cemetery Howard Co. Md. DATE OF BURIAL, Feb 8, 1917

20-UNDERTAKER D. C. & M. Shaw ADDRESS Ellicott City Md.

D 2169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 2169

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 11. N. Eutaw St.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E. Hackney.

(Residence in Baltimore: No. 2712 W. North ave St.: Yrs. 1 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married.

6-DATE OF BIRTH, Sept 22. (Month) 1887 (Day), 1887 (Year)

7-AGE, 29 yrs. 4 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, J. Walter Hackney.

11-BIRTHPLACE OF FATHER (State or Country). Maryland.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter D. Hackney.

(Address) Canton - Baltimore Co.

15- Filed FEB 8 - 1917, 191. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby (Month) 6. (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congestion of Brain and Lungs. Caused by Z awaiting result of Chemical analysis of stomach

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert D. Driscoll M. D. (Coroner.)

Feby 7, 1917. (Address) 312 N Carrollton ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
York Pa	Feb 9, 1917
20-UNDERTAKER	ADDRESS
Wm Coale	502 E Pratt ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

2170 D 2170

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 836 N. Gay ST. 10 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugene E. Sharnagle

(Residence in Baltimore: No. 836 N Gay St. 2 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: December 25, 1890 (Month) (Day) (Year)

7-AGE: 26 yrs. 1 mos. 11 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Metal Worker
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: Nicholas G. Sharnagle

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Mary G. Fly

13-BIRTHPLACE OF MOTHER (State or country): Baltimore, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Nicholas G. Sharnagle

(Address) 836 N. Gay St

15. FEB 8 - 1917 Filed ....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February 6, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from February 5, 1917, to February 6 1917, that I saw him alive on February 6, 1917, and that death occurred, on the date stated above, at 7.40 P.m.

The CAUSE OF DEATH* was as follows:

Edema of Lungs.

(Duration) ..... yrs. ..... mos. 1/2 ds

Contributory (SECONDARY) Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 1½ ds.

(Signed) William F. Schwartz M. D.

Feb. 7, 1917 (Address) 1200 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Feb. 9, 1917

20-UNDERTAKER: Frank A. Fink — ADDRESS: 915 N. Gay St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2171

CERTIFICATE OF DEATH.

64 ✓ D 2171

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 206 N. Collington Ave.; 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Frankle.

(Residence in Baltimore: No. 206 N. Collington Ave St.; 50 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Sept. 19th (Month) (Day), 1851. (Year)

7-AGE, 65 yrs. 4 mos. 18 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry Graue.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anderson

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bartie Frankle

(Address) 206 N. Collington Ave.

15-

Filed FEB 8 - 1917, 191.. HARRY C. ANDREWS Registrar.

Burial Permit Clark

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Febry 6th (Month) (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 28th 1917, to Feb 6th 1917, that I saw h.. alive on Febry 5th 1917, and that death occurred, on the date stated above, at 2:20 a. m.

The CAUSE OF DEATH* was as follows:

..... General Uremia Edema .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

..... (Duration) 5 yrs. ..... mos. 10 ds.

(Signed) Edw. M. Townsend M. D.

Febry 6th, 191.. (Address) 5 N. Washington Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Feb 9, 191.7
20-UNDERTAKER Lilly Zeiler	ADDRESS 4038 Mosher

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2172

CERTIFICATE OF DEATH.

138 D 2172

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; V Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Helen

(Residence in Baltimore: No. 414 S. Regester St.; K yrs., mos., ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb (Month) ....., 1891 (Year) (Day)

7-AGE, K yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Francis McNulty

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Adaline Wittbecker

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William J. Helm

(Address) 414 S. Regester St.

15-

Filed FEB 8 - 1917, 191..... HARRY C. ANDREWS (Clerk)

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 6 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan 26 1917, to Feb 6 1917, that I saw h[er] alive on Feb 6 1917, and that death occurred, on the date stated above, at 6 30 A m.

The CAUSE OF DEATH* was as follows:

Eclampsia - Puerperal Sepsis

(Duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (Secondary) Pregnancy

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Murray Ellwood M. D.

2/6/, 191.7 (Address) Mercy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 11 ds. In the State 64 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 414 S. Regester St

Former or usual residence Same

19-PLACE OF BURIAL OR REMOVAL, Catholic Cem — DATE OF BURIAL, Feb 9th, 1917.

20-UNDERTAKER Lilly & Zeiler — ADDRESS 433 S. Wolfe St

D 2173

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 ✓ D 2173

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 942 Ensor ST. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME John Dunn

(Residence in Baltimore: No. 942 Ensor St.; 50 yrs. \ mos. \ ds.)

8

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Widower

6-DATE OF BIRTH: Not Known (Month) 1 (Day) (Year)

7-AGE about 71 yrs. \ mos. \ ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Street Cleaner
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: Not Known

11-BIRTHPLACE OF FATHER (State or country): Not Known

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. John J. Dunn

(Address) 942 Ensor St.

15- Filed FEB 8 - 1917, 191 — HARRY C. ANDREWS, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 22, 1916, to Feb 7 1917, that I saw h[illegible] alive on Feb 6 1917, and that death occurred, on the date stated above, at 4 9 m.

The CAUSE OF DEATH* was as follows:

Senile Bronchitis

(Duration) yrs 7 mos. ds.

Contributory (SECONDARY) Bronchitis

(Duration) yrs 1 mos. ds.

(Signed) Geo Clinton Blades M. D.

2/7/17 [Address] 143 N Eutaw

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: February 10, 191[illegible]

20-UNDERTAKER: Henry Hook Sons — ADDRESS: 301 E Eager St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

Spec.—8-24-14—M. & T.—2000 Bks.

D 2174

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2174

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Gordon Foster

(Residence in Baltimore: No. 5 mos. 7 days in Hospital St.; — yrs., — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, August 22, 1881
(Month) (Day) (Year)

7-AGE, 35 yrs. 5 mos. 16 da.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Benjamin Foster

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Fanny Freeman

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G Smith

(Address) Johns Hopkins Hospital

15- Filed FEB 8 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 7, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 31 1916, to February 7 1917, that I saw him alive on February 7 1917, and that death occurred, on the date stated above, at 6 00 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Lobular
Hypostatic Congestion
Arteriosclerosis
Cyanosis, Bronchitis
(Duration) ... yrs. ... mos. 4 da.

CONTRIBUTORY (Secondary) Arteriosclerosis, Cyanosis
(Duration) 4 yrs. ... mos. ... da.

(Signed) J. Edward Brown M. D.

Feb. 8, 191.7 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 5 mos. 7 da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence Cardinal Va

19-PLACE OF BURIAL OR REMOVAL, Fuks Wharf, Va. DATE OF BURIAL, Feb. 8, 1917.

20-UNDERTAKER E. M. Mitchell & Co. ADDRESS 1201 W. Fayette St

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 2175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

67 D 2175

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2614 Huntingdon Ave. St.; 17 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME J. William Riley

(Residence in Baltimore: No. 2614 Huntingdon Ave. St.; 26 yrs. — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov. (Month) 29 (Day), 1869 (Year)

7-AGE, 47 yrs. 2 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Conductor
(b) General nature of industry, business, or establishment in which employed (or employer): Steam Railroad.

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Geo. W. Riley

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Sarah J. Myers

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lotta M. Riley

(Address) 2614 Huntingdon Ave.

15-

Filed FEB 8 1917 19.....

HARRY O. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 7th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 31st 1917, to Feb 7th 1917, that I saw h[illegible] alive on Feb 7th 1917, and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH* was as follows:

Paresis

(Duration) 2 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Nephritis & Exhaustion

(Duration) yrs. mos. 8 ds.

(Signed) Geo. E. Cross M. D.

Feb. 8th, 1917. (Address) 1000 W. 25th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cemetery

DATE OF BURIAL, Feb. 10., 1917

20-UNDERTAKER Horace Burgee & Son

ADDRESS 3631 Falls Road

D 2176

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1511 D 2176

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1305 Wilton ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Infant Logan

(Residence in Baltimore: No. 1305 Wilton ST.: yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Feby 7, 1917 (Month) (Day) (Year)

7 AGE: ..... yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or 10 min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: J. H. Logan

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Eileen Fleming

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Father Harry Logan

(Address) 1535 Wilton Ave

15 FEB 8 - 1917 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feby 7, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 7, 1917, to Feby 7 1917, that I saw h[illegible] alive on Feby 7, 1917, and that death occurred, on the date stated above, at 3.10 P. m.

The CAUSE OF DEATH* was as follows:

Inanition

..... (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frank Evagmyer M. D.

Feby 7, 1917 (Address) 1006 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Asbury Cemetery | DATE OF BURIAL: Feb 9 1917

20 UNDERTAKER: Jno R & Elliott | ADDRESS: 506 East

D 2177

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2177

CERTIFICATE OF DEATH.

91

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1524 E Madison st ST. 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Rebecca Rose

(Residence in Baltimore: No. 1524 E Madisom st

St. Yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	Col	Baby

6-DATE OF BIRTH, June 27 1915, 1
(Month) (Day) (Year)

7-AGE, 1 yrs. 7 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Baby
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Edd Jones

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Elnor Davis

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edd Jones

(Address) 1524 Madison st

15- Filed FEB 8 - 1917 191. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 7 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquirh (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) yrs. mos. ds.

(Signed) J. Kemp Bartley (Coroner.) M. D.

Jan 8 1917 (Address) N. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Glen Cemetary — DATE OF BURIAL, Feb 9, 1917

20-UNDERTAKER Mrs R A Elliott — ADDRESS 506 East 20

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

D 2178

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2178

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hosp. St.; 11 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elsa P. Emory.

(Residence in Baltimore: No. 29 W. Biddle St. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, ... Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 64 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, George W. Porter

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Adeline S. Porter.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp.

15- FEB 8 - 1917 Filed ....., 191. HARRY [illegible] Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 7, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1917, to Feb. 7 1917, that I saw h[illegible] alive on Feb 7 1917 and that death occurred, on the date stated above, at 4-6 p. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

..... (Duration) 2 yrs. — mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. E. Mason M. D.

Feb 7, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 29 W. Biddle St.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, 2-9, 1917.

20-UNDERTAKER H. W. Jenkins Sons Co — ADDRESS Pulaski & Preston Sts.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

[illegible] RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2179 6 Phi.

CERTIFICATE OF DEATH

/45 D 2179

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 23 west 21 st St. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Otto Duker

(Residence in Baltimore: No. 23 west 21 St.: 75 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Maried

6-DATE OF BIRTH: March (Month) 10th (Day), 1832 (Year)

7-AGE: 84 yrs. 10 mos. 28 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Lumber Burners
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: don't Know

11-BIRTHPLACE OF FATHER (State or country): don't Know

12-MAIDEN NAME OF MOTHER: don't Know

13-BIRTHPLACE OF MOTHER (State or country): don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Herman H Duker

(Address) abermarle & Fleet Sts

FEB 8 - 1917 Filed 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February 7th (Month) (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from December 2 1916. to. Feb. 7 1917.

that I saw him alive on Feb. 7th 1917.

and that death occurred, on the date stated above, at 10.30 A m.

The CAUSE OF DEATH* was as follows:

Anginal Senecma of Lie and with metastasis to groin - originating in mole - non-pigmented (Duration) Right Side yrs. 3 mos. ds

Contributory (SECONDARY) Terminal pneumonia (Duration) yrs. mos. 2 ds.

(Signed), Omar B Pancoast M. D.

Feb. 7th 1917 (Address) 1111 N. Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: 2-9-1917

20-UNDERTAKER: Henry W. Jenkins Sons & ADDRESS: Mc Culloh & Orchard

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 2180 — 28 — D 2180

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 400 E Lafayette ave. Ward 12) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William Norwood Dallenberg

(Residence in Baltimore: No. 400 E Lafayette ave. Sm. yrs. 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write this word): Single

6 DATE OF BIRTH: June 7, 1885 (Month) (Day) (Year)

7 AGE: 31 yrs. 8 mos. 1 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Saw Grinder
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Frederick D. Dallenberg

11 BIRTHPLACE OF FATHER (State or country): Pennsylvania

12 MAIDEN NAME OF MOTHER: Amelia R Brown

13 BIRTHPLACE OF MOTHER (State or country): Pennsylvania

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Frederick D. Dallenberg

(Address): Towson Md

FEB 8 - 1917

Filed ..... 191 .....

HARRY [illegible]
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: February 8, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from February 6, 1917, to February 8 1917, that I saw him alive on February 6, 1917, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

8 (Duration) yrs. mos. ds

Contributory (SECONDARY) Ex Laryngitis

(Duration) yrs. mos. ds.

(Signed) Howard E Hardyn M. D.

Feby 8, 1917 (Address) 130 E. Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Prospect Hellem — DATE OF BURIAL: Feb 10 1917

UNDERTAKER: John Burns Sons — ADDRESS: Towson Md Towson

D 2181

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 2181

CERTIFICATE OF DEATH

28

1 PLACE OF DEATH

REGISTERED NO. C .....

CITY OF BALTIMORE (No. 219 E Hamburg ST. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Edna Viola Dehn

(Residence in Baltimore: No. 219 E Hamburg St.: 20 yrs. 2 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Write the word): Single

6 DATE OF BIRTH: Nov 17, 1896 (Month) (Day) (Year)

7 AGE: 20 yrs. 2 mos. 19 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Charles F. Dehn

11 BIRTHPLACE OF FATHER (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Ella Schiffgh

13 BIRTHPLACE OF MOTHER (State or country): Balto

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Dehn

(Address) 219 E Hamburg

15 Filed FEB 8 - 1917 19..

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb 5th, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1915, to Feb 5th 1917 that I saw h-- alive on Feb 3rd 1917, and that death occurred, on the date stated above, at 12.30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 2 mos. ds

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry B. Coll M. D.

Feb 8th, 1917 (Address) 1783 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Cedar Hill Cem. | DATE OF BURIAL: Feb. 8th 1917

20 UNDERTAKER: D & M. J. Flynn | ADDRESS: 1422 Light St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2182

CERTIFICATE OF DEATH.

8W D 2182

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 E Lafayette Ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ann Connor

(Residence in Baltimore: No. 312 E Lafayette Ave St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Widow

6-DATE OF BIRTH, January 9 (Month) (Day), 1855 (Year)

7-AGE, 62 yrs. 0 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Grady

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ann Collins

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F. Connor

(Address) 703 E. Biddle St.

15- Filed FEB 8 - 1917, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 6 (Month) (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1917, to Feb 6 1917, that I saw h.. alive on Feb 6 1917, and that death occurred, on the date stated above, at 4,0 m.

The CAUSE OF DEATH* was as follows:

Embolism of Pulmonary Artery

(Duration) ..yrs. ..mos. Instant ds.

CONTRIBUTORY (Secondary) Thrombosis of Leg

(Duration) ..yrs. ..mos. 10 ds.

(Signed) James M. Taylor M. D.

Feb 7, 191 7 (Address) 700 E Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, Feb 9, 191..

20-UNDERTAKER H. C. Kuckfeld — ADDRESS 914 Monument St

N. B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

D 2183

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 2183

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 115 N. Franklin ST. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 12.)

2-FULL NAME Mary Saunders McClelland

(Residence in Baltimore: No. 115 W Franklin St.; 74 yrs. 8 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: May (Month) 1st (Day) 1842 (Year)

7-AGE: 74 yrs. 8 mos. 24 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: —— Home
(b) General nature of industry, business, or establishment in which employed (or employer): — Wife

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Thomas Saunders

11-BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

12-MAIDEN NAME OF MOTHER: Sarah Vansant

13-BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. J. McClelland

(Address) Rochambeau Apts.

15- FEB 8 - 1917 Filed ....., 191.....

HARRY O. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February 7th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 29, 1917, to February 6, 1917, that I saw her alive on February 6, 1917, and that death occurred, on the date stated above, at 6.15 p.m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) — yrs. — mos. 11 ds.

Contributory (SECONDARY) Myocarditis

(Duration) Don't Know mos. ds.

(Signed) E. J. McClelland M. D.

Feb. 7th, 1917. [Address] Rochambeau Apts.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Eastridge Cemetery. DATE OF BURIAL: 2/9/1917

20-UNDERTAKER: Henry W. Orrens Estate ADDRESS: 1051 N. Calvert St.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2184

CERTIFICATE OF DEATH.

146 ✓ 17 ✓

D 2184

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8) St. Baltimore Eye Ear & Throat Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugene Didier Rose

(Residence in Baltimore: No. 1722 N. Calvert St. St.: 6 yrs., 8 mos. 9 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May 29, 1910 (Month) (Day) (Year)

7-AGE, 6 yrs. 8 mos. 9 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER R. Contie Rose

11-BIRTHPLACE OF FATHER (State or Country) Wye, Talbott Co, Md.

12-MAIDEN NAME OF MOTHER Nina Didier

13-BIRTHPLACE OF MOTHER (State or Country) Balto, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. Contie Rose

(Address) 1722 N. Calvert St.

15- FEB 8 - 1917 HARRY C. ANDREW

Filed....., 191..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 8, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1917, to Feb 7 1917, that I saw h-im alive on Feb 7 1917, and that death occurred, on the date stated above, at 1:00 p.m.

The CAUSE OF DEATH* was as follows:

Staphylococcic Meningitis

(Duration) ....yrs. ....mos. 10 da.

CONTRIBUTORY (Secondary) Mastoiditis

(Duration) ....yrs. ....mos. 14 da.

(Signed) C. E. L. Wheeler M. D.

Feb 8, 1917. (Address) 1122 N. Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 10 da. In the State Life da.

Where was disease contracted, if not at place of death? Lifes residence

Former or usual residence 1722 N Calvert St Balto City

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	2/10, 191.7
20-UNDERTAKER Henry W. Means & Son	ADDRESS 805 N. Calvert St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

D 2185

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2185

CERTIFICATE OF DEATH.

54 ✓

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1841 Aleam ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Bates

(Residence in Baltimore: No. 1841 Aleam St.; — yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan. (Month) 6 (Day), 1855 (Year)

7-AGE, 58 yrs. 1 mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Belford Pa.

PARENTS.

10-NAME OF FATHER, Andrew Bates

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Caroline Eck

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Bates

(Address) 1841 Aleam st

15-

Filed FEB 8 - 1917, 191.... HARRY C. ANDREWS
Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 6 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 17 1916, to Feb. ✓ 1917, that I saw her alive on Feb. 3 1917, and that death occurred, on the date stated above, at 3:30 p. m.

The CAUSE OF DEATH* was as follows:

Tendicovie
Artemia
(Duration) ? yrs. mos. ds.
CONTRIBUTORY (Secondary) Exhaustion
(Duration) 1 yrs. mos. ds.

(Signed) Wm. Helmut M. D.
Feb 6, 1917. (Address) 701 N. Howard Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Feb. 9, 1917.

20-UNDERTAKER Wm J Schaeffer & Son — ADDRESS 1816 monument st

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2186

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 V D 2186

REGISTERED No. C.....

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 2013 N. Lanvale St. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Unnamed Infant Drohan

(Residence in Baltimore: No..... St.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6. DATE OF BIRTH Feby 5 (Month) (Day), 1917 (Year)

7. AGE ..... yrs. ..... mos. ..... ds. If LESS than 1 day, 3 hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or country) City

PARENTS

10. NAME OF FATHER Stanley T. Drohan

11. BIRTHPLACE OF FATHER (State or country) City

12. MAIDEN NAME OF MOTHER Emma L. Shamm

13. BIRTHPLACE OF MOTHER (State or country) Md.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Gilman P. Evans

(Address) 833 N Fulton av.

15. Filed FEB 8 - 1917, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feby (Month) 6th (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 5th, 1917, to Feby 7th 1917, that I saw h— alive on Feby 6th, 1917, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Premature birth.
(6th month, about)

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Could not nurse.

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Gilman P. Evans M. D.

....., 191..... (Address) 833 N. Fulton av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
HOPKINS HOSPITAL	FEB 8 - 1917, 191
20. UNDERTAKER Commissioner Health.	ADDRESS

455

D 2187 HEALTH DEPARTMENT—CITY OF BALTIMORE D 2187

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CERTIFICATE OF DEATH.

1735

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Unrecognized Dead Emgn Station ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lester M. Reynolds

(Residence in Baltimore: No. 6 S. East Ave. Baltimore Md St.) (If non-resident give usual residence.) (yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, Sept 19, 1885
(Month) (Day) (Year)

7-AGE, 31 yrs. 4 mos. 17 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Brakeman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John A. Reynolds

11-BIRTHPLACE OF FATHER (State or Country), Balto Co Md

12-MAIDEN NAME OF MOTHER Harriet Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jas. A. Reynolds

(Address) 6 S East Ave.

15- HARRY C. ANDREWS
Registrar.

FEB 8 - 1917 191... Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 5, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Contusion Fractured Ribs and Internal injuries - Accidental (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. T. Foley M. D.
(Coroner.)

2-7-, 191 7 (Address) 1037 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, Feb. 8, 1917

20-UNDERTAKER A S Marshall — ADDRESS 1539 Eutaw Pl

D 2188

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2188

REGISTERED No. C ...

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 135 N Aisquith st ST.) 5 WARD)

2-FULL NAME Sarah Leibowitz

(Residence in Baltimore: No. 135 N aisquith st St.) 19 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (*Write* the word.)
Female	white	Married

6-DATE OF BIRTH, Unknown ..... (Month) ....., 1862 (Year)

7-AGE, 55 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE. (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Not Knowm

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Leibowitz

(Address) 135 Aisquith St

FEB 8 · 1917

Filed ....., 191.... HARRY C. AMELUNG

Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb 8 ..... (Month) ..... 1917 ..... (Day) ....., 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held Inquiry ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) Inquiry ..... find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner.) ..... M. D.

..... 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Herring Run — DATE OF BURIAL, Feb 8, 1917

20-UNDERTAKER Jack Levin — ADDRESS 1410 E. Balto St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blc.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2189

CERTIFICATE OF DEATH.

40V D 2189

REGISTERED NO. C

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

1—FULL NAME Margaret Smith

(Residence in Baltimore: No. 926 Hillman St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2—SEX.	4—COLOR OR RACE.	5—SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Widow

3—DATE OF BIRTH, Dec 29, 1855 (Month) (Day) (Year)

7—AGE.	If LESS than 1 day,
61 yrs. 1 mos. 10 ds.	....hrs. or....min.?

8—OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9—BIRTHPLACE, (State or Country), Canada

PARENTS.

10—NAME OF FATHER, Nicholas Butler

11—BIRTHPLACE OF FATHER (State or Country), Canada

12—MAIDEN NAME OF MOTHER Caelen

13—BIRTHPLACE OF MOTHER (State or Country), Ireland

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Klinck

Daughter (Address) 1010 Harford Ave

15—

Filed FEB 8 - 1917, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, Feb 8, 1917. (Month) (Day) (Year)

17—I HEREBY CERTIFY, That I attended deceased from Jan 14 191 7, to Feb 8 191 7, that I saw h[illegible] alive on Feb 8 191 7, and that death occurred, on the date stated above, at 7 40 a. m.

The CAUSE OF DEATH* was as follows:

(a) Cerebral Hemorrhage

(b) Arteriosclerosis

(c) Senility

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

2/8/17, 191.. (Address) Church Home

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State 62 yrs. mos. ds.

Where was disease contracted, if not at place of death? 926 Hillman St.

Former or usual residence Same

19—PLACE OF BURIAL OR REMOVAL: St Patrick

DATE OF BURIAL: Feb 10, 1917.

20—UNDERTAKER: Robb J. Turner

ADDRESS: Broadway & Oliver

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

16
48 D 2190
68

Mayo Vick

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 2190

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1925 N. Luzerne St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mayo Vick.

(Residence in Baltimore: No. 1925 N. Luzerne St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb. 12, 1868
(Month) (Day) (Year)

7-AGE, 48 yrs. 11 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stenographer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Frank Vick

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Josephine Whitley

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. Vick

(Address) 1925 N. Luzerne

15- Filed FEB 8 1917 191.. ROBERT R. KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 7, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tabes Dorsalis

Locomotor

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. ds.

(Signed) J. H. Williams M. D.
(Coroner)

M. E., 191.7. (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds. None

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Hill	Feb. 10, 1917.

20-UNDERTAKER W. J. Fickus ADDRESS 1111 Madison Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2191

CERTIFICATE OF DEATH.

39 D 2191

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 326 N Fremont ave ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W Jones

(Residence in Baltimore: No. 326 N Fremont ave St.; 30 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept (Month) 28 (Day), 1842 (Year)

7-AGE, 74 yrs. 4 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Letter
(b) General nature of industry, business, or establishment in which employed (or employer): Carrier

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jesse Jones

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sally Russell

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Sarah Jones

(Address) 326 N Fremont ave

15-FEB 8 - 1917 Filed....., 191.....

ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 7 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from February 6 1917, to February 7 1917, that I saw h[illegible] alive on February 7 1917, and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as follows:

Wounds of Head & Body

Carcinoma a Mouth

(Duration) 2 yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Robt. R. Murray M. D.

Feb 8 1917 (Address) 510 N. Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, National Cemetery

DATE OF BURIAL, Feb 10. 1917

20-UNDERTAKER W M Routson

ADDRESS 230 N Greene

S.A.F.E.

BLACK

Spec.—8-24-14—M. & T.—2000 Bks.

Arlene Robinson

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2192

CERTIFICATE OF DEATH.

61 ✓ D 2192

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arlene Robinson

(Residence in Baltimore: No. 1027 Park Ave. St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May 10, 1906 (Month) (Day) (Year)

7-AGE, 10 yrs. 8 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Edw. Robinson

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Louisa Rogers

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp.

15- FEB 8 - 1917 Filed....., 191.....

ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 8, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1917, to Feb 8, 1917, that I saw h alive on Feb 8, 1917, and that death occurred, on the date stated above, at 12 25 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary) Epidemic Cerebro-Spinal Meningitis, Acute

(Duration) yrs. mos. 7 ds.

(Signed) Kenneth F. Walker M. D.

Feb 8, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 7 ds. In the State ✓ yrs....mos....ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 1027 Park Ave.

19-PLACE OF BURIAL OR REMOVAL. Laurel Cemetery

DATE OF BURIAL. Feb. 12 1917

20-UNDERTAKER John A. Bishop

ADDRESS 1107 Druid Hill Av.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—8 24 14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2193

CERTIFICATE OF DEATH.

29 D 2193

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 220 S. Carey St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Thelma Surrey

(Residence in Baltimore: No. 220 S. Carey st St.; ....yrs., 6 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 16 (Day), 1916 (Year)

7-AGE, ...yrs. 6 mos. 22 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Wm Surrey

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER, Catherine Starlings

13-BIRTHPLACE OF MOTHER (State or Country), Balto md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Mrs Surrey.....

(Address)..220 S Carey st.....

15- Filed FEB 8 - 1917, 191.... ROBERT R. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 7th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1st 191 7, to Feb 7th 191 7, that I saw her alive on Feb 6th 191 7, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

..... Acute Miliary Tuberculosis

..... (Duration) ....yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary).....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) E. B. Hemmeter M. D.

....., 191.. (Address) 2000 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, Feb 9....., 1917.

20-UNDERTAKER John J Dudds — ADDRESS 1200 W Lombard st

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

...NA—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2194 — 175 — D 2194

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 6 E. O. L. ST. Lemon Protestant Hospital WARD) 14

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marshall M Matthews

(Residence in Baltimore: No. 1807 Eutaw Place St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... May ..... 15 ....., 1907
(Month) (Day) (Year)

7-AGE, ... 9 yrs. 8 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School
(b) General nature of industry, business, or establishment in which employed (or employer)..... Boy

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Milton Matthews

11-BIRTHPLACE OF FATHER (State or Country), Ind.

12-MAIDEN NAME OF MOTHER Helen Gutman

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dan Gutman

(Address) 1807 Eutaw Place

15- Filed FEB 8 - 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb. ..... 7 ....., 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquest ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... Inquest ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pellagra Sick ..... 2 hrs
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. G. Williams M. D.
(Coroner.)

Feb 8, 1917. (Address) 1 E N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... 2 hrs ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Bustleton Rd.

Former or usual residence 1801 Eutaw Place

19-PLACE OF BURIAL OR REMOVAL, Balto. Hebrew — DATE OF BURIAL, Feb. 9, 1917.

20-UNDERTAKER David Sondheim — ADDRESS 118 N. Howard St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

D 2195

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 D 2195

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 East Montgomery ST.; 77 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Agnes Wolfers

(Residence in Baltimore: No. 214 E. Montgomery St.) (45 yrs. 11 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: February (Month) 8 (Day) 1871 (Year)

7-AGE: 45 yrs. 11 mos. 28 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE (State or country): Maryland Balto

PARENTS

10-NAME OF FATHER: Adam Schaffer

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: ——— Kreps.

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elsie Vollers

(Address) 214 E Montgomery

Filed FEB 8 - 1917, 191

ROBERT R. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February (Month) 6 (Day), 1917 (Year)

I HEREBY CERTIFY, That I attended deceased from January 11, 1914, to, February 6 1917, that I saw her alive on February 6 1917, and that death occurred, on the date stated above, at 11:35 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

..... (Duration) ..... yrs ..... mos. 2 ds.

Contributory (SECONDARY) Endocarditis

..... (Duration) 2 yrs ..... mos. ..... ds.

(Signed), E D Beyton M. D.

Feb 7 1917. [Address) 301 E Cross St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Feb 9 1917

20-UNDERTAKER: F. A. Krause — ADDRESS: 708 Hanover

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

D 2196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119 D 2196

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 E Fombard St.; 3 WARD) REGISTERED NO. C.....

2—FULL NAME Carolina Petig

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 907 E Fombard St.; .....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, December 18th, 1855
(Month) (Day) (Year)

7-AGE, 61 yrs. 1 mos. 18 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ernest Petig

(Address) 909 E. Fombard St.

15- Filed FEB 8 - 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit 0107

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 6, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 16 1917, to Feb 6 1917, that I saw h[illegible] alive on Feb 6 1917, and that death occurred, on the date stated above, at 9a m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) .... yrs. .... mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Failure

(Duration) .... yrs. .... mos. 21 ds.

(Signed) H. T. Ries M. D.

Feb 7, 1917. (Address) 24 St Paul Bldg

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cem	Feb 10th, 1917.
20-UNDERTAKER	ADDRESS
Wendell Dippel & Co	321 Cross St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 2197

Registered No. C 64 D 2197

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 E. Federal St. 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Catherine Lafferty

(Residence in Baltimore: No. 1709 E. Federal St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH: Jan. (Month) 17 (Day), 1844 (Year)

7-AGE: 73 yrs. — mos. 20 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Solomon Seidenstricker

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Sarah (unknown)

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robt. Lafferty

(Address) 1709 E. Federal St.

15- Filed FEB 8 - 1917, 191 ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1917, to, Feb. 5 1917, that I saw h[illegible] alive on Feb. 5 1917, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(Duration) yrs mos. 9 ds.

Contributory (SECONDARY) Lobar pneumonia

(Duration) yrs mos. 3 ds.

(Signed), Edgar P. Sandrock M. D.

Feb. 6, 1917 [Address] 1601 N. Broadway

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore County. DATE OF BURIAL: Feb 9 1917

20-UNDERTAKER: Wendell Coffee Co. ADDRESS: 378 Mon

Sp

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64W D 2198

D 2198

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 8 1709 Orleans St St.: 6 WARD)

Registered No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Anna Frances Religieri

(Residence in Baltimore: No. 1709 Orleans St St.; yrs. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction. USE INDELIBLE INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~ (Write the word): Widow

6 DATE OF BIRTH: June 9, 1863 (Month) (Day) (Year)

7 AGE: 53 yrs. 9 mos. 29 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore City

PARENTS

10 NAME OF FATHER: John S. Schnorr

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Barbara Kramer

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George J. Religieri

(Address) 907 N. Monroe Ave

15 Filed FEB 8 - 1917 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb. 7, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 7, 1917, to, Feb 7, 1917, that I saw h-- alive on Feb 7, 1917, and that death occurred, on the date stated above, at 5:20 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. J. Gibson M. D.

Feb 7, 1917 (Address) 622 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Carmel Cemetery — DATE OF BURIAL: Feb 11, 1917

20 UNDERTAKER: Christian Miller — ADDRESS: 2334 Jefferson St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2199

CERTIFICATE OF DEATH.

192 D 2199

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; WARD)

REGISTERED NO. C

2-FULL NAME Mary Edna Johns

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1237 Eut. Royal Ave St.; yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Feb. 11, 1890 (Month) (Day) (Year)

7-AGE, 27 yrs. 11 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Trained Nurse
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Milton A. Johns

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Vennie Burton

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. W. S. Johns

(Address) 618 N. Lombard St

15- FEB 8 - 1917 ROBERT R. KRAUTER

Filed....., 191... Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 8, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1/30 1917, to 2/8 1917, that I saw h[er] alive on 2/8 1917, and that death occurred, on the date stated above, at 9 30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (19 d.) yrs.

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm Stein M. D.

2/8, 191.7 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 9 ds. In the State 3 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1237 Eut Royal Ave

19-PLACE OF BURIAL OR REMOVAL, Lawsville Va. DATE OF BURIAL, Feb. 9, 191.7

20-UNDERTAKER Joseph B Cook ADDRESS 1003 W Balto St

D 2200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 D 2200

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mount Clare Shops DIST. 18 WARD)

2-FULL NAME Peter Connell

(Residence in Baltimore: No. 1214 W Lombard St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, Not Known, 1 (Month) (Day) (Year)

7-AGE. 63 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Mt Clare Shops

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Connell

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Elizabeth Green

13-BIRTHPLACE OF MOTHER (State or Country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Connell

(Address) 1214 W Lombard St

15- FEB 9 - 1917 Filed ....., 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 8, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) ... yrs. ... mos. Not Known ds.

CONTRIBUTORY (Secondary) Rupture Coronary ?

Artery (Duration) 1 yrs. ... mos. few Hours

(Signed) James McKenton M. D. (Coroner.)

Feb 9, 191.7 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, Feb 12, 191.7

20-UNDERTAKER John J. Fields — ADDRESS 809 W. Lombard St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

D 2201

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 2201

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Baltimore Tube Work, ST. 71 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Layman

(Residence in Baltimore: No. 1158 Columbia ave St.; yrs., mos., da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	Married

6-DATE OF BIRTH, March (Month) 3 (Day), 1849 (Year)

7-AGE. 67 yrs. 11 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Machinist Helper
(b) General nature of industry, business, or establishment in which employed (or employer)..... Balt Tube Works

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Jacob Layman

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Susan Kane

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Francis Layman

(Address) 1158 Columbia ave

15-

Filed FEB 9 1917 191.. HARRY O. ANDREWS Burial Permit Issued Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 7 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or Inquiry.) Inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Bronchitis Chronic

(Duration) ..... yrs. ..... mos. ..... da.

(Signed) James McFeeley M. D.
(Coroner.)

Feb 8, 1917. (Address) 704 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....dy.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Western Cemetery	Feb 12 1917
20-UNDERTAKER	**ADDRESS**
John J Fiddes	1200 W Lombard st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

D 2202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 2202

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 John ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie H. Whitson

(Residence in Baltimore: No. 1507 John St.; 64 yrs., 1 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, December (Month) 10 (Day), 1852 (Year)

7-AGE, 64 yrs. 1 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... none

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm. Whitson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Belle MacMurray

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. M. Horines

(Address) 1509 Mt. Royal Ave

15-

Filed FEB 9 - 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1917, to Feb. 8 1917, that I saw her alive on Feb. 7, 1917, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) J. E. Lanahan M. D.

Feb. 8, 1917. (Address) 815 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ✓ yrs. ✓ mos. ✓ ds. In the State ✓ yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence ✓

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cty — DATE OF BURIAL, Feb. 9, 1917

20-UNDERTAKER Stewart & Moran Co — ADDRESS 1087 N. Howard

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

D 2203

HEALTH DEPARTMENT—CITY OF BALTIMORE

43 D 2203

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 216 E Lafayette ave ST.; 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J. Mullikin

(Residence in Baltimore: No. 216 E Lafayette ave St.; 45 yrs., 4 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept 16, 1871.
(Month) (Day) (Year)

7-AGE, 45 yrs. 4 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Home Wife

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, John Caldwell

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Mary E Beard

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benjamin F. Mullikin

(Address) 216 E. Lafayette Ave

15-

Filed FEB 9 - 1917, 191.... EARLY C. ANDREWS Burial Permit Granted Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 8th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 24th 1916, to Feb 8th 1917, that I saw her alive on Feb 7th 1917, and that death occurred, on the date stated above, at 2 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast (Clinical)

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Carcinomatosis

(Duration) yrs. 6 mos. ds.

(Signed) Horace Boyer M. D.

Feb 8., 1917. (Address) 746 W North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park. DATE OF BURIAL, Feb 10, 1917.

20-UNDERTAKER Wm Cook ADDRESS 532 E North

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FOR THIS PARTICULAR RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

D 2204

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 / D 2204

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 520. S. Ann. ST.; 7 WARD)
REGISTERED NO. C

2-FULL NAME Joseph. Kleczkowski

(Residence in Baltimore: No. 520. S. Ann. St.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(8 yrs., 1 mos. 29 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Wh C

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single.

6-DATE OF BIRTH, Dec 9, 1908. (Month) (Day) (Year)

7-AGE, 8 yrs. 1 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... Schoolboy

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Antoni Kleczkowski

11-BIRTHPLACE OF FATHER (State or Country), Poland.

12-MAIDEN NAME OF MOTHER Helen. Trawinska

13-BIRTHPLACE OF MOTHER (State or Country), Poland.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Antoni Kleczkowski

(Address) 520 S. Ann.

15-

Filed FEB 9 1917 191.....

HARRY C. ANDREWS
Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 8th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 27th 1917, to Feby 8th 1917, that I saw h im alive on Feby 7th 1917, and that death occurred, on the date stated above, at 1 6 m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

Mitral Regurgitation

(Duration) — yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edw. M. Sargent M. D.

Feb 9th, 1917. (Address) 5 N. Washington Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Holy Rosary. DATE OF BURIAL, Feb. 9, 1917.

20-UNDERTAKER William Fiackowski ADDRESS 168 Eastern ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

D 2205

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2205

CERTIFICATE OF DEATH.

REGISTERED NO. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2352 Frederick Ave 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Charles Bealer

(Residence in Baltimore: No. 2352 Frederick Ave St.: Lifetime ds.)

8

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, March (Month) 15 (Day), 1860 (Year)

7-AGE, 56 yrs. 10 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stone Mason
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: Charles Bealer

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Elizabeth Lontz

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Annie Bealer

(Address) 148 Wilkens St.

15 FEB 9 - 1917 HARRY C. ANDREWS

Filed ....., 191.... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 25 1916, to Feb 8 1917, that I saw him alive on Feb 8 1917, and that death occurred, on the date stated above, at 7-20 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 5 Yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) 2 Weeks yrs. mos. ds.

(Signed) Henry C. Friel M. D.

Feb. 8, 1917. (Address) 1223 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet cemetery DATE OF BURIAL, Feb 11th, 1917.

20-UNDERTAKER Baltimore County ADDRESS

F. B. Waysport 1738 Fred'k Ave.

N. B.—Every item of information should be carefully supplied. Ages should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2206

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 2206

1-PLACE OF DEATH

REGISTERED No. C 91

CITY OF BALTIMORE (No. 1611 Miller ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Burdell Foster

(Residence in Baltimore: No. 1611 Miller St.: yrs. 6 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	colored	Single

6-DATE OF BIRTH July 25, 1916 (Month) (Day) (Year)

7-AGE 6 yrs. 6 mos. 13 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Baltimore

PARENTS

10-NAME OF FATHER Junius Foster

11-BIRTHPLACE OF FATHER (State or country) Va

12-MAIDEN NAME OF MOTHER Charlotte Epps

13-BIRTHPLACE OF MOTHER (State or country) Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Junius Foster

(Address) 1611 Miller St

15- FEB 9 - 1917 Filed ....., 191.

HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb 7, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 6, 1917, to Feb 7, 1917, that I saw h[illegible] alive on Feb 6, 1917, and that death occurred, on the date stated above, at 7.20 a m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

Primary

4 weeks (Duration) ..... yrs. 1 mos. ..... ds

Contributory (SECONDARY) Heart failure

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Edward Fisher M. D.

Feb, 1917. (Address) 1612 E Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence [illegible]

19-PLACE OF BURIAL OR REMOVAL Laurel Cemetery

DATE OF BURIAL Feb 9, 1917

20-UNDERTAKER A E Frost

ADDRESS 1405 McElderry St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

D 2207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1750

D 2207

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 627 W Lee ST.; 27 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John E. Murphy

(Residence in Baltimore: No. 627 W Lee St.; 47 yrs., 3 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Oct. 11, 1869. (Month) (Day) (Year)

7-AGE, 47 yrs. 3 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Teller City center Dept.
(b) General nature of industry, business, or establishment in which employed (or employer): Mt Royal Savings Institution

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Thomas Murphy

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Lydia Carroll

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. Cora Hoarse

(Address) St Helena Md

15- Filed FEB 9-1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 7, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 16 1916, to Feb 7 1917, that I saw him alive on Feb 6 1917, and that death occurred, on the date stated above, at 10a m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) X yrs. 3 mos. X ds.

CONTRIBUTORY (Secondary) Cardiac failure

(Duration) X yrs. X mos. 3 ds.

(Signed) E. D. Ellis M. D.

Feb 9, 1917. (Address) 915 Lytton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Olivet Cemetery	Feb. 12, 1917.
20-UNDERTAKER, James Degnan & Son	ADDRESS 1000 S. Paca St.

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2208

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2208

CERTIFICATE OF DEATH.

REGISTERED No. C 172

PLACE OF DEATH

CITY OF BALTIMORE (No. 8 Franklin St.) Hospital ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Amanda Randall

(Residence in Baltimore: No. 1014 Boyd St.)

Sex Fe., moa. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 62 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION;
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Joseph Randall

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Irene Kelly

(Address) 517 W. Lexington St.

15-

Filed FEB 9 - 1917, 191.. EMMA V. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 7, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Skull & Hemorrhage
and Injuries accidently
produced by falling off Steps
(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Hemorrhage & Brain

(Duration) yrs. mos. 7 ds.

(Signed) James McKenzie M. D. (Coroner.)

Feb 8, 191 7 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. 7 ds. State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1014 Boyd St

Former or usual residence 1014 Boyd St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
[redacted]	Feb 9, 1917
20-UNDERTAKER	**ADDRESS**
John Herman & Son	901 Hollins St

Spec.—8-24-14—M. & T.—2000 Blks.

D 2209

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 2209

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 Sterling ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Hooton (Hooton)

(Residence in Baltimore: No. 723 Sterling St.; — yrs. — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widower

6-DATE OF BIRTH, Unknown (Month), 1 (Day) (Year)

7-AGE, 70 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Day

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amelia Walker

(Address) 723 Sterling St

15- Filed FEB 9 - 1917, 191.... HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 5 (Month) 3 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 5 1917, to Feb. 7 1917, that I saw h[illegible] alive on Feb. 7 1917, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) ....yrs. ....mos. 1 ds.

(Signed) J. C. Robinson M. D.

2/7, 1917 (Address) 1320 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laural Cemetary

DATE OF BURIAL, Feb ....., 191...

20-UNDERTAKER Mrs R A Elliott

ADDRESS 606 East St

Spec.—8-24-14—M. & T.—2000 Bks.

D 2210

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2210

CERTIFICATE OF DEATH.

28

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 614, Eisler ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Bailey

(Residence in Baltimore: No. 614 Eisler St.; 28 yrs., 6 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. July, 13, 1888 (Month) (Day) (Year)

7-AGE, 28 yrs. 6 mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tobacco
(b) General nature of industry, business, or establishment in which employed (or employer): Stripper

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Daniel Demand

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Lizzie Riggs

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Boyer

(Address) 1013 S. Howard St

15- 2161-6 811

Filed FEB 9 1917, 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February, 7, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 27 1917, to Feb. 7, 1917, that I saw her alive on Jan. 27, 1917, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ...yrs. 7 mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) D and Francini M. D.

2/8/, 1917. (Address) 122 W Lee St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Feb 7, 1917

20-UNDERTAKER John Howard ADDRESS 538 Dolphin

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 2211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 2211

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 Druid Hill Ave St.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Ward

(Residence in Baltimore: No. 1022 Druid Hill Ave St.; ~ yrs. ~ mos. ~ da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Dont Know (Month), (Day), 1 (Year)

7-AGE, 56 yrs. mos. da. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lgr
(b) General nature of industry, business, or establishment in which employed (or employer): Tobacco

9-BIRTHPLACE, (State or Country), Easton Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wilm Bell

(Address) 1022 Dr L Hill ave

15-

Filed FEB 9 - 1917, 191.. KARL C. L. DAVIS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 29 1917, to Feb 7 1917, that I saw him alive on Feb 7 1917, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

For Grippe

Fatty Degeneration

(Duration) yrs. mos. 8 da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 1 da.

(Signed) H. P. Haddock M. D.

2/7, 191.7 (Address) 1021 N Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem | DATE OF BURIAL, Feb 9, 1917

20-UNDERTAKER John F Owens | ADDRESS 538 Dolphin

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2212

CERTIFICATE OF DEATH.

37 ✓ D 2212

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Walker

(Residence in Baltimore: No. 1502 Jefferson Street St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black	Single

6-DATE OF BIRTH, February 6 1917, 1
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or 10 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Walker

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Marie Forest

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Thurman Jr. M.D.

(Address) Johns Hopkins Hospital

15- FEB 9 1917

Filed FEB 9 1917 191... Harry C. Andrews Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 6 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....191...., to ....191....,
that I saw h.... alive on ....191....,
and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

.....

.....

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Irematurity 9 months

foetus ..... (Duration) ....yrs. ....mos. ....ds.

(Signed) John Thurman Jr. M. D.

Feb 7 191 7. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

FEB 9 1917 JOHNS HOPKINS HOSP

Comroissioner Health.

555

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Birth Certificate sent in

Spec.—8-24-14—M. & F.—5000 Blks.

D 2213

HEALTH DEPARTMENT—CITY OF BALTIMORE

Catherine Sheehan

64 D 2213

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2830 E. Baltimore St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Sheehan

(Residence in Baltimore: No. 2830 E. Baltimore St.; 50 yrs. ... mos. ... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, June 1st (Month) (Day), 1847 (Year)

7-AGE, 69 yrs. 8 mos. 7 da.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Not any
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): County Galway Ireland

PARENTS.

10-NAME OF FATHER: Edward Nilan

11-BIRTHPLACE OF FATHER (State or Country): Galway Ireland

12-MAIDEN NAME OF MOTHER: Mary Teagan

13-BIRTHPLACE OF MOTHER (State or Country): Galway Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Catherine Carroll

(Address) 2830 E. Balto St

15-

Filed FEB 9 1917 191... HARRY C. ANDREWS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 5th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15th 1916, to February 7th 1917, that I saw her alive on February 5th 1917, and that death occurred, on the date stated above, at 6.30 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs. ... mos. 3 da.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(Duration) 1 yrs. 10 mos. ... da.

(Signed) Wm. J. Sullivan M. D.

Feb 8th 1917 (Address) 1701 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Catholic Cem. DATE OF BURIAL, Feb 12, 1917

20-UNDERTAKER, Mc Gowan Cartwright & Co. ADDRESS 608 W. Baltimore St.

N.B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2914

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 2914

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital, WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Williams

(Residence in Baltimore: No. 580 Oxford St., St.; ... yrs., ... mos., ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, Unknown ....., 1— (Month) (Day) (Year)

7-AGE, 24 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or ... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Phelps

(Address) Johns Hopkins Hosp.

15- FEB 9 - 1917 Filed....., 191.... HARRY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 7, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 20 1917, to Feb. 7 1917, that I saw h[illegible] alive on Feb. 7 1917, and that death occurred, on the date stated above, at 11 20 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(Aortic Insufficiency)

(Duration) ... yrs. 4 mos. ... ds.

CONTRIBUTORY (Secondary) Myocardial Disease

(Duration) ... yrs. ... mos. 2 ds.

(Signed) W. H. Welch M. D.

Feb. 7, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 18 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 580 Oxford St.

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, Feb. 10, 1917.

20-UNDERTAKER Charles J. Jones — ADDRESS 2357 N. Fremont

Spec.—8-24-14—M. & T.—2000 Blks.

D 2215 HEALTH DEPARTMENT—CITY OF BALTIMORE. D 2215

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 826 Plum ST.; 22 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Mercer

(Residence in Baltimore: No. 826 Plum St.; 7 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb 7, 1910 (Month) (Day) (Year)

7-AGE, 7 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Basil Mercer

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Emma Mercy

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Basil Mercer

(Address) 826 Plum Alley

Filed FEB 9 - 1917, 191... HARRY C. ADAMS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 28 1917, to Feb 1917, that I saw h— alive on Feb 7 1917, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows: Pneumonia Lobar

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Dilatation of Heart

(Duration) yrs. mos. 14 ds.

(Signed) W. F. Howe M. D.

Feb 8, 191 7 (Address) 712 S. Stiles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Ct — DATE OF BURIAL, Feb 10, 1917

20-UNDERTAKER J. L. Brown and Son — ADDRESS 818 Druid St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2246 — 120 — D 2246

CERTIFICATE OF DEATH.

REGISTERED NO. C

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital 10 St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2—FULL NAME Catherine McCann.

(Residence in Baltimore: No. 721 E. Preston St. St.; 27 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX. Female

4—COLOR OR RACE, White

5—SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6—DATE OF BIRTH, Not known (Month) (Day) 1 (Year)

7—AGE, 27 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8—OCCUPATION:
(a) Trade, profession, or particular kind of work: Spinning
(b) General nature of industry, business, or establishment in which employed (or employer):

9—BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10—NAME OF FATHER, John Clark

11—BIRTHPLACE OF FATHER (State or Country), Ireland

12—MAIDEN NAME OF MOTHER Catherine Fleming

13—BIRTHPLACE OF MOTHER (State or Country), Not known

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Edward F. McCann

(Address) 721 E. Preston St.

15— Filed FEB 9 - 1917 191.... HARRY C. ANDREWS Registrar. BURIAL PERMIT GIVEN

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, Feb (Month) 8th (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 25th 1917, to Feb. 8th 1917, that I saw her alive on Feb. 8th 1917, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema.

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chr. Parenchymatous Nephritis

(Duration) 1 yrs. 2 mos. ds.

(Signed) Richard T. Arnold M. D.

Feb. 8th 1917 (Address) St. Josephs Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 14 ds. In the State 27 yrs. mos. ds.

Where was disease contracted, if not at place of death? Don't know

Former or usual residence 721 E. Preston St.

19—PLACE OF BURIAL OR REMOVAL. New Cathedral Cemetery

DATE OF BURIAL. February 12, 1917

20—UNDERTAKER Penney Storck Co.

ADDRESS 1301 E. Eager St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2217

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph's Hosp ST.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Hartman

(Residence in Baltimore: No. 1520 McElderry St. St.; 5 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Single

6-DATE OF BIRTH, Not Known (Month), ... (Day), 1 (Year)

7-AGE, 65 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Iron Moulder
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Caspar Hartman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Miss Hartman
(Address) 1520 McElderry St

15- FEB 9 - 1917 HARRY C. ANDREWS
Filed ....., 191. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 8 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1917, to Feb 8 1917, that I saw h[illegible] alive on Feb 18 1917, and that death occurred, on the date stated above, at 4H m.

The CAUSE OF DEATH* was as follows:
Chronic Myocarditis
(Duration) Last Known yrs. mos. ds.
CONTRIBUTORY (Secondary) Acute Pulmonary Oedema
(Duration) yrs. mos. 1 ds.

(Signed) William F. Quaille M. D.
218, 191[illegible] (Address) St. Joseph Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. 28 ds. In the State 2 yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? do
Former or usual residence 1520 McElderry St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	February 12, 1917
20-UNDERTAKER Henry Storck Son	ADDRESS 1301 E Eager St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 2918 HEALTH DEPARTMENT—CITY OF BALTIMORE 2499 D 2918

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1520 Byrd ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Sophie Lillian Younger.

(Residence in Baltimore: No. 1520 Byrd St. St.; 28 yrs., 2 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	white	married

6-DATE OF BIRTH, November 17, 1888 (Month) (Day) (Year)

7-AGE. 28 yrs. 2 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: house-wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER Louis H. Wiebking.

11-BIRTHPLACE OF FATHER (State or Country). Balto. Md.

12-MAIDEN NAME OF MOTHER Elizabeth Koehler.

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Francis F. Younger.

(Address) 1520 Byrd St.

15- FEB 9 - 1917

Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 7 th., 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 31 st 1917, to Feb. 7 th. 1917, that I saw her alive on Feb. 6 th. 1917, and that death occurred, on the date stated above, at 1.15 a.m.

The CAUSE OF DEATH* was as follows:

Acute Purulent Meningitis

(Duration) ....yrs....mos....5....ds.

CONTRIBUTORY (Secondary) Alveolar abscess

(Duration) ....yrs. 1 mos. 15 ds.

(Signed) J. F. Hawkins M. D.

Feb. 8, 1917. (Address) 1 E. Randall St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Feb 10, 1917

20-UNDERTAKER, Joseph L. Cook ADDRESS, 1003 N. Balto St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2219 HEALTH DEPARTMENT—CITY OF BALTIMORE D 2219

92

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2103 N. Charles ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph O. Beazley

(Residence in Baltimore: No. 2103 N. Charles St. St.: 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	widower

6-DATE OF BIRTH, Unknown (Month), (Day), 1 (Year)

7-AGE, 71 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, John Beazley

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Miss Montague

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. B.H. Carlton

(Address) 2103 N. Charles St.

15- HARRY C. ANDREWS

Filed FEB 9 1917 191 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 7th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 30 1917, to Feb 7 1917, that I saw him alive on Feb 7 1917, and that death occurred, on the date stated above, at 10 30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

(Signed) Wm J Watson M. D.

Feb 8, 1917. (Address) 2728 St Paul

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery. DATE OF BURIAL, Feb. 9th, 1917

20-UNDERTAKER Joseph B Cook ADDRESS 1003 W Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 2220 D 2220

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 37

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Lulat

(Residence in Baltimore: No. 1913 Patterson Pk. Ave., St.; —yrs.—mos.—ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ...Mar.... (Month), ...8.... (Day), 1884 (Year)

7-AGE,	If LESS than 1 day,
33 yrs. ....mos. ....ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, M. Lubliticz

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Mary Kastanca

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp.

15- Filed FEB 9 1917, 191... HARRY O. ADDISON, Registrar. Burial Permit 0...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 8, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 3 1917, to Feb 8 1917, that I saw h[illegible]ive on Feb 8 1917, and that death occurred, on the date stated above, at 9 16 a. m.

The CAUSE OF DEATH* was as follows:
Rupture of Aneurism Ascending Aorta

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 2 yrs. ....mos. ....ds.

(Signed) H. B. Mantz M. D.

Feb. 8, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 8 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1913 Patterson Pk Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Redeemer	Feb. 11, 1917.
20-UNDERTAKER	ADDRESS
John Grebliunas	500 S Paca

Spec.—8-24-14—M. & T.—2000 Blks.

D 2221

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2221

CERTIFICATE OF DEATH.

REGISTERED NO. C 37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeth's Home ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stephen Jones

(Residence in Baltimore: No. St. Elizabeth's Home, St. Paul St.; 2 yrs., 4 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Negro	Single

6-DATE OF BIRTH, Sep. 5th, 1914.
(Month) (Day) (Year)

7-AGE, 2 yrs. 5 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, William Skinner

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Clara Jones

13-BIRTHPLACE OF MOTHER (State or Country), Norfolk

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev. M. M. Mildred

(Address) St. Elizabeths Home

15- Filed FEB 9 - 1917, 191.... HARRY C. ARNOLD Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 7th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sep. 25, 1916, to Feb. 7, 1917, that I saw h.. alive on Feb. 6th, 1917, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(Duration) 2 yrs. 5 mos. 2 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) yrs. mos. 7 ds.

(Signed) Edgar F. Swedenwald M. D.

Feb. 7, 1917 (Address) 1616 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. 4 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	Feb. 9, 191 7
20-UNDERTAKER Geo. H. Holland	ADDRESS 617 Robert St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—TH

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2222 64 D 2222

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 Woodyear ST.; 16 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles W. Williams

(Residence in Baltimore: No. 825 Woodyear St.; — yrs. 3 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Not known (Month) ..... (Day), 1872 (Year)

7-AGE, Not known but about 45 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Painter
(b) General nature of industry, business, or establishment in which employed (or employer)..... House painter

9-BIRTHPLACE, (State or Country), Lilooka Fla

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Henry Humphills

(Address).....824 Woodyear St.

15- FEB 10 1917 ROBERT R. KRAUTER

Filed....., 191.... Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 25. 1917, to Feb 4- 1917, that I saw h.. alive on Feb. 2- 1917, and that death occurred, on the date stated above, at 6-30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

..... (Duration) — yrs. — mos. 11 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. L. McCarthy M. D.

Feb. 4-, 1917. (Address) 906 N. Stricker St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Feb 9, 1917

20-UNDERTAKER James W. Chase Sons — ADDRESS 1400 Mosher

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 2223 — 66 — D 2223

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 137 Bloom ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac H. Howard

(Residence in Baltimore: No. 137 Bloom St.; 74 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 74 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Balto. City.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary L. Howard

(Address) 137 Bloom St.

15- FEB 10 1917 ROBERT R. KRAUTER

Filed....., 191.... Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 7th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 17th 1917, to Feb. 7th 1917, that I saw h[illegible] alive on Feb 6th 1917, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was, as follows: Progressive Hemiplegia

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) A. Lee Elliott M. D.

2/8, 191.., (Address) 924 Mad. Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Feb. 10, 191.7

20-UNDERTAKER Sam. H. Case Sons ADDRESS 1400 Mosher

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

D 2221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

164 D 2221

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1260 W. Penny ST.; 22 WARD) REGISTERED NO. C

2-FULL NAME Annie L. Johnson (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1260 W. Penny St.; St.; ..... yrs., 7 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Girl.

6-DATE OF BIRTH, Aug. (Month) 7 (Day), 1908. (Year)

7-AGE, 8 yrs. 6 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Florida

PARENTS.

10-NAME OF FATHER, Tobie Johnson

11-BIRTHPLACE OF FATHER (State or Country), Florida

12-MAIDEN NAME OF MOTHER Fannie Woods

13-BIRTHPLACE OF MOTHER (State or Country), Florida

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Tobie Johnson

(Address) Rear 1260 Penny St

15- FEB 10 1917 191... ROBERT R. KRAUTER, Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 8 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 7 1917, to Feb. 8 1917, that I saw her alive on " " 1917, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Primary Stomach Poison

Immediate Exhaustion

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) J. L. Young M. D.

2/9 1917. (Address) 526 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mont auburn — DATE OF BURIAL, July 10, 1917

20-UNDERTAKER J. L. Brownson — ADDRESS 108 Monty St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2225

1-PLACE OF DEATH University Hospital 4 ×28✓ REGISTERED NO. C

CITY OF BALTIMORE: (No. 8 ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Jones

(Residence in Baltimore: No. Millersville, Md. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1901 (Year)

7-AGE,	If LESS than 1 day,
16 yrs. ..... mos. ..... ds.	.... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... School girl
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Thomas Jones

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF [illegible] Sara Carr

[illegible]PLACE [illegible]OTHER [illegible]r Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. W. Williams

(Address) Waterbury Md.

15- FEB 10 1917 Filed ....., 191.... ROBERT R. KRAUTER Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 2, 1917, to Feb 8 1917, that I saw her alive on Feb 8 1917, and that death occurred, on the date stated above, at 8:15 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
Tuberculous Peritonitis

History 7 6 mo.
(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ... yrs. ... mos. ... ds.

(Signed) Emmert J. Levy M. D.

2/9, 1917. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 1 mos. 6 ds. In the State 16 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Millersville, Md.

19-PLACE OF BURIAL OR REMOVAL, Millersville Md. DATE OF BURIAL, Feb 10, 1917

20-UNDERTAKER W. J. Tschudy & Sons ADDRESS Carlton & Pine Sts

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SAFETY FILM KODAK

Spec.—8-24-14—M. & T.—2000 Bks.

D 2226

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2226

CERTIFICATE OF DEATH.

119

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 W. Lanvale ST.; 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Johnson

(Residence in Baltimore: No. 504 W. Lanvale St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, Colored

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (*Write* the word.) married

6-DATE OF BIRTH, unknown 1861
(Month) (Day) (Year)

7-AGE, 55 yrs. — mos. — ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work housework
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Parron

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Hannah Brooks

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mit Harris

(Address) 504 W. Lanvale st.

15-FEB 10 1917 Filed, 191 ROBERT R. KRAUTER Clerk
Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 7th, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 3rd 1917 to Feb 7th 1917, that I saw her alive on Feb 6th 1916, and that death occurred, on the date stated above, at 7:20 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Primary (Duration) yrs. mos. 10 ds.

Contributory (Secondary) Chronic Endocarditis

(Duration) yrs. mos. 2 ds.

(Signed) Geo. W. Mansfield M. D.

Feb 7th, 1917 (Address) 2305 N. Howard Street

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Brooks Church Calvert County Md

DATE OF BURIAL, Feb 10, 1917

20-UNDERTAKER John H. Toadvine

ADDRESS 142 N. Eutaw St

R.C. Statement of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

COLORED

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2227

CERTIFICATE OF DEATH.

64

D 2227

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 820 S Ellwood Ave ST.: 1 WARD)

REGISTERED No. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Ira Dennis

(Residence in Baltimore: No. 820 S. Ellwood Ave St.; yrs., 35 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH. Feb 20, 1855
(Month) (Day) (Year)

7-AGE. 61 yrs. 11 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Chair Maker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). New York

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry G. Krug

(Address) 820 S. Ellwood Ave

15- FEB 10 1917 Filed....., 191.... Registrar. ROBERT R. KRAUTER

Burial Permit Granted

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 8/17, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Henry G. Krug M. D.
(Coroner.)

Feb 9, 191 7. (Address) 16 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cemetery

DATE OF BURIAL. Feb 12, 191 7

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2228

CERTIFICATE OF DEATH.

151

D 2228

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3613 Cedar Ave ST.; 13 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Nunnelley

(Residence in Baltimore: No. 3613 Cedar Ave St.; ....yrs.. ....mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, February (Month) 8 (Day), 1917 (Year)

7-AGE, ...yrs....mos....da.

If LESS than 1 day, 5 hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Jas. Thos. Nunnelley

11-BIRTHPLACE OF FATHER (State or Country), Kentucky

12-MAIDEN NAME OF MOTHER, Ella Rebecca Barger

13-BIRTHPLACE OF MOTHER (State or Country), Balto County

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Ella Rebecca Nunnelley

(Address) 3613 Cedar Ave

15- FEB 10 1917 Filed....., 191.... ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 8 1917, to February 9 1917, that I saw h[illegible] alive on February 8 1917, and that death occurred, on the date stated above, at 5A m.

The CAUSE OF DEATH* was as follows:

Premature Birth.

6 & ½ months

(Duration) ....yrs....mos....da.

CONTRIBUTORY (Secondary).....

(Duration) ....yrs....mos....da.

(Signed) A. J. Davis M. D.

2-9, 1917 (Address) 800 N. 33rd St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....da. In the State....yrs....mos....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt. Marys (Cem) DATE OF BURIAL, Feb. 10, 1917

20-UNDERTAKER, E. L. Roy Stiffler ADDRESS 844 W. Fay

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2229

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2229

CERTIFICATE OF DEATH.

1-PLACE OF DEATH W.Md.R.R.Grain Elevator Port Covington. REGISTERED No. C

CITY OF BALTIMORE (No. ..... St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nathan E.Gibson.(col'd)

(Residence in Baltimore: No. 912 Hillman St. St.; 6 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	Colored.	Married.

6-DATE OF BIRTH, June 6th. 1897, 1 (Month) (Day) (Year)

7-AGE, 19 yrs. 8 mos. 1 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer in
(b) General nature of industry, business, or establishment in which employed (or employer): Grain Elevator.

9-BIRTHPLACE, (State or Country), Richmond Co. Va.

PARENTS.

10-NAME OF FATHER: William Gibson.(col'd)

11-BIRTHPLACE OF FATHER (State or Country): Richmond Co Va.

12-MAIDEN NAME OF MOTHER: Margaret Ellis.(col'd)

13-BIRTHPLACE OF MOTHER (State or Country), Richmond Co. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Margaret Stafford.(C)mother.
(Address) 912 Hillman St.

15- Filed FEB 10 1917 ROBERT R. KRAUTER Registrar
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 7th. 1917., 191 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of the Skull.
Accidental fall of 80 feet in an empty grain bin.
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) H. H. Kerr Hartzell M. D.
(Coroner.)
Feb,8,1917. (Address) 1017 S.Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, St. Peters R.C. Cemty. DATE OF BURIAL, Feb. 10. 1917.
20-UNDERTAKER James H. Dennis ADDRESS 1303 Pennsylvania Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Mollie E. Roy.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2230

28 ✓ D 2230

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 921 E. Eager St. St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mollie E. Roy

(Residence in Baltimore: No. 921 E. Eager St. St.; 42 yrs., 8 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, June 1st, 1874 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
42 yrs. 8 mos. 7 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Nurse
(b) General nature of industry, business, or establishment in which employed (or employer)..... Home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Geo. R. Lookingland

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Marietta Griffith

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James H Roy

(Address) 921 E Eager St

15-

Filed FEB 10 1917, 191.... ROBERT B. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 8th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 7 1916, to February 8 1917, that I saw h[er] alive on February 8 1917, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Robt. F. Murray M. D.

Feb 9th, 1917. (Address) 510 N. Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western	Feb. 11, 1917
20-UNDERTAKER Geo W Little	ADDRESS 531 N Fremont Ave

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. THIS IS A PERMANENT RECORD

D2231

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

45

D 2231

1-PLACE OF DEATH — Registered No. C .....

CITY OF BALTIMORE (No. 411 S. Carey St. 18 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Luther Mercier Burgess.

(Residence in Baltimore: No. 411 S. Carey St.: 32 yrs. — mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH Jan. (Month) 23 (Day) 1885 (Year)

7-AGE 32 yrs. — mos. 10 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country) Baltr. Md

PARENTS

10-NAME OF FATHER Owen D. Burgess

11-BIRTHPLACE OF FATHER (State or country) Baltr. Md

12-MAIDEN NAME OF MOTHER Cornelia F. Bond

13-BIRTHPLACE OF MOTHER (State or country) St. Marys Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Lena Burgess

(Address) 411 S. Carey St.

FEB 10 1917 Filed ....., 191.... ROBERT R. REUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb. (Month) 8 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1916, to Feb. 8 1917.

that I saw h[illegible] alive on Feb. 8 1917.

and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Dia betes of Pancreas

(Duration) 1 yrs. 6 mos. ds

Contributory (SECONDARY) Insanity

(Duration) yrs. mos. 2 ds.

(Signed) Bernard Pringle Mossd.

Feb. 9, 1917 (Address) 1039 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Lorraine Cem — DATE OF BURIAL Feb 11, 1917

20-UNDERTAKER Geo. W. Little — ADDRESS 23 N. Fremont St

Spcc.—8-24-14—M. & T.—2000 Bks.

D 2232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 2232

REGISTERED No. C 2

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1522 Riggs Ct. St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emanuel Hawkins

(Residence in Baltimore: No. 1522 Riggs Ct. St.; ..... yrs. ..... mos. ..... ds.)

white life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	Colored	married

6-DATE OF BIRTH, ... Aug. (Month) 4 (Day), 1828 (Year)

7-AGE, 88 yrs. 6 mos. 5 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Day Labor

9-BIRTHPLACE, (State or Country), Balto. City not.

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Isabelle Hawkins

(Address) ..... 1522 Riggs Ave.

15- FEB 10 1917 Filed ....., 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb. (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 3 — 1916, to Feb. 9 — 1917, that I saw h[illegible] alive on Feb. 6 — 1917, and that death occurred, on the date stated above, at 5:30 a m.

The CAUSE OF DEATH* was as follows:

..... Chronic Parenchymatous Nephritis

..... (Duration) about one yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... Chas. L. McCarthy ..... M. D.

Feb. 9, 1917. (Address) 906 N. Stricker St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Feb. 11, 1917
20-UNDERTAKER, John W. Boehm	ADDRESS 1700 Druid Hill Ave

N.B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2233

HEALTH DEPARTMENT—CITY OF BALTIMORE

151 ✓ D 2233

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 George ST.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant J Parent

(Residence in Baltimore: No. 705 George St.; ....yrs., ...mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Infant

6-DATE OF BIRTH, Feb (Month) 8 (Day), 1917 (Year)

7-AGE, ...yrs. ....mos. 1 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William Cooper

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Dorothy Cook

13-BIRTHPLACE OF MOTHER (State or Country), West Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dorothy Cooper

(Address) 705 George St.

15- FEB 10 1917 Filed....., 191.....

HARRY [illegible] ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 8 1917, to Feb 9 1917, that I saw her alive on Feb 9 1917, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Premature birth

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) H C Stewart M. D.

Feb 9, 1917 (Address) 1003 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	Feb 10, 1917
20-UNDERTAKER	ADDRESS
Geo H Hooper	698 Hollins Ave

IMPORTANT.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2234

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

D 2234

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2410 E. Oliver St. 8 WARD)

Registered No. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Flora A. Holler

(Residence in Baltimore: No. 2410 E. Oliver St.; 31 yrs. 7 mos. 4 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: July (Month) 3 (Day) 1885 (Year)

7-AGE: 31 yrs. 7 mos. 4 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): City

PARENTS

10-NAME OF FATHER: John Holler

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Amelia Silver

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Holler

(Address) 2410 E. Oliver St.

15- Filed FEB 10 1917

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 7 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 5, 1917, to, Feb 7 1917, that I saw h-- alive on Feb 7 1917, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs — mos. — ds.

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John S. Fraley M. D.

Feb 8, 1917. [Address] 1225 N. Carlton st.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore — DATE OF BURIAL: Feb 11 1917

20-UNDERTAKER: Ehrlich Herring — ADDRESS: 2016 Orleans St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2235

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2235

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE, No. 1603 FAITH LANE St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Citizen

(Residence in Baltimore: No. 1603 Faith Lane St.; 46 yrs., 8 mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, JUN (Month) (Day), 1871 (Year)

7-AGE, 46 yrs. 8 mos. da.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Maryland

PARENTS.

10-NAME OF FATHER: John Smith

11-BIRTHPLACE OF FATHER (State or Country): Not Known

12-MAIDEN NAME OF MOTHER: ~~Not Known~~ Sarah Smith

13-BIRTHPLACE OF MOTHER (State or Country): Annapolis Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Hurland Benjamin

(Address) 1603 Faith Lane Citizen

15-

Filed FEB 10 1917, 191 HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, FEB 7 (Month) (Day) 1917, 191 (Year)

17- I HEREBY CERTIFY, That I attended deceased from NOV 22 1916 191, to FEB 8 - 1917 191, that I saw h[illegible] alive on FEB 8 - 1917 191, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Acute Dilated Heart

(Duration) 1 yrs. X mos. X da.

CONTRIBUTORY (Secondary) Fat, Myocarditis

(Duration) 2 yrs. 3 mos. X da.

(Signed) Otto H Bunker M. D.

FEB 7, 191... (Address) 928 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetary

DATE OF BURIAL, Feb 8, 1917

20-UNDERTAKER Mrs N A Elliott

ADDRESS 506 East St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2236

HEALTH DEPARTMENT—CITY OF BALTIMORE

37 ✓ D 2236

CERTIFICATE OF DEATH.

1-PLACE OF DEATH: Mercy Hospital

CITY OF BALTIMORE: (No. 1714 Latrobe St.; WARD) 12

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Lucien Romeo Ridgely

(Residence in Baltimore: No. Mercy Hosp.; St.; — yrs., — mos. 17 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male.

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH, Jan 28, 1917 (Month) (Day) (Year)

7-AGE, ...yrs. ...mos. 12 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Frank Ridgely.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Matilda Bryant.

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Matilda Ridgely

(Address) 1714 Latrobe St

15- Filed FEB 10 1917, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 9, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 28 1917, to Feb 9 1917, that I saw him alive on Feb 9 1917, and that death occurred, on the date stated above, at 10P m.

The CAUSE OF DEATH* was as follows:

Cerebro spinal Syphilis

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Wm E Lucas M. D.

2/10/, 191.7 (Address) ...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 12 ds. In the State ...yrs. ...mos. 12 ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence 1714 Latrobe St

19-PLACE OF BURIAL OR REMOVAL, Albany New — DATE OF BURIAL, Feb 11, 191.7

20-UNDERTAKER H & E Elliott — ADDRESS 506 East St

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2237 92 D 2237

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Major Williams

(Residence in Baltimore: No. University Hospital St.; yrs. 2 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1867 (Year)

7-AGE,	If LESS than 1 day,
49 yrs. ~ mos. ~ ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fireman
(b) General nature of industry, business, or establishment in which employed (or employer): Steamboat trade

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Frank Williams

11-BIRTHPLACE OF FATHER (State or Country), Georgia

12-MAIDEN NAME OF MOTHER Matilda Shields

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed FEB 10 1917, 191.... HARRY C. ANDREWS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 6 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 14 1916, to Feb. 6 1917, that I saw h in alive on Feb. 6 1917, and that death occurred, on the date stated above, at 9 15 p. m.

The CAUSE OF DEATH* was as follows:

Hypostatic pulmonic congestion

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Labor Pneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) J. F. Cutter M. D.

Feb. 7, 1917. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 2 mos. 20 ds. In the State 17 yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 100 E. Broad St. Richmond, Va.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191... FEB 10 1917
20-UNDERTAKER Commissioner Health	ADDRESS

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Every item of information should be carefully supplied. AGE

356

Spec.—8-24-14—M. & T.—2000 Bks.

D 2238

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2238

CERTIFICATE OF DEATH.

91 C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 N. Parrish ST.; 19 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Lee

(Residence in Baltimore: No. 217 N. Parrish St.; 1 yrs., 2 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word) Baby

6-DATE OF BIRTH, Dec. 1 (Month) (Day), 1915 (Year)

7-AGE, 1 yrs. 2 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Wm F. Lee

11-BIRTHPLACE OF FATHER (State or Country). Rockville, Md.

12-MAIDEN NAME OF MOTHER Bessie Murray

13-BIRTHPLACE OF MOTHER (State or Country). Balto., Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Lee

(Address) 217 N. Parrish St.

15. FEB 10 1917 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 9 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 2 1917, to Feb 9 1917, that I saw him alive on Feb. 8 1917, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY. (Secondary) Teething & Malnutrition

(Duration) ....yrs. 6 mos. ....ds.

(Signed) W. H. Montague M. D.

Feb. 9, 1917. (Address) 303 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Feb. 11, 1917

20-UNDERTAKER Willet Brown — ADDRESS 306 N. Mount st.

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2239

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 843 Vine St.; 18 WARD)
REGISTERED No. C

2-FULL NAME Rebecca Simpson

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 843 Vine St.; 34 yrs. mos. ds.)

CAUSE OF DEATH in plain terms. PHYSICIANS should state AGE should be stated EXACTLY. Occupation must be carefully supplied. Avoid indefinite terms. Cause of death must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Fem	Blk	Mar

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE 34 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benj Simpson

(Address) 843 Vine St

15-
Filed FEB 10 1917, 191
HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 8, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1915, to Feb 8 1917, that I saw h alive on Feb 7 1917, and that death occurred, on the date stated above, at 2 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Respiratory Paralysis

(Duration) yrs. 2 mos. ds.

(Signed) J. P. Morrow M. D.

Feb 8, 1917 (Address) 733 N Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Feb. 12, 1917

20-UNDERTAKER Wilbert Brown — ADDRESS 3560 Mount St

2240 D 2240

HEALTH DEPARTMENT—CITY OF BALTIMORE

89 D 2240

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 111 Bruncent ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary L. Biddle

(Residence in Baltimore: No. 111 Bruncent St.: yrs., mos. 1½ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Dec 27, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James Biddle

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Gertrude Harris

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Biddle

(Address) 111 Bruncent St

15- HARRY C. ANDREWS

Filed FEB 10 1917 191 Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 9, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Congestion of Lungs

(Duration) ....yrs. one hour mos. ....ds.

CONTRIBUTORY (Secondary) Tubercular Bronchitis

(Duration) ....yrs. 5 mos. ....ds.

(Signed) James W. Fenlon M. D.
(Coroner.)

Feb 9, 1917 (Address) 111 E. Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Feb 11, 1917
20-UNDERTAKER	ADDRESS
Hilbert Brown	306 N. Mount St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 2241

HEALTH DEPARTMENT—CITY OF BALTIMORE

15 ✓

D 2241

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1139 Hollins ST.; 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George J. Young.

(Residence in Baltimore: No. 1139 Hollins St.; yrs., 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan 11, 1917 (Month) (Day) (Year)

7-AGE, yrs. 1 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Jacob Young.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Minnie Reum

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Young

(Address) 1139 Hollins St.

15- FEB 10 1917 Filed, 191 HARRY C. ANDREWS Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 8, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 27 1917 to Feb 8 1917, that I saw h[illegible] alive on Feb 7 1917, and that death occurred, on the date stated above, at 9p m.

The CAUSE OF DEATH* was as follows:

1.
a Atelectasis

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Marasmus

(Duration) yrs. mos. 20 ds.

(Signed) [illegible] M. D.

2/10, 191[illegible] (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, FEB 10 1917

20-UNDERTAKER John F Moran

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2242 x79 D 2242

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Halmeman Genl Hospital ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emory Jackson

(Residence in Baltimore: No. ~~Wilson Grove~~ Halmeman Hospital Catonsville St.; ..... yrs., 5 mos. ..... dys.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED.~~ (Write the word.) Married

6-DATE OF BIRTH, ... (Month) Feb (Day) 9 1874 (Year)

7-AGE, 42 yrs. ..... mos. ..... dys.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) ..... (Home)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Geo Jackson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Eva Myers

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Jackson

(Address) Catonsville Md

15- Filed FEB 10 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1917, to Feb 8 1917, that I saw him alive on Feb. 8-1145 1917, and that death occurred, on the date stated above, at 8.15 A.m.

The CAUSE OF DEATH* was as follows:

Organic heart disease

Asthenic Stenosis

(Duration) 6 yrs. ..... mos. ..... dys.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... dys.

(Signed) H M Stevenson per Dixie Lee Stevenson M. D.

Feb 9, 1917. (Address) 1.a2 Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. 1 mos. — dys. In the State 24 yrs. mos. dys.

Where was disease contracted, if not at place of death? —

Former or usual residence Wilson Grove Catonsville Md

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery — DATE OF BURIAL, Feb 11, 1917

20-UNDERTAKER Harry W Eblen — ADDRESS 1744 N Wolfe

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2283 — 281 — D 2283

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1529 E Baston ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME M. Gertrude Cavano

(Residence in Baltimore: No. 1529 E Baston St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Feb 28, 1888 (Month) (Day) (Year)

7-AGE, 28 yrs. 11 mos. 11 ds. — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, George E Cavano

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Annie H Griffin

13-BIRTHPLACE OF MOTHER (State or Country) Ellicott City Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Annie Cavano

(Address) 1529 E Baston St

15- Filed FEB 10 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 8, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 1 — 1916, to Feb. 4 — 1917, that I saw h er alive on Feb. 8 — 1917, and that death occurred, on the date stated above, at 5 7 m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

(Signed) Edwin B. Fenby M. D.

Feb 9, 1917. (Address) 1223 N. Caroline st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. — In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Feb 11, 1917.

20-UNDERTAKER E J Cunning — ADDRESS 1538 E Lafayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should state important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2241

CERTIFICATE OF DEATH.

28

D 2241

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 N. Patterson Park ave ST.; 6 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Vavrina

(Residence in Baltimore: No. 409 N. Patterson Park ave St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. June 17, 1883
(Month) (Day) (Year)

7-AGE, 34 yrs. 8 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Jos Vavrina

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Carolina Duchoslav

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Opocensky

(Address) 409 N Patterson Pk ave

15- Filed FEB 10 1917 191.. HARRY C. ANDREWS Registrar
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 8, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 1 1917, to Feb 8 1917, that I saw h alive on Feb 8 1917, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) — yrs. 8 mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. moc. ds.

(Signed) Emil Novak M. D.

2/9/17, 191.7. (Address) 26 S Prospect

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, National Bohemian Cemetery — DATE OF BURIAL, F. H., 191..

20-UNDERTAKER E. J. Fanning ADDRESS 1938 E Lafayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2245

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 167 D 2245

1-PLACE OF DEATH
(CITY OF BALTIMORE No. Johns Hopkins Hospital ST. 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Schuck

(Residence in Baltimore: No. ~~7 N East ave~~ Johns Hopkins Hospital St. mos. 2 / ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word.)
male	white	Baby

6-DATE OF BIRTH, Nov. 29 1912 (Month) (Day), 1 (Year)

7-AGE, 4 yrs. 2 mos. 11 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER. Henry Schuck

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER Bassie Schuele

13-BIRTHPLACE OF MOTHER (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bassie Schuck

(Address) 7 N East ave

15- FEB 10 1917 191 HARRY C. ANDELOT Burial Permit Officer. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 8 1917 (Month) (Day), 191 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Accidental Burns

(Duration) yrs. mos. ds.

(Signed) (Coroner.) M. D.

Feb 8, 1917. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 7 N. East ave

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart Cem. DATE OF BURIAL, Feb. 10th, 1917.

20-UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Wolfe St.

Spec.—8-24-14—M. & T.—2000 Blks.

D 2246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50

D 2246

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 758 Resevoir St., ST.; 13 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie L Rosenberg,

(Residence in Baltimore: No. 758 Resivoir St., St.; lifetime, yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Widow

6-DATE OF BIRTH, Jan. (Month) 19th. (Day) 1854 (Year)

7-AGE,	If LESS than 1 day,
63 yrs. mos. 21 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md.,

PARENTS.

10-NAME OF FATHER, Abraham Lowenthal

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Mary ----

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A.Rosenebrg,

(Address) Eutaw Place & Wilson St.

15- FEB 10 1917 EARLY C. ANDREWS
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 9 (Month) (Day), 191 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 30 191 6, to Feb. 9 191 7, that I saw h or alive on Feb. 9 191 7, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(Duration) 3 yrs. mos. ds.

(Signed) Emanuel Israel M. D.

....., 191... (Address) 815 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship

DATE OF BURIAL, Feb. 11, 191...

20-UNDERTAKER David Sondheim

ADDRESS Norwood

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state

Spec.—8-24-14—M. & T.—2000 Bks.

D 2247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 D 2247

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 32 Wheeler Avenue 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ITHAD ONLY REACHED END OF FIFTH MONTH OF GESTATION LIVED THREE MINUTES ONLY.

(Residence in Baltimore: No. 32 Wheeler Avenue

~~St.~~; 10 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) IMMATURE INFANT

6-DATE OF BIRTH, February 9, 1917.
(Month) (Day) (Year)

7-AGE, ~ yrs. ~ mos. ~ da. If LESS than 1 day, THREE MINUTES ONLY. hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ~
(b) General nature of industry, business, or establishment in which employed (or employer) ~

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Frank Macroni

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Ida Nobile

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sylvia Cole

(Address) 36 wheeler ave

15-

Filed FEB 10 1917 HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 9th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....191...., to ....191....,
that I saw h... alive on ....191....,
and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

IT WAS AN IMMATURE INFANT.
HAD ONLY REACHED THE END OF THE FIFTH MONTH OF GESTATION.
IT LIVED THREE MINUTES ONLY

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) D.W. Cathell, M. D.

Feby 9, 1917. (Address) Emerson Hotel.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL. St Peters Cemetery

DATE OF BURIAL. Feby 10., 1917

20-UNDERTAKER Geo A Gerber

ADDRESS Baltimore

SEE REMARKS ON OTHER SIDE.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 2218

HEALTH DEPARTMENT—CITY OF BALTIMORE

8

D 2218

CERTIFICATE OF DEATH.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 262 S. Duncan ST.; 1 WARD)

REGISTERED NO. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME George Jones

(Residence in Baltimore: No. 262 S. Duncan St.: ...yrs. 22 mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX, Male

4—COLOR OR RACE, Colored

5—SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6—DATE OF BIRTH, Unknown, 191[illegible]
(Month) (Day) (Year)

7—AGE, ...22... mos. ...ds.

If LESS than 1 day, ...hrs. or ...min.!

8—OCCUPATION:
(a) Trade, profession, or particular kind of work ...None...
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9—BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10—NAME OF FATHER, George Jones

11—BIRTHPLACE OF FATHER (State or Country), Va

12—MAIDEN NAME OF MOTHER Mary Snoden

13—BIRTHPLACE OF MOTHER (State or Country), Va

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Jones

(Address) 262 Duncan st

15— FEB 10 1917 Filed ..... 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, Feb. 9, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 28 1917, to Feb 9 1917, that I saw h[illegible] alive on Feb 8 1917, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Cutaneo Colitis

(Duration) ...yrs. 1½ mos. ...ds.

CONTRIBUTORY (Secondary) Whooping Cough

(Duration) ...yrs. 2 mos. ...ds.

(Signed) Geo. Heller M. D.

Feb 9, 1917 (Address) 1937 Gough St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19—PLACE OF BURIAL OR REMOVAL, Laurel Cem

DATE OF BURIAL, Feb. 11, 1917

20—UNDERTAKER John W Henderson

ADDRESS 917 Caroline

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2249

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2249

CERTIFICATE OF DEATH.

92

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Thomas

(Residence in Baltimore: No. Madison & Hoffman St ST.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, ... (Month) Aug 20 (Day), 1863 (Year)

7-AGE, 53 yrs. 6 mos. 19 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Dond Dickerson

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Susan Mason

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Record

(Address) .....

15- FEB 10 1917 Filed ....., 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1917, to Feb 8 1917, that I saw h[er] alive on Feb 8 1917, and that death occurred, on the date stated above, at 6.30 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 14 ds.

CONTRIBUTORY (Secondary) ..... (Duration) 1 yrs. ... mos. ... ds.

(Signed) Howard Mays M. D.

2/8, 191.7 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 18 ds. In the State 5 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Madison & Hoffman St

Former or usual residence with Mrs Riggins.

19-PLACE OF BURIAL, OR REMOVAL, Newborn N C — DATE OF BURIAL, Feb 11 191...

20-UNDERTAKER Cook Talley Sellers — ADDRESS 7 Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2250

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2250

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 W. 29. St. St.; W. WARD)

REGISTERED No. C 29

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James LeRoy Sunderland.

(Residence in Baltimore: No. 410. W. 29. St. St.; 18 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Sept. 11, 1898.
(Month) (Day) (Year)

7-AGE, 18 yrs. 4 mos. 29 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Samuel Sunderland

11-BIRTHPLACE OF FATHER (State or Country) Virginia

12-MAIDEN NAME OF MOTHER, Martha E. Heartland

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Sunderland

(Address) 410 W. 29 st

15- FEB 10 1917 Filed, 191. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 8, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 18 1916, to Feb 8 1917, that I saw h[illegible] alive on Feb 7 th 1917, and that death occurred, on the date stated above, at 8.55 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Duodenal Ulcer. Toxemia
Mitral and Aortic Incompetency
(Duration) yrs. 11 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Embolism
(Duration) yrs. 1 mos. ds.

(Signed) R. G. Townsend M. D.

Feb 8, 1917. (Address) 2247 Eastland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, Feb. 11, 191.

20-UNDERTAKER Ellsworth & Son ADDRESS 357 Eastland Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 2251

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2251

CERTIFICATE OF DEATH.

REGISTERED No. C 81

1-PLACE OF DEATH Little Sisters of the Poor

CITY OF BALTIMORE: (No. 10 ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Donnelly

(Residence in Baltimore: No. ..... St.; 60 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Wid

6-DATE OF BIRTH, March 17 (Month) (Day), 1842 (Year)

7-AGE, 74 yrs. 10 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, William Walsh

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Mary Emberry

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- Filed FEB 10 1917 [illegible] Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 9th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from No record, 191..., to ..... 191...,
that I saw her alive on Feby 8 191...,
and that death occurred, on the date stated above, at 12 25 a. m.
The CAUSE OF DEATH* was as follows:

Senile dementia

Unknown (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Arteria sclerosis

(Duration) ... yrs. ... mos. ... ds.

(Signed) P. A. Finney M. D.

Feb 10, 1917. (Address) 1133 Valley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death 2 yrs. ... mos. ... ds. In the State 60 yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death? Little Sisters of the Poor
Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL, St. Marys (Govans) Cemetery — DATE OF BURIAL, Feb. 12, 1917.

20-UNDERTAKER H. C. Wedefeld — ADDRESS 914 Hanover St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1055

D 2252

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1308 Orleans ST.; 5 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. Rubl

(Residence in Baltimore: No. 1308 Orleans St.; Lived ... yrs. ... mos. ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Sept. (Month) 17th (Day), 1891 (Year)

7-AGE, 25 yrs. 4 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Pattern Maker
(b) General nature of industry, business, or establishment in which employed (or employer), Lator Valve Co.

9-BIRTHPLACE, (State or Country), Italy.

PARENTS.

10-NAME OF FATHER, Henry Rubl.

11-BIRTHPLACE OF FATHER (State or Country), Italy.

12-MAIDEN NAME OF MOTHER Emma Bachan

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Madalyn Rubl

(Address) 1308 Orleans St

15- FEB 11 1917 HARRY [illegible]

Filed....., 191.... Burial Permit Issued

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 9th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 5 1917, to Feb 9 1917, that I saw h[illegible] alive on Feb 9 1917, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Tetanus (Traumatic)

(Duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(Duration) ... yrs. ... mos. 2 ds.

(Signed) W. L. Gibson M. D.

Feb 12, 1917 (Address) 6720 Bonaparte

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore County — DATE OF BURIAL, Feb 14th, 1917

20-UNDERTAKER Geo M Kinsell — ADDRESS 811 N Monroe St

Spec.—8-24-14—M. & T.—2000 Bks.

D 2253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 2253

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John H K Shaw ST.; WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME 2623 E Madison St

(Residence in Baltimore: No. 2623 E Madison St. St.; 24 yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Oct. (Month) 8 (Day) 1882 (Year)

7-AGE,	If LESS than 1 day,
34 yrs. 3 mos. 30 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Gen Worker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John H. K Shaw

11-BIRTHPLACE OF FATHER (State or Country), Harford Co

12-MAIDEN NAME OF MOTHER Alice P. Shaw

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H. K Shaw

(Address) 2623 E Madison St

15-

Filed FEB 11 1917, 191.....

Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 7 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 6 191 7, to Feb 7 191 7 that I saw him alive on Feb 7 191 7 and that death occurred, on the date stated above, at 1145 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) yrs. mos. ds.

(Signed) Jno J Rennert M.D.

Feb 9, 1917 (Address) 1201 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cem	Feb 11, 1917
20-UNDERTAKER Geo M Kinsley	ADDRESS 611 Park Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 2251

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2251

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hosp. ST.) 4 WARD) 120

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John McDaniel

(Residence in Baltimore: No. 681 Josephine St St.: —yrs., —mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-Single, MARRIED, WIDOWED, or DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1860 (Month) (Day)

7-AGE, 57 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Day

9-BIRTHPLACE, (State or Country), W. Va

PARENTS.

10-NAME OF FATHER, Thomas McDaniel

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Gray

13-BIRTHPLACE OF MOTHER (State or Country) Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary McDaniel

(Address) 681 Josephine St.

15- FEB 11 1917 ALBERT S. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 8, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1, 1917, to Feb 8, 1917, that I saw h my alive on Feb 8 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Chronic Tuberculosis
Pulmonary & Marked
Myocardetis

(Duration) .....yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

(Duration) .....yrs. ..... mos. 1 ds.

(Signed) Elmer Heintzman M. D.

2-8, 191 7 (Address) 2nd Lombard St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. 7 ds. In the State —yrs. —mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 681 Josephine St

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem

DATE OF BURIAL, Feb 11, 191 7

20-UNDERTAKER Samuel S. Hindley & Son

ADDRESS 2300 Pa Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 2255

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2255

CERTIFICATE OF DEATH.

154

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 18-E 24 ST.; 12 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan I Worthington

(Residence in Baltimore: No. 18 E. 24th St.; 79 yrs., 2 mos. 2 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Dec (Month) 8 (Day), 1837 (Year)

7-AGE,	If LESS than 1 day,
79 yrs. 2 mos. 2 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm. F. Worthington

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Susanna Martin

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. F. Brundige

(Address) 12-E. Lexington St.

15-

Filed FEB 11 1917, 191.... HARRY C. ABELSON, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 1 1917, to Feby 10 1917, that I saw her alive on Feby 9 1917, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Infirmities of age

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) Heart weakness

(Duration) ....yrs. ....mos. 11 ds.

(Signed) C. H. Duncan M. D.

Feby 10, 191.7. (Address) Govans, Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

	yrs.	mos.	ds.		yrs.	mos.	ds.
At place of death	—	—	—	In the State	—	—	—

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Paul's P. E. Cemetery	Feby 12, 191.7
20-UNDERTAKER	ADDRESS
Stewart & Bowen Co	108 W. North

D 2256

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 2256

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1015 Hanover St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond Carrick

(Residence in Baltimore: No. 1015 Hanover St St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH: Mar (Month) 31 (Day) 1914 (Year)

7-AGE: 2 yrs. 10 mos. 10 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Jas Hugh Carrick

11-BIRTHPLACE OF FATHER (State or country): Hartford Co Md

12-MAIDEN NAME OF MOTHER: Elsie M Adams

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jas Hugh Carrick

(Address) 1015 Hanover St

15- FEB 11 1917 Filed ....., 191 HARRY [illegible] Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 9, 1917, to, Feb 10 1917, that I saw h[illegible] alive on Feb 10 1917, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Diphtheria
(Laryngeal)

(Duration) yrs mos 6 ds.

Contributory (SECONDARY)

(Duration) 0 yrs 6 mos 6 ds.

(Signed) [illegible] M. D.

Feb 10 1917 [Address] 300 Hastings

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Co. DATE OF BURIAL: Feb [illegible], 1917

20-UNDERTAKER: Jno J Fahey & Son ADDRESS: 531 E Eight St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2257 D 2257

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 E. Preston ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Loretta Campbell

(Residence in Baltimore: No. 1010 E. Preston St ST.; Lifetime yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ (Write the word.) married

6-DATE OF BIRTH, Dec 24th 1871 (Month) 1 (Day) (Year)

7-AGE, 45 yrs. 1 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, James Kelly

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine Broderick

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Peter J. Campbell

(Address) 1010 E. Preston St

15- FEB 11 1917 HARRY [illegible]

Filed....., 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 9, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from January 6 191, to February 9 1917, that I saw her alive on Feby 8 1917, and that death occurred, on the date stated above, at 2 p m.

The CAUSE OF DEATH* was as follows:

Recurrent Carcinoma

Uterus (Clinical)

(Duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) F. J. Rusty M. D.

Feby 9, 191 7 (Address) 1106 Park ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St Mary's Cem Govans | DATE OF BURIAL, Feb 12, 191 7

20-UNDERTAKER Chas. W. Evans & Son | ADDRESS 1810 N. Royal Ave

D 2258

HEALTH DEPARTMENT—CITY OF BALTIMORE

Hahnemann Hospital

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Martin B. Shaell ST.) 16 (WARD)

REGISTERED No. C 159

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mathew B. Shaell

(Residence in Baltimore: No. 1521 W. Lanvale St.) (7 yrs., — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, March, 1850
(Month) (Day) (Year)

7-AGE, 67 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS:

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Shaell Hutchings

(Address) Fremont & Wood

15- FEB 11 1917

Filed....., 191.... HARRY O. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 10, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cor. Short Interval
Mitral Insufficiency
(Duration) 6 hrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis
(Duration) 2 years mos. ds.

(Signed) Wilbur T. Ellis M. D.
(Coroner)
Feb 11, 1917 (Address) 819 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State 2 yrs. mos. ds.

Where was disease contracted, if not at place of death? 1521 W Lanvale St

Former or usual residence 1521 W Lanvale St

19-PLACE OF BURIAL OR REMOVAL, Frederick Md. DATE OF BURIAL, Feb 11, 1917

20-UNDERTAKER Stewart & Co. ADDRESS 1080 N. Howard Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 2259

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2259

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 E Randall St.; 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and all out No. 18.)

2-FULL NAME Edward W Hines

(Residence in Baltimore: No. 123 E. Randall St.: 10 yrs. — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, May (Month) 10 (Day) 1906 (Year)

7-AGE.	If LESS than 1 day,
14 yrs. 8 mos. 29 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Upschival
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), W Va

PARENTS.

10-NAME OF FATHER, Edwin A Hines

11-BIRTHPLACE OF FATHER (State or Country), W Va

12-MAIDEN NAME OF MOTHER Fannie B Caskey

13-BIRTHPLACE OF MOTHER (State or Country), W Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edw A Hines

(Address) 123 E Randall

15- Filed FEB 11 1917, 191.. Burial Permit Clark.. Registrar.

HARRY C. ARCHER

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 9 (Day), 191.. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 31 191 7, to Feb 9 191 7, that I saw h in alive on Feb 9 191 7, and that death occurred, on the date stated above, at 4 5 m.

The CAUSE OF DEATH* was as follows:

Dorsal Potts and

Pulmonary tuberculosis

(Duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(Duration) yrs. mos. 10 ds.

(Signed) Wm E Stifler M. D.

2/10, 191.7. (Address) 1319 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem	2/12..., 191.7
20-UNDERTAKER	ADDRESS
J. Frew McCully	130 E Fort

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

TYPE • A • F • E • T

D 2260 D 2260 D 2260

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED NO. 45 D 2260

CITY OF BALTIMORE: (No. 2317 Harford Ave St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Celestia A. Kirby

(Residence in Baltimore: No. 2317 Harford ave St.; 64 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: January (Month) 14 (Day), 1837 (Year)

7-AGE: 80 yrs. 1 mos. 26 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Prince George Co. Md

PARENTS

10-NAME OF FATHER: Not Known

11-BIRTHPLACE OF FATHER (State or country): Not Known

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Wm. L. Kaase

(Address) 2317 Harford Ave

15- FEB 11 1917 HARRY C. ANDREWS Burial Permit Clerk

Rec'd 191 REGISTRAR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10, 1916, to, Feb 5 1917, that I saw h[illegible] alive on Feb 5 1917, and that death occurred, on the date stated above, at 12 Y5 m.

The CAUSE OF DEATH* was as follows:

Sarcoma of thigh
(Microscopic)

(Duration) 1 yrs 3 mos. ds.

Contributory (SECONDARY) General Sarcomatosis - Hypostatic Pneumonia

(Duration) yrs mos. 5 ds.

(Signed) Grover Duley M. D.

Feb 10, 1917 [Address] 1707 London ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Feb 12 1917

20-UNDERTAKER: Henry Horck Sons

ADDRESS: 1301 E Eager St

KODAK

Spec.—5-15-17—M. & T.—500 Bks.

D 2261

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 D 2261

D 2261

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 2744 Harlem Ave 16 ST.; WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter R. Gardner Jr

(Residence in Baltimore: No. 2744 Harlem Ave St.; 1 yrs., 8 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May 18, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 8 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Walter R. Gardner Sr.

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mamie Kain

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Gardner

(Address) 2744 Harlem Ave

15-

Filed FEB 11 1917, 191.... HARRY C. ANDREWS
Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

10-DATE OF DEATH, Feb 9, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 2 1917, to Feb 9 1917, that I saw h[illegible] alive on Feb 9 1917, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia
(Link to Grippe)

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. 1 ds.

(Signed) R. L. Campbell M. D.

Jan 11 1917 (Address) 1647 Harlem Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Pk Cem

DATE OF BURIAL, Feb 11, 1917

20-UNDERTAKER J. Fenwick McCully

ADDRESS 130 E. Fort Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 2262 D 2262 D 2262 D 2262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 18 ✓

1-PLACE OF DEATH

REGISTERED NO. C 2262

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J Woodford

(Residence in Baltimore: No. University Hospital St.; ..... yrs., ... mos. 17 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Nov 17, 1896
(Month) (Day) (Year)

7-AGE, 20 yrs. 7 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.†

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Stenographer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wm. J. Woodford

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Ida a Cole

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. J. Woodford

(Address) Centreville Md.

15- Filed FEB 11 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 11th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 5th 1917, to Feb 11 1917, that I saw him alive on Feb 11th 1917, and that death occurred, on the date stated above, at 7:45 A m.

The CAUSE OF DEATH* was as follows:

Empyema

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Ed Emerson M. D.

2/11, 1917 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 17 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Centreville, Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Centreville Md	Feb 11, 191...
20-UNDERTAKER Chas D Cook	ADDRESS 1003 W Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2263

CERTIFICATE OF DEATH.

92 D 2263

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hosp ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME F. Fletcher Parker

(Residence in Baltimore: No. 817 Ashland Ave St.; 1 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan 1893
(Month) (Day) (Year)

7-AGE, 24 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. R. Williamson

(Address) Hampton Va

15- FEB 11 1917

Filed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 7, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 29 1917, to Feb 7 1917, that I saw h.. alive on Feb 6 1917, and that death occurred, on the date stated above, at 5.00 A m.

The CAUSE OF DEATH* was as follows:

Tubercular Pneumonia

(Duration) ... yrs. ... mos. 8 ds.

CONTRIBUTORY (Secondary) Contributory Debilitation

(Duration) ... yrs. 1 mos. 1 ds.

(Signed) William F. O'Neill M. D.

Feby 7, 1917. (Address) St Josephs Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 7 ds. In the State 1 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 817 Ashland Ave

19-PLACE OF BURIAL OR REMOVAL, Norfolk Va

DATE OF BURIAL, Feb 11, 191..

20-UNDERTAKER John M. Teagle

ADDRESS 142 Wilson St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2264 64 D 2264

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. #6 S. Castle ST.; V WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Dobernick

(Residence in Baltimore: No. 6 S. Castle St.; 65 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, March 20th, 1830 (Month) (Day) (Year)

7-AGE, 86 yrs. 10 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or estshlishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William J. Schadricks

(Address) 6 S. Castle St.

15- FEB 11 1917 EARLY C. ADKINS Registrar.

Filed....., 191.... Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 9, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 8, 1917, to February 9 1917, that I saw h[illegible] alive on February 8 1917, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Paralysis

(Duration) ....yrs. ....mos. 1 ds.

(Signed) G. G. Rusk M. D.

Feb 9, 1917. (Address) 2 and E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, Feb. 12th, 1917.

20-UNDERTAKER Lilly & Zeller ADDRESS 403 S. Mosher

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

80 ✓ D 2265

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 S. Eastle ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabette Schadrick

(Residence in Baltimore: No. 6 S. Eastle St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Oct 5 (Month) (Day), 1871 (Year)

7-AGE,	If LESS than 1 day,
45 yrs. 4 mos. 3 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework at home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John G. Doberneck

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Schickert

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William J. Schadrick

(Address) 6 S. Eastle St

15- FEB 11 1917

Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 8, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 20 1916, to Feb 8 1917, that I saw h[illegible] alive on Feb 5 1917, and that death occurred, on the date stated above, at 10:45 a. m.

The CAUSE OF DEATH* was as follows:

Uremia Nephritis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

(Signed) C. C. Lewis M. D.

2/9/17, 191... (Address) 1437 N. Fremont

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Redeemer Cem	Feb. 12, 1917
20-UNDERTAKER	ADDRESS
Lilly & Zeiler	403 S. Mosher

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2266

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 ✓

D 2266

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1907 Jefferson ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Hoyt

(Residence in Baltimore: No. 1907 Jefferson St.; 50 yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH Unknown 1851.
(Month) (Day) (Year)

7-AGE 65 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework.
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE (State or country) Ireland.

PARENTS

10-NAME OF FATHER: Joseph Keene

11-BIRTHPLACE OF FATHER (State or country): Ireland.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Molly Hoyt.

(Address) 711 E. Fayette St.

15- FEB 11 1917 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb 8th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 6, 1917, to, Feb 8, 1917, that I saw h.. alive on Feb 8 1917, and that death occurred, on the date stated above, at 830 m.

The CAUSE OF DEATH* was as follows:

Diabetic Coma
Contributory

(Duration) yrs 1 mos. 2 ds.

Contributory (SECONDARY) Diabetis

(Duration) 2 yrs. mos. ds.

(Signed), Chas B. Fenton M. D.

Feb 8, 1917 [Address] 830 N Broadway

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Cross Cemetery	Feb 12 1917

20-UNDERTAKER	ADDRESS
Lilly & Zeiler	4038 Woyt St

Spec.—8-24-14—M. & T.—2000 Blks.

D 2267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 2267

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 S Monroe ST.; 19 WARD)

REGISTERED No. C

2-FULL NAME Margaret Towe

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 409 S Monroe St.; 65 yrs., mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	white	widowed

6-DATE OF BIRTH, February 5th, 1852.
(Month) (Day) (Year)

7-AGE, 65 yrs. mos. 4 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): work at home

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, John Towe

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Cora Towe

(Address) 409 S Monroe St.

15- Filed FEB 11 1917 191... HARRY O. ANDERSON Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 9, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1916, to Feb 9 1917, that I saw h[illegible] alive on Feb 8 1917, and that death occurred, on the date stated above, at 7A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. 10 ds.

(Signed) E. Vandeleur M. D.

2/9/17; 191... (Address) 244 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cem, DATE OF BURIAL, Feb 13, 191 7

20-UNDERTAKER John J Cowan ADDRESS 849 a Holliday

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 2268

CERTIFICATE OF DEATH.

47 D 2268

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 225 Jasper ST.; 4 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond E. Williams

(Residence in Baltimore: No. 225 Jasper St.; 72 yrs., 4 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, Oct. 8, 1894 (Month) (Day) (Year)

7-AGE, 72 yrs. 4 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): Hotel Custom Parlor

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Charles Williams

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Annie Robinson

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Williams

(Address) 225 Jasper St

15-

Filed FEB 11 1917, 191... HARRY [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 10th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 2 1917, to July 10th 1917, that I saw h... alive on July 9th 1917, and that death occurred, on the date stated above, at 2.40 p.m.

The CAUSE OF DEATH* was as follows:

.....

.....

1. Acute Endocarditis (Duration) ...yrs. 3 mos. ...ds.

CONTRIBUTORY (Secondary) Heart Disease

Several years ago (Duration) ...yrs. ...mos. ...ds.

(Signed) Edward [illegible] M. D.

July 12, 191... (Address) 1332 N. Howard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Auburn	July 12 1917
20-UNDERTAKER	ADDRESS
John F. Kenney Son	901 Hollins St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2269

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2269

REGISTERED NO. C

PLACE OF DEATH

CITY OF BALTIMORE (No. 1332 Aisquith ST. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Carville Bamberger

(Residence in Baltimore: No. 1332 Aisquith St.; yrs., — mos. 11 ds.) 30

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word)
Male	White	Single

6-DATE OF BIRTH, January 29, 1887 (Month) (Day) (Year)

7-AGE, 30 yrs. — mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Bank Clerk

9-BIRTHPLACE, (State or Country), Baltimore - Md.

PARENTS.

10-NAME OF FATHER, Robert J. Bamberger

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER Christena Smith

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Robert Bamberger

(Address) 1332 Aisquith st

15-

Filed FEB 11 1917 19.. HARRY C. [illegible] Burial Permit Clerk
Registrar.

1938 E Balto Sunday

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 10 1917, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuburculosis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Mont Stacy (Coroner.) M. D.

Feb 10, 1917 (Address) 1 E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park.	Feb 13..., 1917.
20-UNDERTAKER William Cook	ADDRESS 503 E North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2270

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2270

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2533 Emerson ST.; 20 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna I Jessop

(Residence in Baltimore: No. 2533 Emerson St.; 47 yrs., ... mos. ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, ... (Month) Jan. ... (Day) 30 ..., (Year) 1865

7-AGE, 51 yrs. 4 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... at home
(b) General nature of industry, business, or establishment in which employed (or employer) ... House Wife

9-BIRTHPLACE, (State or Country) Washington D. C.

PARENTS.

10-NAME OF FATHER, Samuel T. Taylor

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER L. Reed.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hazel Lonigan

(Address) 2533 Emerson st. Balto.

15-

Filed FEB 11 1917 191...

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Feb. ... (Day) 11 ..., (Year) 1917

17-I HEREBY CERTIFY, That I attended deceased from Feb. 2 191 7, to Feb. 10 191 7, that I saw h[illegible] alive on Feb. 10 191 7, and that death occurred, on the date stated above, at 1[illegible] m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D.

Feb. 11, 191 7 (Address) 822 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Western

DATE OF BURIAL, Feb 14 ..., 1917

20-UNDERTAKER William Cook

ADDRESS 502 E North

HARRY [illegible]
Burial Permit Clerk

D 2271

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2271

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1019 Washington st St. 9 Ward) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mrs. Elizabeth [illegible] Moran

(Residence in Baltimore: No. 1515 Aisquith s St.; yrs., 10 mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
female	white	Widow

6-DATE OF BIRTH, June 20 1854, 1 (Month) (Day) (Year)

7-AGE, 62 yrs. 7 mos. 19 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Irene Larkin

(Address) 1019 N. Washington

15- Filed FEB 11 1917 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 9 (Day) 1917, 191 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. Luckey M. D. (Coroner.)

Feb 9 1917 (Address) N. E. Dist.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Feb 12, 19 17
20-UNDERTAKER Wm. Cook	ADDRESS 5076 North Ave

Spec.—5-19-13—M. & T.—500 Bks.

D 22772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 ✓ D 22772

8

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew aged Home ST.; 5 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Wolf

(Residence in Baltimore: No. 115 aisquith st St.; 10 yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH Unknown (Month) (Day) 1841 (Year)

7-AGE, 76 yrs. — mos. — ds.

If LESS than 1 day. ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ?
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E Balt st

15- Filed FEB 11 1917, 191.... HARRY C. ANDREWS Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 9th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 7 1917, to Feb. 9 1917, that I saw him alive on Feb. 9 1917, and that death occurred, on the date stated above, at 11 30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) 2 yrs. mos. ds.

(Signed) W. J. Baylis M. D.

Feb 9, 191 7 (Address) 712 Aisquith

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 4 yrs. mos. ds. In the State 10 yrs. mos. ds.

Where was disease contracted, if not at place of death? P

Former or usual residence Hebrew aged Home

19-PLACE OF BURIAL OR REMOVAL Hebrew Washington Co. DATE OF BURIAL, 2/11, 1917

20-UNDERTAKER Jack Lewis ADDRESS 1411 E Balt

Spec.—8-24-14—M. & T.—2000 Bks.

D 2273 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 2273

43

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1940 Mosher ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Leaving Keen

(Residence in Baltimore: No. 1940 Mosher St.; 65 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, May 29, 1836
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
70 yrs. 10 mos. 17 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country) Carroll Co Md

PARENTS.
10-NAME OF FATHER, Enoch D. Levering
11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md
12-MAIDEN NAME OF MOTHER Elza Aiken
13-BIRTHPLACE OF MOTHER (State or Country) Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Helen E Keen
(Address) 1940 Mosher St

15- FEB 11 1917 MARY C. AUBREY
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 9th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1916, to Feb 7 1917, that I saw h[illegible] alive on Feb 8 1917, and that death occurred, on the date stated above, at 11 45 a. m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Left Breast
(Duration) 7 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Senility
(Duration) ... yrs. ... mos. ... ds.

(Signed) [illegible] M. D.
(Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters — DATE OF BURIAL, 2/13, 1917

20-UNDERTAKER Hull Cook — ADDRESS 502 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2271

129 D 2271

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 28 St Josephs Hospital St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augusta Hicks

(Residence in Baltimore: No. 533 Fremont Ave St.; 31 yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov. (Month) ..... (Day), 1875 (Year)

7-AGE, 41 yrs. 2 mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Daniel A. Chaney

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Eliza J. Yates

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Hicks

(Address) 533 N. Fremont Av.

15-

Filed FEB 11 1917, 191.... EARLY U. ARMIGER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 8 191 7, to Feb 8 191 7, that I saw her alive on Feb 8 191 7, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Hemorrhage

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Adenoma Fibroid Uterus

(Duration) — yrs. — mos. — ds.

(Signed) Ernest A. Gittings M. D.

Feb 9, 191 7. (Address) 28 St Josephs Hosp

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State 41 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 533 N Fremont Ave

Former or usual residence 533 N Fremont Ave

19-PLACE OF BURIAL OR REMOVAL, St. Johns Cemetery Roxbury — DATE OF BURIAL, Feb 12, 191 7.

20-UNDERTAKER George H. Holland — ADDRESS 577 Robert St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2275

CERTIFICATE OF DEATH.

15 D 2275

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 Dolphin ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Harold.

(Residence in Baltimore: No. 126 Dolphin St.; ..... yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female.

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Sgle.

6-DATE OF BIRTH, Feb 10, 1917
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 2 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Dennis Harold.

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Lenora Hamburg.

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lenora Harold

(Address) 126 Dolphin St

15-

Filed Feb 11 1917 191.....

Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 10, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10 191 7, to Feb 10 191 7, that I saw h[illegible] alive on Feb 10 191 7, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Mrs. B. Heloprs M. D.

Feb 10, 1917 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. In the city ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? [illegible]

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St John's Cem Kenton Md. DATE OF BURIAL, Feb 11, 1917

20-UNDERTAKER George H. Holland ADDRESS 617 Biddle St

Spec.—8-24-14—M. & T.—2000 Blks.

D 2276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 100 D 2276

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Rush Streett

(Residence in Baltimore: No. Farmington Ave. St.; ... yrs., ... mos. 7 da.)

CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH April 28, 1878
(Month) (Day) (Year)

7-AGE. 38 yrs. 9 mos. 12 ds. If LESS than 1 day, ... hrs. or ... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Farmington, Kenford Co, Md.

PARENTS.

10-NAME OF FATHER, Charles H. Streett

11-BIRTHPLACE OF FATHER (State or Country) Farmington, Kenford Co, Md.

12-MAIDEN NAME OF MOTHER Mary Susan Hutchens

13-BIRTHPLACE OF MOTHER (State or Country) Kenford Co, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. M. Warfield

(Address) Monkton Md

15- Filed FEB 11 1917, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 10, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 3 1917, to Feb 10 1917, that I saw h[e] alive on Feb 10 1917, and that death occurred, on the date stated above, at 11.50 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Septic Throat - Abscess

(Duration) ... yrs. ... mos. 10 ds.

(Signed) Emma E. Cassard M. D.

Feb 10, 1917. (Address) Emerg Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. 7 ds. In the State 40 yrs. ... mos. ... ds.

Where was disease contracted if not at place of death? Farmington Harford Co Md

Former or usual residence Same

19-PLACE OF BURIAL OR REMOVAL, St James P.E. Cemetery Butler Co, Md. DATE OF BURIAL, 2.13.17, 191...

20-UNDERTAKER Henry W. Maus Son ADDRESS 805 N Calvert St

D 2277

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2277

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital ST.: 18 WARD) 175

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emanuel Sylvanus

(Residence in Baltimore: No. 853 W Lexington St.; yrs. 60 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Wd

6-DATE OF BIRTH, Nov. 11, 1825
(Month) (Day) (Year)

7-AGE, 81 yrs. 2 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Portugal.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Sylvanus

(Address) 853 W. Lexington St

15- Filed FEB 14 1917 191.....

KIRBY T. ANGELL
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 8, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

From Shock caused by being hit by a wagon, (accident)

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Robt. L. Druecker (Coroner) M. D.

Feby 9, 1917 (Address) 312 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place University Hospital In the of death.....yrs.....mos. 2 ds. State 60 yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 853 W. Lexington St

19-PLACE OF BURIAL OR REMOVAL, St Peters Cem

DATE OF BURIAL, Feb 12, 1917

20-UNDERTAKER Joseph B Cook

ADDRESS 1002 W Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2278 — 1 170 D 2278

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Harry J. Horner

(Residence in Baltimore: No. Johns Hopkins Hospital St.; 1 yrs. 3 mos. 22 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, January 27, 1870 (Month) (Day) (Year)

7-AGE, 47 yrs. mos. 13 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Barber
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, John Horner

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Jane Scilton

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- FEB 11 1917 Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 9, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 14 1916, to February 9 1917, that I saw h[illegible] alive on February 9 1917, and that death occurred, on the date stated above, at 7 30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

aortic Insufficiency

..... (Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Pyelitis

..... (Duration) yrs. 1 mos. 15 ds.

(Signed) W. B. Wastin M. D.

Feb. 9, 1917. (Address) 1st Hosp. East end

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 3 mos. 22 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 3417 Lawerton Ave

19-PLACE OF BURIAL OR REMOVAL, County Com — DATE OF BURIAL, Feb 12, 1913.

20-UNDERTAKER John Horner & Co — ADDRESS 2008 Mad

D 2279

HEALTH DEPARTMENT—CITY OF BALTIMORE

151

D 2279

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 106 W. 24th St. ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia E. Stansbury

(Residence in Baltimore: No. 106 W. 24th St St.; yrs., mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word)
Female	White	Single

6-DATE OF BIRTH, Jan (Month) 22, (Day) 1917 (Year)

7-AGE, ...yrs. ....mos. 19 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER. Geo W. C. Stansbury

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Ethel May Ray

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo W. C. Stansbury

(Address) 106 W. 24th St

15- FEB 12 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry), find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Insanition

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) John J. Morrissey M. D. (Coroner.)

Feb 10 1917 (Address) 3622 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Stone Chapel Balto Co	Feb 12, 1917

20-UNDERTAKER Horace Burgess & Son ADDRESS 363 Fall Road

N.B.—Every item of information should be carefully supplied. Accurate CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

D 2280

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

71 D 2280

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3640 Railroad Ave ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George H. Geddings

(Residence in Baltimore: No. 3640 Railroad Ave.

St.: yrs., 1 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Dec. (Month) 27 (Day), 1916. (Year)

7-AGE, ...yrs. 1 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Robert R. Geddings

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER, Bessie McCauley

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Bessie Geddings

(Address) 3640 Railroad Ave

15- FEB 12 1917 Filed....., 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inq. (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

Coronary

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) J. Fenwick Mossman M. D. (Coroner.)

Feb 12 1917 (Address) 2632 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence,

19-PLACE OF BURIAL OR REMOVAL, St. Mary's Hampden. DATE OF BURIAL, Feb. 12 1917.

20-UNDERTAKER, Horace Burgee ADDRESS 36 Hollins

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2281

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D-2281

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1202 Rutland Ave St.; 8 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ronald E. Bagwell

(Residence in Baltimore: No. 1202 Rutland Ave St.; Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Child

6-DATE OF BIRTH, Jan 16 (Month) (Day), 1917 (Year)

7-AGE,	If LESS than 1 day,
....yrs. 25 mos. 25 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John W. Bagwell

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Edna A. Fick

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Father John W. Bagwell

(Address) 1202 Rutland

15-FEB 12 1917 Filed....., 191.... ROBERT B. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 10 (Month) (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 9 191 7, to Feb 10 191 7, that I saw h[illegible] alive on Feb 10 191 7, and that death occurred, on the date stated above, at 10A m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonitis

Primary (Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Atelectasis (Duration) yrs. mos. 2 ds.

(Signed) William Frame M. D.

Feb 12, 191 7 (Address) 1407 N. Gay St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Patrick Cemetery	Feb 13 1917

20-UNDERTAKER	ADDRESS
Robt. J. Turner	Broadway & Eastern

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2282

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

17 2

D 2282

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James A. Baldwin

(Residence in Baltimore: No. 1250 Carroll St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White	Married

6-DATE OF BIRTH, ... Feb. (Month) 16. (Day) 1872 (Year)

7-AGE, 44 yrs. 11 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Hesley Baldwin

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Gosnell

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Gosnell

(Address) 1250 Carroll.

15-

Filed FEB 12 1917 191.... ROBERT B. KRAUTER Clerk

Burial Permit Issued by Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 4. (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

From fracture at base of skull caused by falling from ladder. Accidental

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

.....(Duration).....yrs.....mos.....ds.

(Signed) Robert F. Duvall M. D.
(Coroner)

Feb 10 1917 (Address) 512 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place University Hospital In the of death.....yrs.....mos. 1 ds. State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Westport Md.

Former or usual residence 1250 Carroll St.

19-PLACE OF BURIAL OR REMOVAL, Laurel and DATE OF BURIAL, Feb 13, 1917

20-UNDERTAKER W. A. Tarbert ADDRESS Greenmount Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2283

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 138 E Cross St ST.; 2d WARD) REGISTERED No. C

2-FULL NAME Richard J Herbert

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 138 E. Cross St. St.; 44 yrs. 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, April 27 (Month) (Day), 1872 (Year)

7-AGE,	If LESS than 1 day,
44 yrs. 9 mos. 15 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER, Thomas Herbert

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Eichelberger

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katie E. Webster

(Address) 138 E Cross St

15- Filed FEB 12 1917 191.... ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 6 - 1917, to Feb 11 1917, that I saw h[illegible] alive on Feb 11 1917, and that death occurred, on the date stated above, at 6:30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. 1 ds.

(Signed) C. E. Buxton M. D.

Feb 12, 1917 (Address) 306 E. Cross St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Carroll Co Md

19-PLACE OF BURIAL OR REMOVAL, Annapolis Md — DATE OF BURIAL, Feb 13, 1917.

20-UNDERTAKER W J Pinkerton — ADDRESS North Penn

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2284

CERTIFICATE OF DEATH.

109

D 2284

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital ST.: 22 WARD)
REGISTERED NO. C.
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Jones
(Residence in Baltimore: No. 422 W Henrietta St.: yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Col	Widow

6-DATE OF BIRTH, ... January (Month) ..... 1 (Day) ..... (Year)

7-AGE, 47 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.
10-NAME OF FATHER, James Lee
11-BIRTHPLACE OF FATHER (State or Country), Baltimore
12-MAIDEN NAME OF MOTHER Elizabeth Dale
13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) J. L. Brown
(Address) 1084 Montgomery

15- ROBERT R. KRAUTER
Filed FEB 12 1917 191.... Burial Permit ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.
The CAUSE OF DEATH* was as follows:
Intestinal Gangrene Caused by Strangulated Hernia
(Duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Albert S Doscell M. D.
(Coroner.)
Feb 11, 1917. (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS). At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence 422 W Henrietta St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	Feb 13, 19..
20-UNDERTAKER	ADDRESS
L. R. Brown & Son	15 W Fort Ave

Spec.—3-1-14—H. & T.—2000 Dzs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2285 — 28 — D 2285

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 E. Pratt ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Bolls.

(Residence in Baltimore: No. 922 E. Pratt St St.; 80 yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 79 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Annie Glusen

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. C. Bolls

(Address) 922 E. Pratt St

15- FEB 12 1917 Filed....., 191... ROBERT B. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 11, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1915, to Jan. 4 1917, that I saw her alive on Jan 4 1917, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis ?

(Duration) ...c... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Samuel O. Lemmon M. D.

Feb. 12, 1917. (Address) 2407 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Herring Run — DATE OF BURIAL, Feb. 12, 1917.

20-UNDERTAKER May Lemmon & Sons — ADDRESS 1407 E Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

D 2286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

* 92 Duplicate

D 2286

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dora Smith

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ..... yrs. ..... mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, October 19, 1915 (Month) (Day) (Year)

7-AGE, 1 yrs. 3 mos. 22 ds.

If LESS than 1 day, ... hrs. or .... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Charles Smith

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mary Jackson

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- Filed FEB 12 1917 191... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 10, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 18 1917, to February 10 1917, that I saw h er alive on February 10 1917, and that death occurred, on the date stated above, at 10 35 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Rickets about 6

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Theo. G. Miller M. D.

Feb 12, 1917. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 24 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Poplar Heights Sparrows Point Md

19-PLACE OF BURIAL OR REMOVAL, Asbury Cemetery

DATE OF BURIAL, Feb 14, 1917.

20-UNDERTAKER, J. W. Eshman - son

ADDRESS 1400 Monta

Spec.—8-24-14—M. & T.—2000 Blks.

D 2287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 D 2287

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 N. Carrolton Ave St.; 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William F. Briggeman

(Residence in Baltimore: No. 410 N. Carrolton Ave St.; 72 yrs., X mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan 31, 1845 (Month) (Day) (Year)

7-AGE, 72 yrs. X mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): House

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, Fred X. Briggeman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Christina C Büscher

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia Briggeman

(Address) 410 N Carrolton Ave

15- FEB 12 1917 Filed, 191.. ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 10, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 3 1916, to Oct 10 1917, that I saw him alive on Oct 10 1917, and that death occurred, on the date stated above, at 10:30 p. m.

The CAUSE OF DEATH* was as follows:

Chr. Bright's Disease

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral Stenosis

(Duration) yrs. 6 mos. ds.

(Signed) E. Chris Murray M. D.

Oct 12, 191.7 (Address) 1221 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Pauls Luth Cemetery — DATE OF BURIAL, Feb 13, 191.7

20-UNDERTAKER Mrs. A. Rohdes Son — ADDRESS 730 Pa Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2288

CERTIFICATE OF DEATH.

112 D 2288

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 102 S. Potomac ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Neunsinger

(Residence in Baltimore: No. 102 S. Potomac St.; 55 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word.) Married

6-DATE OF BIRTH, June 11, 1861
(Month) (Day) (Year)

7-AGE, 55 yrs. 8 mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Birch Beer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Brewer

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Frederick Neunsinger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Wilhelmina Kaiser

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Augusta Neunsinger

(Address) 102 S. Potomac

15- FEB 12 1917 Filed....., 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 10, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 30 1917, to Feb 10 1917, that I saw h.. alive on Feb 9 1917, and that death occurred, on the date stated above, at 1.45 p. m.

The CAUSE OF DEATH* was as follows:

Hyper Carcinosis Liver

..... (Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Ascites

..... (Duration) yrs. mos. 2 ds.

(Signed) [illegible] M. D.

2/12/17, 191.. (Address) 1431 N. Howard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, Feb. 13, 1917.

20-UNDERTAKER H. Sanders & Sons — ADDRESS 1700 Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2289

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

D 2289

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No 28 E.Henrietta ST. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John G.Young

(Residence in Baltimore: No. 28 E.Henrietta St.; yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Mch.14 th. (Month) (Day), 1878. (Year)

7-AGE: 38 yrs. 10 mos. 27 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Die setter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: Charles Young

11-BIRTHPLACE OF FATHER (State or country): Balto.Md.

12-MAIDEN NAME OF MOTHER: Clara Schroader

13-BIRTHPLACE OF MOTHER (State or country): Balto.Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Clara Young

(Address) 901 S.Charles.

15- Filed FEB 12 1917 ROBERT R. KRAUTER Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb.10/17. (Month) (Day), 191 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb.5/17., 191..., to, Feb.10/17., 191..., that I saw h.. in alive on Feb.9/17. 191..., and that death occurred, on the date stated above, at 5.15 A.M.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(Duration) yrs. mos. 5 ds.

Contributory (SECONDARY) Chronic Paranchyratous. Nephritis.

(Duration) 5 yrs. mos. ds.

(Signed) Henry Nicholson M. D.

Feb.12/17 191 [Address] 933 Hanover st.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL FEB 13 1917

20-UNDERTAKER: ARMSTRONG-DENNY CO

ADDRESS 715 Light

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2290

CERTIFICATE OF DEATH.

79 D 2290

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 Druid Hill Ave ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Dall

(Residence in Baltimore: No. 1309 Druid Hill Ave St.; 20 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Married

6-DATE OF BIRTH, ... August ....., 1847
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
69 yrs. — mos. — ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Building Contractor

9-BIRTHPLACE, (State or Country). Warrenton Va

PARENTS.

10-NAME OF FATHER, Joseph Dall

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Judia Dall .....

(Address)..... 1309 Druid Hill Ave .....

15- Filed FEB 12 1917, 191.....

ROBERT R. KRAUTER
Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 9th, 1917.
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from January 23rd 1917, to February 9th 1917, that I saw him alive on February 9th 1917, and that death occurred, on the date stated above, at —— m.

The CAUSE OF DEATH* was as follows:

(a) .....
(b) Apnoea .....
(c) .....
Endocarditis (Duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Rheumatism .....
..... (Duration) — yrs. — mos. — ds.

(Signed) Edward Gilbert M. D.

Feb 10, 1917. (Address) 1309 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Warrenton Station Va. DATE OF BURIAL. Feb 12, 1917.

20-UNDERTAKER Felix B. Pye ADDRESS 1022 Madison St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2291 ✓ 28 D 2291

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 540 Lambert ST.; 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Defoe

(Residence in Baltimore: No. 540 Lambert St.; 30 yrs., 8 mos. 25 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	widow

6-DATE OF BIRTH, ... Mar (Month) ..... 14 (Day) ....., 1865 (Year)

7-AGE, ... 51 yrs. ... 8 mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), West Virginia

PARENTS.

10-NAME OF FATHER, Jas Williams

11-BIRTHPLACE OF FATHER (State or Country), West Virginia

12-MAIDEN NAME OF MOTHER Mary Blue

13-BIRTHPLACE OF MOTHER (State or Country), West Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Caroline Mitchell

(Address) 313 Pine St.

15- Filed FEB 12 1917, 191..... ROBERT R. KRAUTER Registrar.
Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 15 1916, to Feb 9 1917, that I saw her alive on Feb 9 1917, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia

..... (Duration) 1 yrs. ..... mos. ..... ds.

(Signed) Wilbur E. Burns M. D.

Feb 10, 191 7 (Address) 762 Dolphin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Feb 12 191 7
20-UNDERTAKER Daniel Easton	ADDRESS 916 Penna

Spec.—8-24-14—M. & T.—2000 Blks.

D 2292

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 D 2292

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1917 E North Ave St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Klingelhoefer

(Residence in Baltimore: No. 1917 E North Ave St. 63 yrs. 1 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, March 16, 1838.
(Month) (Day) (Year)

7-AGE, 78 yrs. 10 mos. 16 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoe Mfg.
(b) General nature of industry, business, or establishment in which employed (or employer): [illegible]

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Wm Klingelhoefer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Prolet. Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F. Klingelhoefer

(Address) 1917 E North Ave.

15- Filed FEB 12 1917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 11, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug- 1916, to Feb 11- 1917, that I saw h— alive on Feb 10 1917, and that death occurred, on the date stated above, at 6 30 a.m.

The CAUSE OF DEATH* was as follows:

Malig: Dis Larynx
(Carcinoma)

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Hypertension - Sclerosis

(Duration) yrs. 2 mos. ds.

(Signed) [illegible] M. D.

Feb 12, 1917. (Address) 1 W. Saratoga

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Emmanuel Cemetery — DATE OF BURIAL, Feb 14 191...

20-UNDERTAKER Louis Heermann — ADDRESS 32 S Howard

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FILM

D 2293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 2293

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 213 E. Hamburg St. St.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John L.A.Bafford.

(Residence in Baltimore: No. 213 E.Hamburg St. St.; Yrs. 1 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White.	Single.

6-DATE OF BIRTH, January 6th. 1917. (Month) (Day) (Year)

7-AGE, ... yrs. 1 mos. 4 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER James Bafford.

11-BIRTHPLACE OF FATHER (State or Country), Calvert Co.Md.

12-MAIDEN NAME OF MOTHER Marcella Caldwell.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore,Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs.Marcella Bafford.(mother)

(Address) 213 E.Haaburg St.

15- Filed FEB 12 1917 191 ROBERT R. KRAUTER Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 10th.1917., 191 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia.
(no history)

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt M. D.

Feb,12,1917 (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetary — DATE OF BURIAL, Feb. 12th. 1917

20-UNDERTAKER M. J. Flynn — ADDRESS 422 Light St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

S·A·F·E D·A·K

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2294

CERTIFICATE OF DEATH.

D 2294

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2125 E. Baltimore St.; 1 Ward)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roy R. Hughes

(Residence in Baltimore: No. 2125 E. Baltimore St.; ....yrs., ...mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Oct 6, 1884
(Month) (Day) (Year)

7-AGE, 32 yrs. 4 mos. 4 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: File Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph C. Hughes

11-BIRTHPLACE OF FATHER (State or Country), Balto. Co.

12-MAIDEN NAME OF MOTHER Ida B. Battee

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph C. Hughes

(Address) 2125 E. Balto. St.

15. Filed FEB 12 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 10, 1917.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feby 3 1917, to Feby 10 1917, that I saw h... alive on Feby 10 1917 and that death occurred, on the date stated above, at 5.25 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis about 6 mos.
(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. da.

(Signed) M. A. Tawes M. D.

Feby 12, 1917. (Address) 17 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn	Feb 13, 1917.
20-UNDERTAKER Fiekler Fiekler	ADDRESS 1737 E. Eager

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

84 D 2295

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 E. 24th St.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Martha A. Taylor.

(Residence in Baltimore: No. 20 E. 24th St.; 73 yrs., 2 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Nov. (Month) 23., (Day) 1843 (Year)

7-AGE, 73 yrs. 2 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John J. Green

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary A. McVey

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. J. Winslow Taylor

(Address) Washington D. C.

15- Filed FEB 12 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 11. (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 20 1917, to Feb 11 1917, that I saw her alive on Feb. 10 1917, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ....yrs. 13 mos. ....ds.

(Signed) John W. Sanderson M. D.

Feb. 13, 1917. (Address) 17 W. Madison St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Greenmount Cemetery — DATE OF BURIAL, Feby 14, 191.7

20-UNDERTAKER Chas. G. Black — ADDRESS 120 Mulberry

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

16/73 Dr John Sanderson

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2206 150 D 2206

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1724 E Pratt ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Mary Pierce

(Residence in Baltimore: No. 1724 E Pratt St. 5/12 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH. Dec. (Month) 16 (Day), 1916 (Year)

7-AGE. ....yrs. 1 mos. 24 ds. | If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Carrol T Pierce

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Elizabeth M Caulfield

13-BIRTHPLACE OF MOTHER (State or Country) England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrol T Pierce

(Address) 1724 E Pratt

15- FEB 12 1917 Filed....., 191.... ROBERT B. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. February 11th (Month) (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 16 1916, to Feb 10th 1917, that I saw h[er] alive on Feb 10 19[17], and that death occurred, on the date stated above, at 2:30 p.m.

The CAUSE OF DEATH* was as follows:

Immediate cause Pneumonia

Contributory Malnutrition

(Duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) yrs. mos. ds.

(Signed) Albert Kingsbury M. D.

2-12-17, 191.7 (Address) 1513 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Cross Cem Chapel	Feb 13, 1917

20-UNDERTAKER Wm Cook ADDRESS 507 E North Ave

Signed Broadway nor North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2297 — 170 — D 2297

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2309 Garrison Ave ST.; 15 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H Beaumont

(Residence in Baltimore: No. 2309 Garrison ave St.; 23 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: Sept (Month) 20 (Day), 1843 (Year)

7-AGE: 73 yrs. 4 mos. 21 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Commission
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

9-BIRTHPLACE, (State or Country): State of Va

PARENTS.

10-NAME OF FATHER: Richard Beaumont

11-BIRTHPLACE OF FATHER (State or Country): State of Va

12-MAIDEN NAME OF MOTHER: Lucy Hubbard

13-BIRTHPLACE OF MOTHER (State or Country): State of Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Eldora T. Beaumont

(Address) 2309 Garrison ave

15- FEB 12 1917 ROBERT B. KRAUTER

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 25 1916, to Feb. 11 1917, that I saw h[im] alive on Feb 5 1917, and that death occurred, on the date stated above, at 3 AM m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 2 yrs. mos. ds.

(Signed) W.S. Nuttall M. D.

Feb 11, 1917. (Address) Garrison & Halliton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn — DATE OF BURIAL, Feb. 13, 1917

20-UNDERTAKER Tom Cook — ADDRESS 3026 North ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2298 HEALTH DEPARTMENT--CITY OF BALTIMORE D 2298

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED No. C 74

CITY OF BALTIMORE (No. 1023 Harlem Ave ST. 16 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William E. Lafferty.

(Residence in Baltimore: No. 1023 Harlem Ave St.: 63 yrs. 3 mos. 10 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: October 31, 1853 (Month) (Day) (Year)

7 AGE: 63 yrs. 3 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work: Salesman (unbalanced)
(b) General nature of industry, business, or establishment in which employed (or employer): Agar Hatter

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Wm. E. Lafferty

11 BIRTHPLACE OF FATHER (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Josephine Kennard

13 BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Olivia J. Lafferty

(Address) 1023 Harlem Ave

15 Filed FEB 12 1917 ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 2 (Month) 10 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1916, to Feb. 10, 1917, that I saw h[illegible] alive on Feb. 10, 1917, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Nephritis Chronic (Duration) yrs. 6 mos. ds

Contributory (SECONDARY) Renal Insufficiency (Duration) yrs. 3 mos. ds.

(Signed) M. D.

Feb. 11, 1917. (Address) James C. Clarke 1201 Mad. Ave

*State the DISEASE CAUSING DEATH, or, IF DEATH WAS FROM VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death: yrs. mos. ds. In the State: yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Baltimore

DATE OF BURIAL: Feb 13, 1917

20 UNDERTAKER: Geo W Little

ADDRESS: 551 N Fremont Ave

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2209

CERTIFICATE OF DEATH.

28

D 2209

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 1622 Braddish Ave. St. 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daisy Estella Glover

(Residence in Baltimore: No. 1622 Braddish St.: 29 yrs., 3 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov. (Month) 18 (Day), 1887 (Year)

7-AGE, 29 yrs. 3 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John T. Hawkins

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Amanda V. Smith

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John T. Hawkins

(Address) 1 E. Randall St.

15-

Filed FEB 12 1917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 20 1916, to Feb. 10 1917, that I saw h[illegible] alive on Feb 10 1917, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Respiratory Cutting

(Duration) yrs. 4 mos. 15 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. 5 mos. ds.

(Signed) J. T. Hawkins M. D.

Feb 10, 1917 (Address) 1 E. Randall St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Feb 13, 191..

20-UNDERTAKER J. F. McCully ADDRESS 1305 E. Fort.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 D 2300

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 N. Bond St. St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Stadtmiller

(Residence in Baltimore: No. 920 North Bond Street St.; 35 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	white	Married

6-DATE OF BIRTH. April 2, 1853
(Month) (Day) (Year)

7-AGE. 63 yrs. 10 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: house wife
(b) General nature of industry, business, or establishment in which employed (or employer): at her home

9-BIRTHPLACE. (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Emil Diener

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Stadtmiller

(Address) 920 N. Bond St.

15- FEB 12 1917 Filed..... 191.....

ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb 11, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 6. 1917, to Feb. 11 1917, that I saw h[er] alive on Feb 11 1917, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Encephalitis Following Grippe

(Duration) ....yrs....mos. 10 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 2 yrs. mos. ds.

(Signed) J. J. Feheley M. D.

Feb. 12., 191.7. (Address) 1002 Arlington Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cemetery

DATE OF BURIAL. Feb. 15., 1917

20-UNDERTAKER Robt F. Turner

ADDRESS Broadway & Oliver St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2301 ✓ 28 D 2301

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 S. Chapel ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva Szymanski

(Residence in Baltimore: No. 404 S. Chapel St. St.; 26 yrs. 3 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Oct. 31 (Month), (Day), 1890 (Year)

7-AGE, 26 yrs. 3 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Anton Szymanski

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Lyewski

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Anton Szymanski

(Address). 404 S. Chapel St.

15-

FEB 12 1917

Filed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 11, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 8 1917, to Feb 11 1917, that I saw h[illegible] alive on Feb 11 1917, and that death occurred, on the date stated above, at 11 p m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonl.

(Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) DeHavilland

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) H. C. Blades M. D.

2/12/17 (Address) 1431 N. Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Rosary Cem	Feb 14 1917
20-UNDERTAKER	ADDRESS
Lilly & Zeller	403 S Wolfe St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2302

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2302

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 320 East St.) WARD) 5

REGISTERED No. C 154

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vincent Bruno

(Residence in Baltimore: No. 320 East St.; yrs., 6 mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Unknown, 1894
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Day

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Luigi Bruno

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Concetta Bruno

13-BIRTHPLACE OF MOTHER (State or Country). Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clarice Di Matteo

(Address) 6238 3rd St.

15- Filed FEB 12 1917 By ABBY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 7, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Contributory

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Debility

(Duration) ....yrs....mos....ds.

(Signed) W. S. Purdy M. D.
(Coroner.)

Feb. 12, 1917. (Address) 238 E. Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Sacred Heart Cem.	Feb. 12, 1917
20-UNDERTAKER	**ADDRESS**
Lilly & Zeiler	403 S. Wolfe St.

D 2303

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2303

CERTIFICATE OF DEATH.

1-PLACE OF DEATH: B & O R.R.tracks.

CITY OF BALTIMORE (No. Ohio Ave & Hamburg St. St.; 25 Ward)

REGISTERED No. C 175

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Annie B.Millineaux.

(Residence in Baltimore: No. 1107 Sargeant St. St.; 32)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOW OR DIVORCED. (*Write* the word.)
Female.	White.	Widow.

6-DATE OF BIRTH, May., 1861., 1 (Month) (Day) (Year)

7-AGE, 55 yrs. 9 mos. -- ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Car cleaner.
(b) General nature of industry, business, or establishment in which employed (or employer): B.& O.R.R.Co.

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER: Martin O'Conner.

11-BIRTHPLACE OF FATHER (State or Country): Ireland.

12-MAIDEN NAME OF MOTHER: Julia Scanlon.

13-BIRTHPLACE OF MOTHER (State or Country): Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant): Mrs.Agnes T.Bathgate.(daughter)
(Address): 708 W.Hamburg St.

15- FEB 12 1917
Filed....., 191.... MARY C. ANDREWS Clerk
Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February,9th.1917., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of the skull and mangled about the body.Having been run over by B.& O Engine 4121.
Accidental death (Duration) ...yrs....mos....ds.

CONTRIBUTORY (Secondary) ..... (Duration) ...yrs....mos....ds.

(Signed) Otto M.Reinhardt M. D. (Coroner.)
Feb.10.1917. (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemtery	Feb. 12, 1917
20-UNDERTAKER	ADDRESS
John F. Eilbeck	1020 W. Lombard st

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2304

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2304

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.; WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Silas Sisk

(Residence in Baltimore: No. ~~Ella Balto Co.~~ Mercy Hospital St.; yrs., mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Married

6-DATE OF BIRTH, Sept 7, 1861
(Month) (Day) (Year)

7-AGE, 55 yrs. 5 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Conductor
(b) General nature of industry, business, or establishment in which employed (or employer)..... Railway

9-BIRTHPLACE, (State or Country), Kentucky

PARENTS.

10-NAME OF FATHER, Henry Sisk

11-BIRTHPLACE OF FATHER (State or Country). Kentucky

12-MAIDEN NAME OF MOTHER Rebecca Sisk

13-BIRTHPLACE OF MOTHER (State or Country). Kentucky

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Sisk

(Address) Ella Balto Co. Md

15-

Filed FEB 12 1917 191... HARRY [illegible]

Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 11, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to Hys death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock & Hem. Caused from Fract Cranium Right Parietal Bone by railroad Accident (Duration) 2 days yrs. mos. ds.

CONTRIBUTORY (Secondary) Valvular Disease (Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

Feb 12, 1917 (Address) 1401 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 days In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Railroad Yard Baltimore

Former or usual residence Ella Balto Co Md

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Ella Cem	Feb 13 1917

20-UNDERTAKER	ADDRESS
Easton Lonis	Elliott City Md

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-2-14—M. & T.—2000 Bks.

D 2305

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 D 2305

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1910 Eutaw Place St.) 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Todd Addison

(Residence in Baltimore: No. Mt Royal apt. St.; 44 yrs. 4 mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 44 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm A Todd

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mathilda Bailey

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. A. Schmidt

(Address) Catonsville Md

15- Filed FEB 12 1917 191..... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 10, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 31 191 7, to Feb. 10 191 7, that I saw h[illegible] alive on Feb 10 191 7, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Uremic Convulsions and Pneumonia

(Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Bright's disease interstitial post renal

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Edward A Schmidt M. D.

Feb. 10, 191 7. (Address) 1910 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 11 ds. In the State 44 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Mt Royal apt

Former or usual residence Mt Royal apt

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, 2-13-, 1917

20-UNDERTAKER Henry W. Jenkins & Son Co ADDRESS Orchard & Mc Culloh

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2306 ✓ 92 D 2306

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1319 N. Caroline ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Etta N. Fay

(Residence in Baltimore: No. 1319 N. Caroline St.; Lifetime yrs.. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1858 (Year)

7-AGE, 59 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sgt Police
(b) General nature of industry, business, or establishment in which employed (or employer): Matrons

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Jas L. Cullen

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Catherine Byrne

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Simon F. Cullen

(Address) 1319 N. Caroline St.

15-

FEB 12 1917

Filed....., 191.... Serial Issuit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 10th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 25 1916, to Feb 10 1917, that I saw h[illegible] alive on Feb 12 1917, and that death occurred, on the date stated above, at 9 m.

The CAUSE OF DEATH* was as follows:

Pleural Effusion

(Duration) 2 mos. 6 ds.

CONTRIBUTORY (Secondary) Chronic Colitis

(Duration) yrs. mos. ds.

(Signed) W. L. Culley M. D.

Feb 11, 1917 (Address) 165 Conkling

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Pikesville Cem DATE OF BURIAL, 2-13-17, 191

20-UNDERTAKER Isaac F. Crane & Son ADDRESS 1180 N. Howard

D 2307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2307

1PLACE OF DEATH. REGISTERED No. C

CITY OF BALTIMORE (No. St Josephs Hospital St. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2FULL NAME James Wagner

(Residence in Baltimore: No. 2120 Eastern ave St. Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): boy

6-DATE OF BIRTH: Sep 30 1911 (Month) (Day), 1 (Year)

7-AGE: 5 yrs. 4 mos. 12 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto

PARENTS.

10-NAME OF FATHER: Martin Wagner

11-BIRTHPLACE OF FATHER (State or Country): Balto

12-MAIDEN NAME OF MOTHER: Emchia Farner

13-BIRTHPLACE OF MOTHER (State or Country): Miss

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Martim Wagner

(Address): 21 20 Eastern ave

15- HARRY C. ANDREWS

Filed FEB 12 1917 191... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Feb 11 1917 (Month) (Day) (Year), 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns accidental while playing with fire on street (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. Bunn Trenton (Coroner.) M. D.

Feb 12, 191.. (Address) 411 E Eden st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 9 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? 2120 Eastern Ave (or Street)

Former or usual residence 2120 Eastern Ave

19-PLACE OF BURIAL OR REMOVAL: Holy Rosary Cem — DATE OF BURIAL: Feb 13, 1917

20-UNDERTAKER: Stephen J Stalkowski — ADDRESS: 1918 Fleet Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 2308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 2308

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 325 W. Preston ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James R. McDonnell

(Residence in Baltimore: No. 325 W. Preston St.; — yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widower

6-DATE OF BIRTH. December 1 (Month) (Day) (Year)

7-AGE. 54 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Saloon Keeper
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Ireland

PARENTS.

10-NAME OF FATHER. Robt. McDonnell

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna L. Dunn

(Address) 325 Preston St.

15-

Filed FEB 12 1917 191 HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 11th (Month) (Day), 1917 (Year).

17. I HEREBY CERTIFY, That I attended deceased from Feb. 11th 1917, to Feb. 14th 1917, that I saw him alive on Feb 11th 1917 and that death occurred, on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 5 yrs. mos. ds.

(Signed) A. Lee Ellis M. D.

2/17, 1917. (Address) 922 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cathedral DATE OF BURIAL. Feb. 14, 1917

20-UNDERTAKER A. Fahey & Sons ADDRESS 606 Lafayette Ave

D 2309

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2309

CERTIFICATE OF DEATH.

28

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 338 N Bruce ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alterbia Fibbs

(Residence in Baltimore: No. 338 N Bruce St.) 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, May (Month) 30 (Day), 1891 (Year)

7-AGE, 20 yrs. 8 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): Retail Furnishing Store

9-BIRTHPLACE, (State or Country), New Jersey

PARENTS.

10-NAME OF FATHER, Richard Fibbs

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Vinie Mickens

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vinie Fibbs

(Address) 338 N Bruce St

15- Filed FEB 12 1917, 191... HARRY O. ANDREWS Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Tuberculous Empyema

(Duration) yrs. mos. ds.

(Signed) James M. Kemler M. D. (Coroner.)

Feb 11 1917 (Address) 210 E. Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, Feb 13 1917

20-UNDERTAKER Filbert E. Pyle — ADDRESS 102 E. Mulberry St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2310

CERTIFICATE OF DEATH.

81 ✓ D 2310

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 735 N. Fulton Ave ST.; 16 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 1b.)

2-FULL NAME Sarah Emmick Lunnraver

(Residence in Baltimore: No. 735 N. Fulton Ave St.; 77 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~, (*Write* the word.) Widow

6-DATE OF BIRTH, November 9, 1839. (Month) (Day) (Year)

7-AGE, 77 yrs. 3 mos. 3 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housemate
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore - Md.

PARENTS.

10-NAME OF FATHER, David Emmick

11-BIRTHPLACE OF FATHER (State or Country), Phila - Pa.

12-MAIDEN NAME OF MOTHER Ann Dorsey

13-BIRTHPLACE OF MOTHER (State or Country), London - England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. Emmick

(Address) 2101 Allendale St.

15- FEB 12 1917 Filed, 191. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 12, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 23 1917, to Feb 12 1917, that I saw her alive on Feb. 12 1917, and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

Acute renal insufficiency

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arteria sclerosis

(Duration) 3 yrs. mos. ds.

(Signed) Homer L. Todd M. D.

Feb 12, 1917 (Address) 735 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery DATE OF BURIAL, Feb. 14 1917.

20-UNDERTAKER Bertram Gore ADDRESS 1723 W. Lafayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2361

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113

D 2361

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 W Lee ST.: W WARD)

2-FULL NAME Isabella Kane

(Residence in Baltimore: No. 108 W Lee St.; — yrs., — mos. — ds.)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	widow

6-DATE OF BIRTH, — November, 1832
(Month) (Day) (Year)

7-AGE, 84 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick McGuigan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Florence Moran

(Address) 108 W Lee st

15-

Filed FEB 12 1917 191..... HARRY O. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 10th; 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1917, to Feb 10 1917, that I saw her alive on Feb 10 1917, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Chronic Hepatitis

Possibly (Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility (Duration) yrs. mos. ds.

(Signed) A. Reese M. D.

Feb 11, 1917 (Address) 522 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL.
Pastuchal Century	Feb 13 1917
20-UNDERTAKER	ADDRESS
F. A. Krauss	705 S Hanover

Spec.—8-24-14—M. & T.—2000 Bks.

D 2312

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 2312

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2516 W. Baltimore ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Margaret Stoll

Residence in Baltimore: No. 2516 W. Baltimore St

St.; 80 yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, May 20, 1836
(Month) (Day) (Year)

7-AGE, 80 yrs. 8 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, George L Hutchinson

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Fox

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Augusta J. Mitchell

(Address) 2516 W. Baltimore

15-
FEB 12 1917
Filed....., 191.....
Burial Permit Issued
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 12, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 6 1917, to Feb 12 1917, that I saw h[er] alive on Feb 11 1917, and that death occurred, on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows: Pulmonary Oedema

(Duration) 12 hours

CONTRIBUTORY (Secondary) Hemiplegia (Apoplexy)

(Duration) 18 ds.

(Signed) James N Kerr M. D.

Feb 12, 1917. (Address) 28 S. Washington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem — DATE OF BURIAL, Feb 14, 1917.

20-UNDERTAKER J. W. Jordan, Son — ADDRESS 2171 Pace

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2313

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2313

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. Dawson

(Residence in Baltimore: No. 2029 Druid Hill Av. St.; 25 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) , 1 (Day) (Year)

7-AGE, 3-0 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Waiter
(b) General nature of industry, business, or establishment in which employed (or employer) Restaurant

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, James Dawson

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amanda Dawson

(Address) 2029 Druid Hill Av

15-

Filed FEB 12 1917 191 HARRY C. ANDREWS Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 12 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said In quest (Inquest, autopsy or inquiry.) find that said deceased came to Jury death on the day stated above.

The CAUSE OF DEATH* was as follows:

Wound Throat (by Razor) Suicidal

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Veterans Nerves

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner.)

Feb 12, 1917 (Address) 1637 Druid Hill Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State 45 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2029 Druid Hill Ave

19-PLACE OF BURIAL, OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Feb 15, 1917

20-UNDERTAKER J. A. Bergdoll — ADDRESS 117 Pitt St

Spec.—8-24-14—M. & T.—2000 Blks.

D 2314

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 2314

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Little Sisters of the Poor 79 REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 8 ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Monaghan

(Residence in Baltimore: No. Little Sisters of the Poor St.; 60 yrs., ... mos. ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Wid.

6-DATE OF BIRTH, Feb 2, 1842 (Month) (Day) (Year)

7-AGE, 75 yrs. 7 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Felic Long

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Jeannetta Long

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- FEB 12 1917 EMMA C. ANDREWS

Filed..... 191..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 10, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 8 1917, to ... 191..., that I saw h[illegible] alive on Feb 7 1917, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

Unknown (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) J. A. Wayne M. D.

Feb 11, 1917. (Address) 123 Valley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 11 yrs. ... mos. ... ds. In the State 68 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Little Sisters of the Poor

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL, OR REMOVAL, Holy Cross Cemetery

DATE OF BURIAL, Feb 13, 1917.

20-UNDERTAKER H. C. Wadefeld

ADDRESS 917 Gwynn Oak

Spec.—3-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2315

CERTIFICATE OF DEATH.

79 ✓ D 2315

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 1806 Harlem Ave St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Alverta Myers.

(Residence in Baltimore: No. 1806 Harlem Ave St.; 8 yrs., — mos. — da.)

8

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Sept 17, 1845
(Month) (Day) (Year)

7-AGE, 71 yrs. 4 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Carroll County Md

PARENTS.

10-NAME OF FATHER, James ~~Henry~~ Bankard,

11-BIRTHPLACE OF FATHER (State or Country), Carroll Co. Md.

12-MAIDEN NAME OF MOTHER Mary Jane Heard.

13-BIRTHPLACE OF MOTHER (State or Country), Carroll Co. Md,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Hardesty

(Address) 1806 Harlem Ave.

15- FEB 12 1917 EMERY T. ANDREWS
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Febry 11, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 28 1917, to Febry 11 1917, that I saw ~~him~~ her alive on Febry 10 1917, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease (Duration) yrs. 6 mos. ✓ ds.

CONTRIBUTORY (Secondary) Bronchitis (acute) (Duration) ✓ yrs. ✓ mos. 10 ds.

(Signed) George C Shannon M. D.

Febry 11, 1917 (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Union Mills Carroll Co	Feb 14, 1917
20-UNDERTAKER	ADDRESS
Mrs Mrs Jno. W. Leufel	848 N. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

D 2316

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 1631 W. Mulberry ST. 19 WARD)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Emma L. Lowe

(Residence in Baltimore: No. 1631 W. Mulberry St.; 65 yrs. 4 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Sept. 27th (Month) (Day), 1851 (Year)

7-AGE, 65 yrs. 4 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Duties
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, George Bowers.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Eistel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... George H. Lowe

(Address) 2226 Frederick Ave.

15-

Filed FEB 12 1917, 191.....

Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 12th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 11th 1917, to February 12th 1917, that I saw h[illegible] alive on February 11th 1917, and that death occurred, on the date stated above, at 6.30 P.M.

The CAUSE OF DEATH* was as followa:

Cardiac Dropsy

Dilatation

Mitral Insufficiency (Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(Duration) 3 yrs. mos. ds.

(Signed) Howard Dalton M. D.

Feby 12th, 1917. (Address) 2111 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudoun Park Cem.

DATE OF BURIAL. Feb. 15th, 1917.

20-UNDERTAKER Mrs. Mrs John H. Deufel

ADDRESS 901 W. Fayette St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2317 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 2317

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1725 Bolton St.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Lilly Dorsey.

(Residence in Baltimore: No. 1725 Bolton St.; Life yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Girl

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. ~~February~~ January 2 (Month) (Day) 1917 (Year)

7-AGE, ... yrs. 1 mos. 9 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, J Marshall Dorsey.

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Edith Lilly.

13-BIRTHPLACE OF MOTHER (State or Country), Cuba. Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Bertha D Dorsey

(Address) 1815 N. Chas. St.

15-

Filed FEB 12 1917, 191.....

HARRY C. ARNOLD
Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 11 (Month) (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from July 10 1917, to July 11 1917, that I saw h er alive on July 11 1917, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis

Probable Influenza

(Duration) ..... yrs. 7 mos. 3 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. D. Adamson M. D.

July 12, 1917. (Address) 5 E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem

DATE OF BURIAL, 2-13-17

20-UNDERTAKER Henry W. Jenkins Son & Co

ADDRESS Orchard & Mc Culloh Sts

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 20 D 2318

REGISTERED No. C

1. PLACE OF DEATH
CITY OF BALTIMORE (No. 2222 N. Fayette St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Bridget Farren.

(Residence in Baltimore: No. 2222 N. Fayette Ave St. Yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fmle

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Jan. 28, 1850
(Month) (Day) (Year)

7-AGE, 67 yrs. 7 mos. 14 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): Oyster Packer

9-BIRTHPLACE, (State or Country), Connecticut

PARENTS.

10-NAME OF FATHER, John S. Farren

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER Polly Pardee

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs.

(Address) 2222 N. Fayette Ave

15- FEB 12 1917 HARRY C. ANDREWS
Filed....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 11, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Bright's Disease

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cirrhosis

(Duration) yrs. mos. ds.

(Signed) H. H. Colmus M. D.
(Coroner)

Feb. 12, 1917. (Address) 819 E. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State 10 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, 2-13, 1917

20-UNDERTAKER Henry (L) Jenkins Sons Co ADDRESS 830 N. Pulaski & Orchard

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2349 — 28 — D 2349

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 W. West ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theresa E. Dennis

(Residence in Baltimore: No. 102 W. West St.; life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, ... Sept (Month) 1 (Day), 1890 (Year)

7-AGE. 26 yrs. 5 mos. 10 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, William Becker

11-BIRTHPLACE OF FATHER (State or Country) Balto Md

12-MAIDEN NAME OF MOTHER Mary E Spencer

13-BIRTHPLACE OF MOTHER (State or Country), Maine.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E Spencer

(Address) 102 W West St

15- Filed FEB 13 1917 191.... ROBERT R. KRAUTER Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 191 7, to Feb 11 191 7, that I saw h.. alive on Feb 11 191 7, and that death occurred, on the date stated above, at 8.15 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

(Signed) R R L Campbell M. D.

Feb 12, 1917 (Address) 644 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, 2/14, 1917

20-UNDERTAKER William Cook — ADDRESS 502 E North

Dr Campbell Heath & Hanover Sts

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2320

CERTIFICATE OF DEATH.

120 D2320

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1025 Jenkins Ave St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriet Scott.

(Residence in Baltimore: No. 1025 Jenkins Ave St.; ..... yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. Cd.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widow

6-DATE OF BIRTH. ..... (Month) Jan (Day) 1 (Year) .....

7-AGE. 54 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Cook
(b) General nature of industry, business, or establishment in which employed (or employer). Private

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER. Frank Walker.

11-BIRTHPLACE OF FATHER (State or Country), Va "

12-MAIDEN NAME OF MOTHER Ollie ?

13-BIRTHPLACE OF MOTHER (State or Country), Va "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John A Scott.

(Address) 1025 Jenkins Ave

15-

Filed FEB 13 1917 191 ROBERT R. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 10th (Month) (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Dec. 31st 1916, to Feb. 10th 1917, that I saw h m alive on Feb. 10th 1917, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Uremia

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY. (Secondary) Chronic Nephritis

(Duration) 2½ yrs. ..... mos. ..... ds.

(Signed) E. Jno Ellis M. D.

2-12, 191 7. (Address) 924 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cem DATE OF BURIAL, Feb 17, 1917.

20-UNDERTAKER Samuel Hawkins ADDRESS 3718 Eutaw

D 2321

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 D 2321

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 520 N Pine ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas T Dorsey

(Residence in Baltimore: No. 520 N Pine St.; yrs. mos. ds.)

N.B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: December, 1 (Month) (Day) ..... (Year)

7-AGE: 45 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Florist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Allen Dorsey

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Elizabeth Dorsey
(Address) 786 W Mulberry

15. Filed FEB 13 1917, 191 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 11 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1917, to Feb 11 1917, that I saw h[illegible] alive on Feb 10, 1917, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Brights Disease

(Duration) ..... yrs. 5 mos. ..... ds

Contributory (SECONDARY) Pneumonia (Lobar)

(Duration) ..... yrs. ..... mos. 8 ds.

(Signed) R[illegible] M. D.

Feb 11, 1917 (Address) 422 N Arch

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem DATE OF BURIAL: Feb 14, 1917

20-UNDERTAKER: Samuel L Hendley ADDRESS: 578 N 13

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2322

CERTIFICATE OF DEATH.

28 D 2322

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE; (No. 1109 Argyle ave St.) 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Pindell

(Residence in Baltimore: No. 1109 Argyle ave St.; ....yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ...December..... 1 (Month) (Day) (Year)

7-AGE 37 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Tinsmith

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Edward Pindell

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Martha Boston

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Chas. Pindell

(Address)..... 1109 Argyle ave

15- Filed FEB 13 1917, 191.... ROBERT B. KRAUTER Registrar

Burial Permit Sent

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 11th, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1916, to Feb. 11th 1917, that I saw h.. alive on Feb. 11th 1917, and that death occurred, on the date stated above, at 1130 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. Lee Ellis M. D.

2-17-, 191.7 (Address) 934 Park ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, Feb. 14, 191.7

20-UNDERTAKER Bennett Hensley ADDRESS 518 N. Bond

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2323

CERTIFICATE OF DEATH.

120 D 2323

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 426 N. Hamburg ST.; 21 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Warner

(Residence in Baltimore: No. 426 N. Hamburg St.: ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Married

6-DATE OF BIRTH, ... September ....., 1 ..... (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
..... yrs. ..... mos. ..... ds.	.... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Whitewasher .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Washer .....

9-BIRTHPLACE, (State or Country), W. Va

PARENTS.

10-NAME OF FATHER, Harry Warner

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Warner

(Address) 426 N. Hamburg

15-

Filed FEB 13 1917 191.. ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb. (Month) 12 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 18 1916, to Feb. 12 1917, that I saw him alive on Feb. 12 1917, and that death occurred, on the date stated above, at 8 45 a. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial
Nephritis

..... (Duration) ..... yrs. 4 mos. 12 ds.

CONTRIBUTORY (Secondary) Influenza

..... (Duration) 1 yrs. ..... mos. 2 ds.

(Signed) Wm. H. Tonge M. D.

....., 191.. (Address) 1019 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn Cem	Feb. 15, 191..
20-UNDERTAKER Samuel Handley	ADDRESS 5 Saratoga

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT–CITY OF BALTIMORE

D 2324

CERTIFICATE OF DEATH

104 D 2324

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1404 Rutter ST. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Pauline Elizabeth Bannion

(Residence in Baltimore: No. 1404 Rutter St St.; — yrs. 4 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Oct — (Month) (Day), 1916 (Year)

7 AGE: — yrs. 4 mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: Harvey Bannion

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Catten

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harvey Bannion

(Address) 1404 Rutter St

15 Filed FEB 13 1917, 191 ROBERT R. KRAUTER Burial Permit Clerk & REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: February 12, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from February 3, 191 , to, Feb 12 191 , that I saw h.. alive on February 10, 191 , and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Enteric Colitis

(Duration) ..... yrs. ..... mos. 15 ds

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. K. Ballard M. D.

....., 191 .... (Address) 622 W Royal

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem. DATE OF BURIAL: Feb 14, 191 7

20 UNDERTAKER: Samuel A Handley ADDRESS: 5 W Biddle

D 2325

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1/20/ D 2325

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 206 Dolphin St. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Joseph T. Morris

Residence in Baltimore: No. 206 Dolphin St. 80 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: December 1 (Month) (Day) (Year)

7-AGE: 80 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION

(a) Trade, profession, or particular kind of work: Messenger

(b) General nature of industry, business, or establishment in which employed (or employer): B&O RR Co.

9-BIRTHPLACE (State or country): W. Va

PARENTS

10-NAME OF FATHER: Henry Morris

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Mary Allen

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary E. Morris

(Address) 206 Dolphin

FEB 13 1917 ROBERT B. KRAUTER

Filed ..... 191 ..... Registrar

Burial Permit

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February 10, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 1917, to Feb 10, 1917, that I saw him alive on Feb 10, 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) Contrary mos. ds

Contributory (SECONDARY) age - my 80

(Duration) mos. ds.

(Signed) L. D. Shubert M. D.

Feb 12th, 1917 (Address) 211 N. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cem

DATE OF BURIAL: Feb 13, 1917

20-UNDERTAKER: Samuel Stanley

ADDRESS: 518 N. Eden

Spec.—8-24-14—M. & T.—2000 Bks.

D 2326

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 92 D 2326

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hahnemann Gen. Hospital ST.) 16 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Henry Smith

(Residence in Baltimore: No. Hahnemann Gen Hosp. St.; ..... yrs., mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) January (Day) ....., 1869 (Year)

7-AGE, 48 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... in Ice Cream Plant

9-BIRTHPLACE, (State or Country), Bells Gr. md.

PARENTS.

10-NAME OF FATHER, Wm. Smith

11-BIRTHPLACE OF FATHER (State or Country) not known.

12-MAIDEN NAME OF MOTHER Ellen Johnson.

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lawrence Johnson

(Address) Towson

15- ROBERT B. KRETTER

Filed FEB 13 1917, 191..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 10 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from 2-9- 1917, to 2-10 1917, that I saw him alive on 2-10 1917, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

....., 1917 (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 2 ds. In the State 48 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Towson Md

Former or usual residence Towson Md.

19-PLACE OF BURIAL OR REMOVAL, Pleasant Hill

DATE OF BURIAL, Feb 11, 1917.

20-UNDERTAKER John Burns Son

ADDRESS Towson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 2327

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2327

CERTIFICATE OF DEATH.

REGISTERED No. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1807 Walbrook ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman Georg Leach

(Residence in Baltimore: No. 1807 Walbrook St.; ..... yrs., 2 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Dec. 1, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. 2 mos. 11 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Geo. Leach

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Emma Yeglee

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Leach

(Address) 1807 Walbrook Ave

15- Filed FEB 13 1917, 191.. ROBERT R. KRETTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 12, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1917, to Dec 12 1917, that I saw h[illegible] alive on Dec 12 1917, and that death occurred, on the date stated above, at 1:30 p m.

The CAUSE OF DEATH* was as follows:

Acute Lobular Pneumonia

Primary (Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H E Krumpf M. D.

Dec 12, 1917. (Address) 1602 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Forrains, County — DATE OF BURIAL: Feb 13, 191..

20-UNDERTAKER: Josiah Syfer — ADDRESS: 1602 N Carrollton Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SAFETY

Spec.—8-24-14—M. & T.—2000 Lks.

D 2328

HEALTH DEPARTMENT—CITY OF BALTIMORE

45 D 2328

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 University Parkway 13 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Fauchs Dillinger

(Residence in Baltimore: No. 611 University Parkway St.; 20 yrs., ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April 26, 1846
(Month) (Day) (Year)

7-AGE, 66 yrs. 9 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... Distiller

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, Sam'l Dillinger

11-BIRTHPLACE OF FATHER (State or Country) Pennsylvania

12-MAIDEN NAME OF MOTHER Sara L Lauchs

13-BIRTHPLACE OF MOTHER (State or Country) Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm C. M. Marshall

(Address) 208 Woodlawn Road

15- FEB 13 1917 ROBERT N. KRAUTER

Filed....., 191... Burial Permit.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 12, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 28 1916 to February 12 1917, that I saw h[illegible] alive on February 12 1917, and that death occurred, on the date stated above, at 3.35 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas
Operation

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) yrs. mos. ds.

(Signed) Ernest D Gatchell M. D.

Feb 13, 1917. (Address) #17 W Read St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn City — DATE OF BURIAL, Feb 15, 1917

20-UNDERTAKER Howard Moore Co — ADDRESS 1058 N Carey St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

KODAK

Spec.—8-24-14—M. & T.—2000 Bks.

D 2329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 2329

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1756 Park Ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Weldin Grieves

(Residence in Baltimore: No. 1725 Park Ave. St.; 33 yrs., ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 31 (Day) 1843 (Year)

7-AGE, 73 yrs. 6 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)..... R. R. Man

9-BIRTHPLACE, (State or Country), Delaware

PARENTS.

10-NAME OF FATHER, Jas. Grieves

11-BIRTHPLACE OF FATHER (State or Country), Delaware

12-MAIDEN NAME OF MOTHER Margaret J. Weldin

13-BIRTHPLACE OF MOTHER (State or Country), Delaware

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. J. Grieves

(Address) 217 Club Road Roland Park

15- Filed FEB 13 1917, 191... ROBERT R. KRAUTER Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 13 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 10th 1916, to Feb 12th 1917, that I saw h[illegible] alive on Feb 12th 1917, and that death occurred, on the date stated above, at 12 [illegible] m.

The CAUSE OF DEATH* was as follows:

Pethorts Influenza

Pneumonia Bronchitis

[illegible] (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY. Influenza and Pneumonia Bronchitis
(Secondary)

..... (Duration) ....yrs. ....mos. 6 ds.

(Signed) C. B. Gamble M. D.

Feb 13th 1917. (Address) Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Wilmington Del — DATE OF BURIAL, Feby 14 191..

20-UNDERTAKER Stewart & Moore Co — ADDRESS 108 W. Hoffman

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2330

CERTIFICATE OF DEATH.

150

D 2330

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 S. Kenwood Av ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Matterson

(Residence in Baltimore: No. 1115 S. Kenwood av St.; ....yrs., ...mos. 14 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Fem	White	Single

6-DATE OF BIRTH, Feb (Month) 11 (Day), 917 (Year)

7-AGE, ...yrs....mos....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Dalton Ind

PARENTS.

10-NAME OF FATHER, Fred Matterson

11-BIRTHPLACE OF FATHER (State or Country), Delaware

12-MAIDEN NAME OF MOTHER Ora Purcell

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fred Matterson

(Address) 1115 S. Kenwood Av

15-

Filed FEB 13 1917, 191.... ROBERT B. KRAUTER, Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ow Feb 12 1917, to 191..., that I saw h[illegible] alive on Feb 12 1917, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Patient Foramen Ovale

14 hrs

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Circulatory insufficiency 14 hrs

(Duration) ....yrs....mos....ds.

(Signed) Leo Rawlings M. D.

2/12, 191.7 (Address) 1116 S. Kenwood Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Lot E of German Rem	Feb 13, 1917
20-UNDERTAKER	ADDRESS
Taylor & Faulkner	1019 N Howard St

Spec.—8-24-14—M. & T.—2000 Bks.

D 2331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 2331

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 W. Fayette ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E. Houseman

(Residence in Baltimore: No. 1706 W. Fayette St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec. 19, 1846
(Month) (Day) (Year)

7-AGE, 70 yrs. 1 mos. 23 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cattle Dealer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Augustus L. Houseman

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER, Rebecca Everhart

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susan M. Houseman

(Address) 1706 W. Fayette St.

15- FEB 13 1917 Filed, 191.. ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 11, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 20 1916, to Feb 11 1917, that I saw h[illegible] alive on Feb 11 1917, and that death occurred, on the date stated above, at 5.55 P.m.

The CAUSE OF DEATH* was as follows:

Myocarditis
Chronic Gastritis
Ulcer
(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardiac Insufficiency,
(Duration) yrs. 2 mos. ds.

(Signed) Harold D. Smith M. D.

Feb. 12, 1917. (Address) 1126 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Feb. 13, 1917.

20-UNDERTAKER E. M. Mitchell & Co — ADDRESS 1201 W. Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 2332 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ 92 D 2332

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 S Shark St; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Anderson

(Residence in Baltimore: No. 708 S Shark St; 12 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem'l

4-COLOR OR RACE. Color

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, unknown ....., ... (Month) ..... (Day) 1 (Year)

7-AGE, 55 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) At home

9-BIRTHPLACE, (State or Country), Balto city

PARENTS.

10-NAME OF FATHER, James Riley

11-BIRTHPLACE OF FATHER (State or Country), U S A

12-MAIDEN NAME OF MOTHER Mary Jones

13-BIRTHPLACE OF MOTHER (State or Country), U S A

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E Carter

(Address) 708 S Shark St

15- FEB 13 1917

Filed....., 191.....

ROBERT R. KRAUTER
Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1917, to Feb 10 1917, that I saw h[illegible] alive on Feb 10 1917, and that death occurred, on the date stated above, at 6a, m.

The CAUSE OF DEATH* was as follows:

Pneumonia Duration

..... (Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Diabetes

..... (Duration) ..... yrs. ..... mos. 10 ds.

(Signed) [illegible] M. D.

Feb 10 1917. (Address) 714 S Shark

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Ft Auburn Cemetery — DATE OF BURIAL, Feb 13, 1917

20-UNDERTAKER Geo H Hooper — ADDRESS 609 Little Mcar[illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2333

CERTIFICATE OF DEATH.

92 D 2333

REGISTERED No. C

PLACE OF DEATH

CITY OF BALTIMORE (No. 413 W. Hamburg St. St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME John Huggins.(C)

(Residence in Baltimore: No. 413 W. Hamburg St.

St.; 11 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	Colored.	Single.

6-DATE OF BIRTH, January, 1887, 1
(Month) (Day) (Year)

7-AGE, 20 yrs. 1 mos. — ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer at
(b) General nature of industry, business, or establishment in which employed (or employer): Coal Pier.

9-BIRTHPLACE, (State or Country), North Carolina.

PARENTS.

10-NAME OF FATHER: John Huggins.(C)

11-BIRTHPLACE OF FATHER (State or Country): North Carolina.

12-MAIDEN NAME OF MOTHER: Annie Parker.(C)

13-BIRTHPLACE OF MOTHER (State or Country): North Carolina.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
Annie Huggins.(C) mother.
(Informant)
(Address) 413 W. Hamburg St.

15- FEB 13 1917 ROBERT B. KRAUTER
Filed, 191 Registrar
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 11th. 1917., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Wm. M. Reinhardt M. D.
Feb, 12, 1917 (Address) 1017 S. Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Feb 15, 19..

20-UNDERTAKER A. L. Bromwell Son — ADDRESS 1017 W. Hunt St

U. S. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 2334

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 107 W. Hughes St. ST.; 22 WARD) 22

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Wright.(C)

(Residence in Baltimore: No. 107 W. Hughes St. St.; 14 6 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	Colored.	Single.

6-DATE OF BIRTH, July, 20th. 1916. (Month) (Day) (Year)

7-AGE, ...yrs. 6 mos. 22 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None.
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. Albert Wright.(C)

11-BIRTHPLACE OF FATHER (State or Country). Oxford Md.

12-MAIDEN NAME OF MOTHER Minnie Ward.(C)

13-BIRTHPLACE OF MOTHER (State or Country). Cambridge, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Wright.(C) mother.

(Address) 107 W. Hughes St.

15- FEB 13 1917 Filed ....., 191.... ROBERT R. KRAUTER, Registrar

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February, 11th. 1917. 191 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia.
(no history)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Bernhardt M. D. (Coroner)

Feb. 12. 1917. (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn [illegible]	Feb 15, 1917
20-UNDERTAKER	ADDRESS
[illegible] Sons	[illegible]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2335

D 2335

CERTIFICATE OF DEATH.

92

REGISTERED No. C 5623

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 E. 23rd St. ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr. Samuel Booth

(Residence in Baltimore: No. 404 E. 23rd St. St.: yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, October (Month) 15 (Day), 1838 (Year)

7-AGE, 78 yrs. 3 mos. 15 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of Industry, business, or establishment in which employed (or employer) Steve Dore

9-BIRTHPLACE, (State or Country), Gloster Co. Virginia

PARENTS.

10-NAME OF FATHER, Thomas Booth

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Laura Booth

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Julia Booth

(Address) 404 E. 23 St.

15- Filed Feb 13 1917, 191.. ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 6th 1917, to Feby 12th 1917, that I saw him alive on Feby 12th 1917, and that death occurred, on the date stated above, at 2:30 a.m.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis of the left lung and failure of the right heart
(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Generalized pneumonia and pleurisy (Duration) ? yrs. ? mos. ? ds.

(Signed) George L. Wall M. D.

Feby 12th 1917. (Address) 426 E. 23rd St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death One yrs. X mos. X ds. In the State Ten yrs. X mos. X ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 424 Bell St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Md Cem	Feb. 14th 1917
20-UNDERTAKER	ADDRESS
Mr. Robt Elliott	503 East St.

Spec.—8-24-14—M. & T.—2000 Blks.

Lena R. Beathem

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2336

CERTIFICATE OF DEATH.

29 D 2336

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1494 Hamilt ^ ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena R. Beathem

(Residence in Baltimore: No. 1409 W Hamilt ^ St.; ..... yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. Color

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widowed

6-DATE OF BIRTH, ... January ....., 1 ..... (Month) (Day) (Year)

7-AGE, 61 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... Pvt Apartments

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joseph Beathem

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Maria Beathem

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arthur Nelson

(Address) 875 W. Franklin St.

15. Filed FEB 13 1917, 191.. ROBERT R. KRAUTER Burial Permit Records

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 10, 1917.. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 28 1917, to Feb 11 1917, that I saw her alive on Feb 10 1917, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH was as follows:

Carcinoma Dorsum Pedis

..... (Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Diabetes

..... (Duration) ..... yrs. ..... mos. 14 ds.

(Signed) ..... M. D.

Feb 12, 1917 (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, Feb 13th, 1917..

20-UNDERTAKER Chas. B. Jones — ADDRESS 230 N. Pine

Spec.—8-24-14—M. & T.—2000 Bks.

D 2337

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1920 D 2337

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3038 Boston ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Kudrna

(Residence in Baltimore: No. 3038 Boston St. St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, ... January ....., 1 .....
(Month) (Day) (Year)

7-AGE, 68 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Laborer

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Jacob Kudrna

11-BIRTHPLACE OF FATHER (State or Country). Bohemia

12-MAIDEN NAME OF MOTHER Unk

13-BIRTHPLACE OF MOTHER (State or Country). Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Francis Kudrna

(Address) 3038 Boston St

15-

Filed FEB 13 1917, 191.. ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb ..... 13 ....., 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 8 1917, to Feb 13 1917, that I saw h— alive on Feb 11 1917, and that death occurred, on the date stated above, at 12 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

..... (Duration) unk yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis

..... (Duration) ..... yrs. ..... mos. 1 D. ds.

(Signed) H. B. Ludlow M. D.

Feb 13, 1917 (Address) 30 S. Donald St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Feb 16, 1917

20-UNDERTAKER Frank E Krach Son — ADDRESS 1906 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2338

CERTIFICATE OF DEATH.

89 D 2338

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 433 S. Dallas ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Malenty Borkowski

(Residence in Baltimore: No. 433 S. Dallas St.; ..... yrs., 5 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug. (Month) 14 (Day) 1916 (Year)

7-AGE, ... yrs. 5 mos. 27 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): Infant

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, John Borkowski

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Krystkawicz

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Borkowski

(Address) 433 S. Dallas

15- FEB 13 1917 ROBERT R. KRAUTER Registrar.

Filed ..... 191.... Burial Permit .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Feb. (Month) 11 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb. 6 1917, to Feb. 11 1917, that I saw h.. alive on Feb 11 1917, and that death occurred, on the date stated above, at 1 m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Wm. J. Ryan M. D.

Feb. 12, 1917 (Address) Bodine & Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary- DATE OF BURIAL, Feb. 13, 1917

20-UNDERTAKER, William Kaczkowski ADDRESS, 618 Eastern ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2339

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 2339

REGISTERED No. C 28

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital St. 1 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Maf Rombo

(Residence in Baltimore: No. 116 S Patterson Park St.; 25 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Widower

6 DATE OF BIRTH May —, 1857
(Month) (Day) (Year)

7 AGE 60 yrs. 9 mos. — ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Retired Engineer
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Russia

PARENTS

10 NAME OF FATHER Sidney Hillon Rombro

11 BIRTHPLACE OF FATHER (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah —

13 BIRTHPLACE OF MOTHER (State or country) Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dr Morris Rombro

(Address) 24 S. Patterson Park Ave

15 Filed FEB 13 1917 ROBERT R. KRAUTER Burial Permit Issued REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 12, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 5th, 1917, to. Feb 12th 1917, that I saw h.... alive on Feb 12th, 1917, and that death occurred, on the date stated above, at 5.35 A m. The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
Empyema

(Duration) yrs. 10 mos. ds

Contributory (SECONDARY) Cedema of Lungs

(Duration) yrs. mos. 14 hrs. ds.

(Signed) Moses Rosh M. D.

Feb. 13th 1917 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. 1 ds. In the State 25 yrs. mos. ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 116 S Patterson Park Ave

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hebrew Rosedale	2/14 1917

20 UNDERTAKER	ADDRESS
Jack Levin	1141 E Balto St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2340

CERTIFICATE OF DEATH

119

D 2340

Registered No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Robert Garrett Hospital St. 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles F Rush Jr

(Residence in Baltimore: No. 3335 Monroe St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	white	Single

6-DATE OF BIRTH December 22, 1916
(Month) (Day) (Year)

7-AGE ..... yrs. 1 mos. 21 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): Infant

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Charles F Rush

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Annie Ebert

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles F Rush Sr

(Address) 333 S Monroe St

15. Filed FEB 13 1917

ROBERT R. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb 12, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1917 to Feb 12 1917.
that I saw h[illegible] alive on Feb 11, 1917.
and that death occurred, on the date stated above, at 3:10 a m.
The CAUSE OF DEATH* was as follows:

Congenital Debility
Acute nephritis,
(Duration) ..... yrs. ..... mos. 6 ds

Contributory (SECONDARY) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E Wells Henning M. D.
Feb 12, 1917 (Address) 2000 Hollins St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ..... yrs. ..... mos. [illegible] ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cemetery
DATE OF BURIAL: FEB 1[illegible] 1917

20-UNDERTAKER: Geo. A. Gerber
ADDRESS: Baltimore

Corrine R. Puskal.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2341 D 2341

CERTIFICATE OF DEATH.

28

REGISTERED No. C

1. PLACE OF DEATH
CITY OF BALTIMORE (No. 705 Lexington Av ST. 5 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Corrie R Puskal

(Residence in Baltimore: No. 705 Lexington Av St.; yrs. 3 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, ... March ....., 1907
(Month) (Day) (Year)

7-AGE, 9 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Richmond Va

PARENTS.

10-NAME OF FATHER, Giles J. Bush

11-BIRTHPLACE OF FATHER (State or Country), Richmond Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Richmond Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDG[E].

(Informant) .....

(Address) 1411 E. Baltimore St.

15- ROBERT E. KRAUSE
Filed FEB 13 1917 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 11, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonary

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry Lynch Thomas M. D.
(Coroner.)

Feb 12, 1917. (Address) 1611 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Mathews Mt Carmel — DATE OF BURIAL, Feb 14, 1917

20-UNDERTAKER Jack Lewis — ADDRESS 1411 E Balto

Spec.—8-24-14—M. & T.—2000 Blks.

D 2312

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

D 2312

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 231 N. Eigh ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Press

(Residence in Baltimore: No. 231 N Eigh St.; 25 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month), ... (Day), 1845 (Year)

7-AGE, 72 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bookbinder Bundling
(b) General nature of industry, business, or establishment in which employed (or employer): Express

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Jacob Press

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E Balto St

15- FEB 13 1917 ROBERT R. KRAUTER

Filed ....., 191. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 191 , to Feb 13 1917 , that I saw h— alive on Feb 11 191 , and that death occurred, on the date stated above, at 1 1 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) E. V. Cordahan M. D.

Feb 13, 1917. (Address) 24 N Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington — DATE OF BURIAL, Feb 13, 1917

20-UNDERTAKER, Jack Lewis — ADDRESS 1411 E Balto

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2343

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

38

D 2343

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital St. 6 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Lillian ~~Kriegear~~ Kregear

(Residence in Baltimore: No. 225 N. Port St. St.; 19 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: April 24, 1896 (Month) (Day) (Year)

7 AGE: 20 yrs. 9 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John Hildebrandt

11 BIRTHPLACE OF FATHER (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Anna Evans

13 BIRTHPLACE OF MOTHER (State or country): Baltimore

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) F. Enright Barnhart M.D.

(Address) Hebrew Hospital

15 Filed FEB 13 1917, 19.. ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb. 11, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1917, to Feb 15, 1917, that I saw h.. alive on Feb 11, 1917, and that death occurred, on the date stated above, at 8.53 a.m.

The CAUSE OF DEATH* was as follows:

Cyst of Pancreas

Gonorrheal

(Duration) 3 yrs. mos. ds

Contributory (SECONDARY) Constipation Edema

(Duration) yrs. mos. 11 ds.

(Signed) M. Rastin M. D.

2/14, 1917. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. 11 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Same

Former or usual residence 225 N. Port St

19 PLACE OF BURIAL OR REMOVAL: Mt Carmel Cemetary — DATE OF BURIAL: Feb 15, 1917

20 UNDERTAKER: Christian Miller — ADDRESS: 233 Jefferson St

Spec.—S 2414—M. & T.—5000 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2344

CERTIFICATE OF DEATH.

91 D 2344

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1741 Homestead ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara M. Mangold

(Residence in Baltimore: No. 1741 Homestead St.; ...yrs., ...mos., ...ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOW(ER), OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH: Nov. 16, 1916 (Month) (Day) (Year)

7-AGE: ...yrs. 2 mos. 26 ds. If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Wm Mangold

11-BIRTHPLACE OF FATHER (State or Country): Baltimore

12-MAIDEN NAME OF MOTHER: Carrie Johnst

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Mangold

(Address) 1741 Homestead St

15- Filed FEB 13 1917, 191... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 11 17, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 9 1917, to Feb 11 1917, that I saw h[er] alive on Feb 11 1917, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ...yrs. ...mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Dr. J. Kunzey M. D.

Feb 17, 1917. (Address) 2700 Harford Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Evangelical Cemetery — DATE OF BURIAL: Feb 13, 1917

20-UNDERTAKER: Christian Müller — ADDRESS: 2334 Jefferson St

Spec.—5-19-13—M. & T.—500 Bks.

D 2345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 2345
REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 237 N Carlton ST.: 18 WARD)
2-FULL NAME Mabel Williams
(Residence in Baltimore: No. 237 N Carlton St. St.: 2 yrs., 6 mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female
4-COLOR OR RACE. Col
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single
6-DATE OF BIRTH. ..... 7 (Month) ..... 20 (Day), 1914 (Year)
7-AGE, 2 yrs. 6 mos. 22 ds.
If LESS than 1 day, ...hrs. or ....min.?
8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).
9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Nathan Williams
11-BIRTHPLACE OF FATHER (State or Country), Md.
12-MAIDEN NAME OF MOTHER Hesta Vaughn
13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Nathan Williams
(Address) 237 N. Carlton st.

15-
Filed FEB 13 1917 191.. ROBERT R. KRAUTER
Burial Permit Register.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... 2 (Month) – 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 25 191.., to Feby 11 191 7, that I saw h[er] alive on Feby 10 191 7, and that death occurred, on the date stated above, at 4 P. m.
The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia
(Duration) ... yrs. ... mos. 17 ds.
CONTRIBUTORY (Secondary) Debility
(Duration) ... yrs. ... mos. Same ds.
(Signed) Chas R Barker M. D.
191.., (Address) 1403 W Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Feb 13, 1917

20-UNDERTAKER Wilbut Brown — ADDRESS 306 N. Mount St.

Spec.—8-24-14—M. & T.—2000 Bks.

Nellie N. Dixon

D 2316

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2316

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 N Durham ST.; 6 WARD) REGISTERED NO. C 91

2-FULL NAME Nellie N Dixon

(Residence in Baltimore: No. 408 Durham St

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. Jan (Month) 7 (Day), 1917 (Year)

7-AGE, ...yrs. 1 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Benjamin Dixon

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Bertha Thee

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bertha Dixon

(Address) 408 Durham St

15-FEB 13 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Ward

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 8th 1917, to Feb 11 1917, that I saw h[illegible] alive on Feb 11th 1917, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

Primary

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) John Cyd M. D.

Feb 12, 1917 (Address) 1915 Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Evergreen Cemetery

DATE OF BURIAL. Feb 13, 1917

20-UNDERTAKER James H Dennis

ADDRESS 303 Preston St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

D 2347 HEALTH DEPARTMENT—CITY OF BALTIMORE D 2347

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Age Home Fulton Ave and Franklin St — REGISTERED NO. C

CITY OF BALTIMORE: (No. 50 ST.; WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah J McCauley

Residence in Baltimore: No. Sarah J. McCauley St; yrs., mos. ds.)
St. M. E. Home Fulton Ave and Franklin

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Feby 14 th (Month) (Day), 1836 (Year)

7-AGE,	If LESS than 1 day,
80 yrs. 11 mos. 28 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Robert McLaughlin

11-BIRTHPLACE OF FATHER (State or Country) Washington D C.

12-MAIDEN NAME OF MOTHER Anne Kelly

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs E. A. Measham
(Address) Fulton Ave & Franklin St.

15- Filed FEB 13 1917, 191... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 12", 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 12 m 191 to Feby 12" 1917, that I saw her alive on Feby 12" 1917, and that death occurred, on the date stated above, at 7 20 P. m.

The CAUSE OF DEATH* was as follows:

a. Broncho Pneumonia

(Duration) 3 yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) yrs. mos. ds.

(Signed) O. N. Duvall M. D.

2-12-17, 191... (Address) 817 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death 10 yrs. mos. ds. In the State 10 yrs. mos. ds.
Where was disease contracted, if not at place of death? St. M.E Home
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cemetery — DATE OF BURIAL, Feb 14, 191 7

20-UNDERTAKER Geo J Smith — ADDRESS 1000 Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159 D 2348

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital ST.: 17 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dr. Charles N. Routson

(Residence in Baltimore: No. 635 W. Franklin St.: yrs., 59 mos. —— ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
M.	W.	Sing'l.

6-DATE OF BIRTH, June 10, 1857
(Month) (Day) (Year)

7-AGE, 59 yrs. 10 mos. 7 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Druggist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Carroll Co. Md.

PARENTS.

10-NAME OF FATHER, George H. Routson
11-BIRTHPLACE OF FATHER (State or Country), Maryland
12-MAIDEN NAME OF MOTHER Annie A. Poop.
13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) J. N. T. Routson
(Address) 838 Harlem Ave

15- Filed FEB 13 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 12, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage Caused by pistol shot wound in head
Suicide

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) Alfred D. Driscoll M. D.
(Coroner.)
Feby 17, 1917. (Address) 512 N Carrollton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS).
At place University Hospital in the city of death ....yrs. ....mos. (1) ds. State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hunterstown Md.	Feb. 14. 1917
20-UNDERTAKER W. M. Routson	ADDRESS 231 Green

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2349 HEALTH DEPARTMENT---CITY OF BALTIMORE D 2349

CERTIFICATE OF DEATH

1 PLACE OF DEATH. ✓ REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Johns Hopkins Hospital WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME L. Blanche Clokey

(Residence in Baltimore: No. Johns Hopkins Hospital, Balto. St.; ..... yrs. ..... mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female | 4-COLOR OR RACE: White | 5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Unknown (Month) ..... (Day), 1877 (Year)

7-AGE: 40 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Clerical
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Washington D.C.

PARENTS

10-NAME OF FATHER: Samuel Clokey

11-BIRTHPLACE OF FATHER (State or country): Washington D.C.

12-MAIDEN NAME OF MOTHER: Sarah Brooks

13-BIRTHPLACE OF MOTHER (State or country): Washington D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. E. Stauffer.
(Address) Washington D.C.

15- FEB 13 1917 Filed ..... 191 HARRY C. ARDEANS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. (Month) 13 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1917, to Feb. 13. 1917, that I saw her alive on Feb. 12. 1917, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Insuffiency (Dyspnoea & tachycardia). Acute Diffuse Bronchitis & bronchopneumonia & Hydrothorax (Duration) ..... yrs. ..... mos. 25 ds.

Contributory (SECONDARY) Neurasthenic Depression (Duration) 1 yrs. 5 mos. ..... ds.

(Signed) Roscoe W. Hall. M. D.
Feb. 13 1917 [Address] Johns Hopkins Hospital

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. 25 ds. In the State ..... yrs. ..... mos. 25 ds.

Where was disease contracted, if not at place of death? Washington, D.C.

Former or usual residence 1744 T St. " "

19-PLACE OF BURIAL OR REMOVAL: Washington D.C. DATE OF BURIAL: 2-13 1917

20-UNDERTAKER: Harry W. Feaklins Sons Co. ADDRESS: McCulloh & Orchard

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2350

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2350

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Bartholow.

(Residence in Baltimore: No. 1 mo. 15 days in Hospital Yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Sing

6-DATE OF BIRTH, May 25, 1916 (Month) (Day) (Year)

7-AGE, yrs. 8 mos. 19 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): W. Va.

PARENTS.

10-NAME OF FATHER, Benj. Bartholow

11-BIRTHPLACE OF FATHER (State or Country), W. Va.

12-MAIDEN NAME OF MOTHER, Eva Copeland

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp.

15- Filed FEB 13 1917 HARRY C. ANGELL Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 13, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 29 1916, to Feb 13 1917, that I saw h[illegible] alive on Feb 13 1917, and that death occurred, on the date stated above, at 4 40 P. m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus

Acute Internal

(Duration) yrs. 4(?) mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wilbur K. Miller M. D.

Feb 13 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 12 ds. In the State yrs. 2 mos. ds.

Where was disease contracted, if not at place of death? 2

Former or usual residence Van Voorhis W. Va.

19-PLACE OF BURIAL OR REMOVAL, Morgantown W Va — DATE OF BURIAL, 2-15-, 1917.

20-UNDERTAKER H W Jenkins & Sons Co — ADDRESS McCulloh & Orchard

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2351

CERTIFICATE OF DEATH.

28 D 2351

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 S. Rose ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr Minnie Ruley

(Residence in Baltimore: No. 713. S. Rose St.; life yrs.... mos.... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb. (Month) 9 (Day), 1886 (Year)

7-AGE, 31 yrs. — mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer) NY

9-BIRTHPLACE, (State or Country), Balto., Md.

PARENTS.

10-NAME OF FATHER, Louis Neubert

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Catherine Weibert

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos. P. Ruley

(Address) 713 S. Rose St.

15-FEB 13 1917 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 10 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 22 1917, to Feb. 9 1917, that I saw her alive on Feb. 9- 1917, and that death occurred, on the date stated above, at 8.35 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs.... mos.... ds.

CONTRIBUTORY (Secondary)

(Duration)... yrs.... mos.... ds.

(Signed) Henry B. Ailey M. D.

Feb. 11, 1917. (Address) 200 N. Patt. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel Cemetary

DATE OF BURIAL, Feb. 14, 1917

20-UNDERTAKER Girkler + Girkler

ADDRESS 1739 E. Eager St.

Spec.—8-24-14—M. & T.—2000 Blks.

D 2352 HEALTH DEPARTMENT—CITY OF BALTIMORE D 2352

CERTIFICATE OF DEATH. 104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 6 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard Williams

(Residence in Baltimore: No. 209 N. Caroline St. St.; Life yrs.. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, Oct. 14, 1916 (Month) (Day) (Year)

7-AGE, 0 yrs. 4 mos. 0 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Bernard Williams

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ella ?

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. Emergency Hosp.

(Address) Calvert St

15- Filed FEB. 13. 1917. 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 13, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 11 1917, to Feb 13 1917, that I saw h.. alive on Feb 13 1917, and that death occurred, on the date stated above, at 4.30 a.m.

The CAUSE OF DEATH* was as follows:

1. Intestinal Decomposition
2. Atrophy
(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Edward F. Smith M. D.

Feb. 13, 1917. (Address) 1111 Cary St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 209 N. Caroline St

Former or usual residence 209 N. Caroline St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery. DATE OF BURIAL, Feb. 16, 1917

20-UNDERTAKER Wm. H. A. Elliott ADDRESS 616 East St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2353

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2353

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 Druid Hill St.; Ward 11)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eurice Jones

(Residence in Baltimore: No. 1023 Druid Hill St.; 32 yrs., 8 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, June (Month) 2 (Day), 1884 (Year)

7-AGE,	If LESS than 1 day,
32 yrs. 8 mos. 10 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Coachman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Samuel J. Jones

11-BIRTHPLACE OF FATHER (State or Country), West River Md

12-MAIDEN NAME OF MOTHER Martha E. Fields

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha E. Jones

(Address) 1023 Druid Hill St.

15- Filed FEB 13 1917, 191.... HARRY C. ANDREWS Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 22 1917, to Feb 12 1917, that I saw him alive on Feb 12 1917, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) yrs. mos. ds.

(Signed) Wallace E. Burton M. D.

Feb 13., 1917 (Address) 762 Dolphin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Feb. 15, 1917

20-UNDERTAKER William Cook

ADDRESS 502 E. North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2354 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

122 D 2354

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John C. Jeffers

(Residence in Baltimore: No. 1508 Bolton St.; 28 yrs. 10 mos. 20 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, May 22, 1888
(Month) (Day) (Year)

7-AGE, 28 yrs. 10 mos. 20 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fireman
(b) General nature of industry, business, or establishment in which employed (or employer): B&O R Rd

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, J. Jeffers

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER A. Walker

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. J. C. Jeffers

(Address) 1508 Bolton St

15-Filed FEB 13 1917, 191.... MARY C. ANDREWS Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 12, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 29 1917, to Feb. 12 1917, that I saw him alive on Feb. 12 1917, and that death occurred, on the date stated above, at 3.58 m.

The CAUSE OF DEATH* was as follows:

Septicemia

(Duration) ....yrs. ....mos. 14 da.

CONTRIBUTORY (Secondary) Pneumonia Chronic

(Duration) ....yrs. 1 mos. ....da.

(Signed) Henry Ross M. D.

2/12, 191.7 (Address) Admiral Apts

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 17 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Fernside Maryland

Former or usual residence 1508 Bolton St

19-PLACE OF BURIAL, OR REMOVAL, Abingdon Hospital Co Md. DATE OF BURIAL, Feb. 15, 191.).

20-UNDERTAKER E J Fanning ADDRESS 1460 Dolphin St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AGE should be stated EXACTLY. PHYSICIANS should
y be properly classified. Exact statement of OCCUPA-
tificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 2355

CERTIFICATE OF DEATH

81. D 2355

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1320 E. Chas. ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stephan T. Hayes

(Residence in Baltimore: No. 1320 E. Chas St.; 1 yrs. 6 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: white

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): widow

6-DATE OF BIRTH: April 12, (Month) (Day) 1822 (Year)

7-AGE: 94 yrs. 10 mos. — ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Retired planter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Cecil Co Md

PARENTS

10-NAME OF FATHER: Henry M. Hayes

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Eliza Brooks

13-BIRTHPLACE OF MOTHER (State or country): Cecil Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Schultz

(Address) 1320 E Chas

15- FEB 15 1917 Filed ..., 191 HARRY C. ANDREWS REGISTRAR

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February 12, (Month) (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 13, 191 , to, Feb 12 191 , that I saw h[illegible] alive on Feb 11 191 , and that death occurred, on the date stated above, at 2.30 A. m.

The CAUSE OF DEATH* was as follows:

Arterio - Sclerosis

(Duration) 1 yrs. — mos. — ds.

Contributory (SECONDARY)

(Duration) ... yrs. ... mos. ... ds.

(Signed), Robt E. Schultz M. D.

Feb 12, 1917. [Address] 1318 E. Chas St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Elkton Cecil Co Md DATE OF BURIAL: Feb 14, 1917

20-UNDERTAKER: E. Manning ADDRESS: 1460 Battery

Spec.—5-19-13—M. & T.—500 Bks.

D 2356 HEALTH DEPARTMENT—CITY OF BALTIMORE

152 D 2356

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1536 N. Broadway St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hampton Howell Maynard

(Residence in Baltimore: No. 1536 N. Broadway St.; ...yrs., mos. 26 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Jan. 17, 1917. (Month) (Day) (Year)

7-AGE, ...yrs. mos. 26 da.

If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John Foster Maynard

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Lola L. Brown

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F. Maynard

(Address) 1536 N Broadway

15- Filed FEB 13 1917, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 12, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 17 1917, to Feb. 12 1917, that I saw h... alive on Feb 12 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
from birth injury.

(Duration) ...yrs. ...mos. 26 da.

CONTRIBUTORY (Secondary) Premature Congenital Weakness (Duration) ...yrs. ...mos. 26 da.

(Signed) J. F. Hawkins M. D.

2-13, 1917. (Address) 1 E. Randall St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...da. In the State ...yrs. ...mos. ...da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem.	2/14, 1917.
20-UNDERTAKER	ADDRESS
J. Few McCully	130 E. Fort.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2357 HEALTH DEPARTMENT—CITY OF BALTIMORE 28 D 2357

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 720 Bay St. (St.) 13 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. George R. Hubbard.

(Residence in Baltimore: No.) 720 Bay St.

(If not in Baltimore, give usual residence.)

(Age: 35 yrs., 6 mos. 2 da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. June 10, 1881. (Month) (Day) (Year)

7-AGE. 35 yrs. 8 mos. 2 da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Pattern Maker
(b) General nature of industry, business, or establishment in which employed (or employer). Poole & Hunt

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. John R. Hubbard

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER. Margaret Tracy

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. E. Hubbard

(Address) 720 Bay st.

15- Filed FEB 13 1917, 191... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 12, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2-4- 1916, to Feb 12 1917, that I saw h... alive on Feb 10/17 191..., and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

Probable

(Duration) ...yrs. ...mos. ...da.

CONTRIBUTORY (Secondary) Haemorrhage (Lungs)

(Duration) ...yrs. ...mos. 5 da.

(Signed) C. B. O'Donnell M. D.

2-13-, 1917. (Address) 754 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...da. In the State ...yrs. ...mos. ...da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Moriah Cemetery — DATE OF BURIAL, 2-15-, 191...

20-UNDERTAKER — ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2358

CERTIFICATE OF DEATH.

D 2358

92

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3920 Elm Ave. ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E Cooper

(Residence in Baltimore: No. 3920 Elm Ave St.; ..... yrs. ..... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White	Infant

6-DATE OF BIRTH. Oct. (Month) 17. (Day), 1916 (Year)

7-AGE. ..... yrs. 3. mos. 27. ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country) Baltimore City Md.

PARENTS.

10-NAME OF FATHER. Frank H Cooper

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Edna L Earl

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Father Frank Cooper (Informant)

(Address) 3920 Elm Ave

15. FEB 13 1917 Filed ....., 191..... HARRY ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 9 1917, to Feb 13 1917, that I saw him alive on February 12 1917, and that death occurred, on the date stated above, at 3 o'clock M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Right Upper Lobe (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Catarrhal Bronchitis

..... (Duration) ..... yrs. ..... mos. 12 ds.

(Signed) A C Leslie M. D.

Feb 13 191 7. (Address) 3819 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Mt Marys Hampden | DATE OF BURIAL, 2/14, 191 7.

20-UNDERTAKER Edmondson Ave | ADDRESS 367 Edmondson Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 2359 OF DEATH

150 REGISTERED NO. C D 2359

CITY OF BALTIMORE: (No. 2125 E North av St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William John Edward Lowell

(Residence in Baltimore: No. 2125 E North av St.; yrs. mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Infant.

6-DATE OF BIRTH: Feb. (Month) 11 (Day) 1917. (Year)

7-AGE: yrs. mos. 1 day ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balto City md

PARENTS

10-NAME OF FATHER: Wm M. Lowell.

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Lula Arnold.

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Father Wm M Lowell
(Address) 2125 E North ave.

15- Filed FEB 13 1917, 191 HARRY C. ANDREWS Special Interim Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 11, 1917, to, Feb 12 1917, that I saw h[illegible] alive on Feb 12 1917, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:
Premature Birth of
Cardiac Insufficiency

(Duration) yrs mos. 12 ds

Contributory (SECONDARY): Premature Birth

(Duration) yrs mos. ds.

(Signed), O P Carman M. D.

FEB 13 1917, 191 [Address] 1707 N Caroline

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Lowell Md B&ORR — DATE OF BURIAL: Feb 14 1917

20-UNDERTAKER: Thomas th & Son — ADDRESS: 367 Christian ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 2360 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 2360

CERTIFICATE OF DEATH.

120

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hosp St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Sutton

(Residence in Baltimore: No. 229 N. Gilmor St.; 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Femal	White	Married

6-DATE OF BIRTH, Dont Know ....., 1..... (Month) (Day) (Year)

7-AGE, 53 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Penna

PARENTS.

10-NAME OF FATHER, Brogan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Newcomer

(Address) Md. Gesl Hospital

15- FEB 13 1917 HARRY C. ANDREWS

Filed....., 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 11, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 11, 1917, to Feb 11 1917, that I saw h[illegible] alive on Feb 11 1917, and that death occurred, on the date stated above, at 1 PM.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis & Dropsy contributory

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) E. Lauer Newcomer M. D.

2-11, 1917. (Address) Md. Gesl Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. ds. In the State 25 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 229 N. Gilmor

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Cross Cem. G. A.	Feb. 14, 1917
20-UNDERTAKER	ADDRESS
P. J. McDonnell Flynn	1422 Light St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2361

D 2361

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 Light ST. 24 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella R. McCall

(Residence in Baltimore: No. 1707 Light St.; 47 yrs., 6 mos., 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, July (Month) 16 (Day), 1869 (Year).

7-AGE, 47 yrs. 6 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dressmaker
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Balto, Md.

PARENTS.

10-NAME OF FATHER, Patrick McCall

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget McCloskey

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Bridget McCall

(Address) 1707 Light St

15- FEB 13 1917 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 12 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Sept 10 1916, to Feb 12 1917, that I saw h.ex alive on Feb 12 1917, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) ....yrs. 6 mos. ....ds.

(Signed) Jas A Bonner M. D.

Feb 13, 1917. (Address) 1012 West St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL Cathedral Cemetery — DATE OF BURIAL, Feb. 15, 1917.

20-UNDERTAKER W & M. D. Flynn — ADDRESS 1422 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FILE COPY

Spec.—8-24-14—M. & T.—2000 Bks.

D 2362

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2362

CERTIFICATE OF DEATH.

120

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 E. Randall ST. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick W. Otto

(Res[illegible] in Baltimore: No. 426 E. Randall St.; 56 yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Nov. 24, 1850 (Month) (Day) (Year)

7-AGE, 56 yrs. 2 mos. 18 da.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Whisky Dealer
(b) General nature of industry, business, or establishment in which employed (or employer): Wholesale

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Adam Otto

11-BIRTHPLACE OF FATHER (State or Country). Europe

12-MAIDEN NAME OF MOTHER. Catherine Feldner

13-BIRTHPLACE OF MOTHER (State or Country). Europe

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Fredrick Otto

(Address) 426 E. Randall St.

15- Filed FEB 13 1917, 191.....

HARRY C. ANDREWS Registrar.

Burial Permit Check

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 12, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1916, to Feb 12 1917, that I saw him alive on Feb 12 1917, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Chronic Interstitial Nephritis

(Duration) yrs. 8 mos. ..... da.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. ..... mos. ? da.

(Signed) J. H. P. Dorsey M. D.

Feb 13, 1917. (Address) 1926 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Balto Cem. DATE OF BURIAL, Feb. 15, 1917.

20-UNDERTAKER H. & M. J. Flynn ADDRESS 1421 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

KODAK S·A

Spec.—8-24-14—M. & T.—2000 Bks.

D 2363 HEALTH DEPARTMENT—CITY OF BALTIMORE — 64 — D 2363

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2119 Ridgewood Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Finneran Franklin

(Residence in Baltimore: No. 2119 Ridgewood Ave St.; 25 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, ... (Month) ..... (Day) 18.72 (Year)

7-AGE, 45 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, John Finneran

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. D. Franklin Husband

(Address) 2119 Ridgewood Ave

15- HENRY C. ANDREWS

Filed FEB 13 1917 191.. Burial Permit Clerk.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 12 1917, to February 1917, that I saw her alive on February 11 1917, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

..... (Duration) 10 yrs. ..... mos. ..... ds.

(Signed) R. C. Schumann M. D.

Feb 13, 1917. (Address) 2405 W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem — DATE OF BURIAL, Feb 15, 1917

20-UNDERTAKER Harry W. Ehlen — ADDRESS 1900 W. North Ave

D 2364

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

REGISTERED No. D. 2364

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 S Washington St St.; V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Theresa Endress.

(Residence in Baltimore: No. 107 S. Washington St St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: Jan 12th (Month) (Day), 1864 (Year)

7-AGE: 53 yrs. — mos. 29 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Nicholaus Balzer Gross.

11-BIRTHPLACE OF FATHER (State or country): Germany.

12-MAIDEN NAME OF MOTHER: Catherine Gross

13-BIRTHPLACE OF MOTHER (State or country): Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Endress.

(Address) 107 S. Washington St

15- Filed FEB 13 1917, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 9, 191, to, Feb 10 1917, that I saw h.. alive on Feb 8 1917, and that death occurred, on the date stated above, at 3.6 m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Some years

(Duration) yrs mos ds.

Contributory (SECONDARY) Pulmon Tuberculosis

Few months (Duration) yrs mos ds.

(Signed) W. S. Paley M. D.

Feb 13 1917 [Address] 1037 Park Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..yrs..mos..ds. In the State ..yrs..mos..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Feb 14 1917

20-UNDERTAKER: Wendell Pippel — ADDRESS: 37 E. Lanvale St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2365

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

61

D 2365

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital ST. 5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Julius Simon

(Residence in Baltimore: No. 1011 Low st St.; 14 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6 DATE OF BIRTH July (Month) 2 (Day), 1898 (Year)

7 AGE 18 yrs. 7 mos. 11 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Paper hanger
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country) Phila Pa

PARENTS

10 NAME OF FATHER Samuel Simon

11 BIRTHPLACE OF FATHER (State or country) Russian

12 MAIDEN NAME OF MOTHER Fannie Burkett

13 BIRTHPLACE OF MOTHER (State or country) Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Lewis

(Address) 1411 E Balto St

15 Filed FEB 14 1917 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb (Month) 13 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 13, 1917, to Feb 13 1917, that I saw h[illegible] alive on Feb 13, 1917, and that death occurred, on the date stated above, at 2.40 p m.

The CAUSE OF DEATH* was as follows:

Cerebro Spinal meningitis (Pneumococic) not Epidemic

(Duration) yrs. 1 mos. 5 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Edward Jacobson M. D.

Feb 13, 1917 (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. ~~mos.~~ ~~ds.~~ Here In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? (21

Former or usual residence 1011 Low St.

19 PLACE OF BURIAL OR REMOVAL Hebrew Int Cornmel DATE OF BURIAL 2/14, 1917

20 UNDERTAKER Jack Lewis ADDRESS 1411 E Balto

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2366

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

61 D 2366

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital ST. 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Pauline Reiner

(Residence in Baltimore: No. 2267 Madison ave St.; 8 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH August 9, 1901 (Month) (Day) (Year)

7-AGE 15 yrs. 6 mos. 4 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School girl
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country) Austria

PARENTS

10-NAME OF FATHER Samuel Reiner

11-BIRTHPLACE OF FATHER (State or country) Austria

12-MAIDEN NAME OF MOTHER Sarah Berger

13-BIRTHPLACE OF MOTHER (State or country) Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jews

(Address) 1411 E Balto St

15- Filed FEB 14 1917 ROBERT R. KRAUTER REGISTRAR
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb. 13, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1917. to. Feb. 13 1917. that I saw her alive on Feb. 13, 1917. and that death occurred, on the date stated above, at 10 30 A. m.

The CAUSE OF DEATH* was as follows:

Cerebro-Spinal menin-gitis (pneumo coccal - organ-ism was isolated). Not Epidemic (Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) Acute Dilatation of heart (Duration) ..... yrs. ..... mos. 8 hrs.

(Signed) Norwood N. Rosen M. D.

Feb. 13, 1917 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Not known

Former or usual residence 2267 Madison ave.

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hebrew Washington	2/14, 1917

20-UNDERTAKER Jack Louis ADDRESS 1411 E Balto St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2367

CERTIFICATE OF DEATH.

1917 D 2367

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1920 Hewsman ST.; 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna J. Gaynesh

(Residence in Baltimore: No. 1920 Hewsman St.; ....yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Unknown ..... (Month), 1 ..... (Day) (Year)

7-AGE, abt 55 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dora Murray

(Address) 1920 Hewsman

15- FEB 14 1917 Filed....., 191.. ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February ..... (Month) 11 ..... (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 1916, to Feb. 11 1917, that I saw h[illegible] alive on Feb. 10 1917, and that death occurred, on the date stated above, at 10.15 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism Acute

General wk

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Arterio Sc.

Heart & Kidney

(Duration) ....yrs. ....mos. ....ds.

(Signed) Ellwood Field Boyd M. D.

(Address) 1317 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Feb. 14, 1917

20-UNDERTAKER Mrs J. G. Locke ADDRESS 1362 Jefferson

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2368

CERTIFICATE OF DEATH.

24 D 2368

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Healey

(Residence in Baltimore: No. 403 E. 23rd St. St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, May 10, 1905
(Month) (Day) (Year)

7-AGE, 11 yrs. 9 mos. 3 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer): a

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George Sterling

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Nick Known

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Keeper Mercy Hospital

(Address) Calvert St.

15- FEB 14 1917 ROBERT R. KRAUTER
Filed ..... 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 13, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 12 1917, to Feb 13 1917, that I saw h.r alive on Feb 13 1917, and that death occurred, on the date stated above, at 12 50 m.

The CAUSE OF DEATH* was as follows:

Tetanus

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Puncture Gun Wound

(Duration) yrs. mos. 3 ds.

(Signed) Edward P. Bond M. D.

Feb 13, 1917. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? 403 E. 23rd St

Former or usual residence 403 E. 23rd St

19-PLACE OF BURIAL OR REMOVAL, Laurel, Cemetery. DATE OF BURIAL, Feb. 15, 1917.

20-UNDERTAKER Mrs. R. A. Elliott. ADDRESS 506 East St.

Edward Moffett.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2369 28 D 2369

CERTIFICATE OF DEATH.

PLACE OF DEATH

CITY OF BALTIMORE (No. 1338 Wirt st ST. 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME [redacted] Moffett

(Residence in Baltimore: No. 1338 wirt st St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male. White

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED: (Write the word.) Married

6-DATE OF BIRTH: May (Month) I (Day) 1882 (Year)

7-AGE: 34 yrs. 9 mos. 10 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Work in laundry
(b) General nature of industry, business, or establishment in which employed (or employer): Md

9-BIRTHPLACE (State or Country): Md

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Moffett

(Address) 1338 Wirt st

15- Filed FEB 14 1917, 191 ROBERT B. KRAUTER Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb III917 (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to death on the dny stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuburculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [redacted] (Coroner.) M. D.

Feb 13 1917 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State. ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn — DATE OF BURIAL, Feb 14, 19.17

20-UNDERTAKER Wm M. Gantley — ADDRESS [illegible] Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

D 2370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 2370

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2250 W. Chase ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie T. Lyons.

(Residence in Baltimore: No. 2250 W. Chase St. St.; ....yrs.,....mos.....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: ....(Month) September (Day) 13, (Year) 1847

7-AGE: 70 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: James Calahan

11-BIRTHPLACE OF FATHER (State or Country): Ireland.

12-MAIDEN NAME OF MOTHER: Elizabeth Clark

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Patrick N. Lyons.

(Address) 2250 W. Chase St

15-

Filed FEB 14 1917, 191.... ROBERT P. KRAUTZ Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 12 1917, to Feb 13 1917, that I saw h[er] alive on Feb 12 1917, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy Coma

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(Duration) ....yrs. 1 mos. 14 ds.

(Signed) J. B. Whitacre M. D.

Feb 14, 1917. (Address) 719 E. Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: Feb 15, 191...

20-UNDERTAKER: Wm Cook

ADDRESS McCulloh & Madison

Spec.—8-24-14—M. & T.—2000 Dks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2371

CERTIFICATE OF DEATH.

9 D 2371

REGISTERED No. C

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Vincents Infant Asylum ST. [illegible] WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Lucy Agnes Thomas

(Residence in Baltimore: No. St. Vincents Infant Asylum ST.; yrs. 6 mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIAN should state

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, wht

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April (Month) 3 (Day) 1916 (Year)

7-AGE, ...yrs. 10 mos. 9 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wallie E. Thomas

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Lucy A. Hodges

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. C. Thomas

(Address) St. Vincents Asylum

15- Filed FEB 14 1917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

11 A. M.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10 1917, to Feb 12 1917, that I saw her alive on Feb 11 1917, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(Duration) 1 yrs. 1 mos. 12 ds.

CONTRIBUTORY (Secondary) Diphtheria

(Duration) yrs. mos. 10 ds.

(Signed) Chas. O'Donovan M. D.

Feb 12, 1917. (Address) 5 E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 6 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, Feby 14, 1917

20-UNDERTAKER Wm. Cook ADDRESS 602 E Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2372

CERTIFICATE OF DEATH.

79 D 2372

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Lombard Ed Eutaw ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret J. Biggen

(Residence in Baltimore: No. 1820 N. Dallas St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) ..... (Year)

6 1

7-AGE, 63 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Penn.

PARENTS.

10-NAME OF FATHER. John Rexroth

11-BIRTHPLACE OF FATHER (State or Country). York Pa.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Edward Biggen

(Address) 1810 N. Dallas

15- FEB 14 1917 Filed ....., 191.....

ROBERT R. KRAUTER

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby. 11, 191.. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Gebert D Driscoll M. D. (Coroner.)

Feby 13, 191.. (Address) 312 N Carrollay Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery. DATE OF BURIAL, Feb 15, 191.7

20-UNDERTAKER George J. Ruth. ADDRESS 1735 Harford Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 2373

CERTIFICATE OF DEATH.

92 D 2373

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 747 W. Northave ST.: 14 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma L. Vonder Horst

Residence in Baltimore: No. 747 W. North ave St.: (63 yrs., 6 mos. 6 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, August (Month) 6th (Day) 1853 (Year)

7-AGE, 63 yrs. 6 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER, Frederick Feige

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Margaret Fahlberg

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Louise Vonder Horst

(Address) 747 W. North ave

15-FEB 14 1917 ROBERT B. KRAUTER
Filed....., 191.... Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 7 1917, to Feb 12 1917, that I saw her alive on Feb. 12 191, and that death occurred, on the date stated above, at 9.45 m.

The CAUSE OF DEATH* was as follows:

Cf.
Pneumonia Lobar
(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) Howard L. Silver M. D.
Feb 13, 191 7. (Address) 1914 Bucknell

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Feby. 16, 191 7.
20-UNDERTAKER George Schilling & Sons	ADDRESS 1126 E Monument

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2374

CERTIFICATE OF DEATH.

64 D 2374

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1540 N. Carey ST.; 15 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Burgess

(Residence in Baltimore: No. 1540 N. Carey — St.; yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, September, 1865
(Month) (Day) (Year)

7-AGE 51 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)..... Pd. Occupation

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm Stewart

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eliza Johnson

(Address) 1540 N. Carey St

15 FEB 14 1917 ROBERT R. KRAUTER

Filed....., 191.... Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 12th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 4th 1917, to Feb 12 1917, that I saw her alive on Feb 12th 1917, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(Duration)..... yrs..... mos. 10 ds.

CONTRIBUTORY.....
(Secondary)

(Duration)..... yrs..... mos..... ds.

(Signed) Harry F. Brown M. D.

Feb 13. 1917. (Address) 501 Presstman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, W. Laurel

DATE OF BURIAL, February 15th, 1917

20-UNDERTAKER, Edward Ringgold

ADDRESS 1168 N. Carey St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2375

CERTIFICATE OF DEATH.

D 2375

REGISTERED No. C

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1425 N. Vincent ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Olga Stowers

(Residence in Baltimore: No. 1425 N. Vincent St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) Nov. (Day) 1, 1872 (Year)

7-AGE, 44 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Cook
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Kitchen

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Horace Thomas

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lessie Moore

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 428 N. Vincent

15-

FEB 14 1917 191.... ROBERT R. KRAUTER

Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Feb. (Day) 12, (Year) 1917

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bright's Disease

..... (Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cal. & Uremia

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

(Coroner.)

Feb. 13, 1917 (Address) 806 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State 45 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn. DATE OF BURIAL, January 14, 1917.

20-UNDERTAKER Edward Ringgold. ADDRESS 1143 N. Carey St.

Spec.—5-19-13—M. & T.—500 Bks.

D 2376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 2376

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. 2754 Harlem Ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lottie Williams

(Residence in Baltimore: No. 2754 Harlem Ave St.; 12 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, August (Month) 6 (Day), 1864 (Year)

7-AGE, 52 yrs. 6 mos. 6 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Braddock Pa

PARENTS.

10-NAME OF FATHER, John B.

11-BIRTHPLACE OF FATHER (State or Country), Born to my Knowledge Pa

12-MAIDEN NAME OF MOTHER Sarah Watson

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Williams

(Address) 2754 Harlem Ave

15- Filed FEB 14 1917 ROBERT B. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 12 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Feb 12 1914, to Feb 12 1917, that I saw h[er] alive on Feb 12 1917, and that death occurred, on the date stated above, at 4a (m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Feb 13 1917 (Address) 1301 N. Patterson Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cemetery

DATE OF BURIAL, 2-14-1917

20-UNDERTAKER Henry C Browning Son

ADDRESS 517 N. Arlington Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2377

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

73 D 2377

REGISTERED No. C

CITY OF BALTIMORE: (No. 1710 Linden Ave ST.; 14th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and all out No. 18.)

2-FULL NAME Rachel New

(Residence in Baltimore: No. 1710 Linden Ave St.; Visa yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, July (Month) 12 (Day), 1847 (Year)

7-AGE, 69 yrs. 7 mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Moses Mandlebaum

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Sarah Weinberg

12-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sylvan Rosenheim MD

(Address) 1710 Linden Ave

15- FEB 14 1917 ROBERT R. KRAUTER
Filed....., 191... BURIAL PERMIT ISSUED Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Febr (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1916, to Febr 2 1917, that I saw h er alive on Febr 2 1917, and that death occurred, on the date stated above, at 5.30A m.

The CAUSE OF DEATH* was as follows:

Multiple neuritis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. 5 ds.

(Signed) Harry Adler M. D.

Febr 13., 1917. (Address) 1718 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Hebrew Cem. DATE OF BURIAL. Febr 15..., 1917.

20-UNDERTAKER J. Ahrens & Co ADDRESS 16th and Pine

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

29 D 2378

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1845 Cutland Ave ST.: 8 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosie Eisman

(Residence in Baltimore: No. 1845 Cutland Ave St.: 1 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	white	Married

6-DATE OF BIRTH ..... (Month) ..... (Day) ....., 1884 (Year)

7-AGE 33 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Morris Bandow

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jack Lewis

(Address) 1411 E. Balto St.

15. Filed FEB 14 1917 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb (Month) 13 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 2, 191.. to Feb 13 191 7.

that I saw h.. alive on Feb 13 191 7.

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis,

..... (Duration) 5 yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E Heller Fleming M. D.

Feb 13, 1917 (Address) 2000 Holmes

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Hebrew Cemetery — DATE OF BURIAL: Feb 14 1917

20-UNDERTAKER: Jack Lewis — ADDRESS: 1411 E. Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2379

D 2379

CERTIFICATE OF DEATH.

91

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1910 Argyle St.; 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Lee

(Residence in Baltimore: No. 1910 Argyle St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb 9, 1915 (Month) (Day) (Year)

7-AGE, 2 yrs. 6 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None.
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Walter Lee Thomas

11-BIRTHPLACE OF FATHER (State or Country). Penna

12-MAIDEN NAME OF MOTHER Ernie Green.

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Lee

(Address) 1910 Argyle St

15-FEB 14 1917 ROBERT R. KRAUTER

Filed....., 191.... Registrar.

Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 11, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 3 1917, to July 11 1917, that I saw h e alive on July 10 1917, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as followa:

..... Broncho Pneumonia

..... (Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) (Acute Bronchitis)

..... (Duration) yrs. mos. 9 ds.

(Signed) Walter W White M. D.

July 12 191.7 (Address) 1102 E Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudenschlager Cemetery	Feb. 14, 191.7.
20-UNDERTAKER	ADDRESS
John H Owens	538 Baltic

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 D 2380

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Franco. E Urban

(Residence in Baltimore: No. 402 N. Gay St.; Ward)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, Jan. (Month) 16 (Day), 1914 (Year)

7-AGE, 3 yrs. mos. 27 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Charles J Urban

11-BIRTHPLACE OF FATHER (State or Country), Balto md

12-MAIDEN NAME OF MOTHER Anna M. Franz

13-BIRTHPLACE OF MOTHER (State or Country), Balto md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Charles J. Urban

(Address) 402 N Gay St

15- Filed FEB 14 1917 191 ROBERT R. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, FEB (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 12 1917, to Feb 13 1917, that I saw her alive on FEB 13 1917, and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar Bronchial

(Duration) yrs. mos. 2 ds. 13

CONTRIBUTORY (Secondary) Mesenteric Tabes

(Duration) yrs. mos. ds.

(Signed) O H Decker M. D.

FEB 13 1917. (Address) 928 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 3 yrs. mos. 27 ds.

Where was disease contracted, if not at place of death? 402 N Gay St

Former or usual residence Do

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery — DATE OF BURIAL, February 15 1917

20-UNDERTAKER Henry Horck Son — ADDRESS 1301 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2381

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

74

REGISTERED NO. D 2381

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 835 N. Wolf ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katie B. Utz

(Residence in Baltimore: No. 835 N. Wolf St.; 49 yrs. 10 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married.

6-DATE OF BIRTH March 27, 1867 (Month) (Day) (Year)

7-AGE 49 yrs. 10 mos. 16 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: Jacob Stubner

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Elizabet Schneider

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm. Andrew B. Utz

(Address) 835 N Wolf St

15- Filed FEB 14 1917 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH February 13, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1916, to, Feb. 13, 1917, that I saw h.. alive on Feb. 13, 1917, and that death occurred, on the date stated above, at 3.30 p.m.

The CAUSE OF DEATH* was as follows:

Mitral heart disease

(Duration) 5 yrs — mos. — ds.

Contributory (SECONDARY) Dropsy

(Duration) — yrs 3 mos. — ds.

(Signed) Edwin B. Fenby, M. D.

Feb. 14, 1917. [Address] 1223 N. Carolina st.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: February 16, 1917

20-UNDERTAKER: Henry Houck Son — ADDRESS: 1301 E Eager St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2382

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

D 2382

REGISTERED NO. C 113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1505 E. Eager St. ST.; 1 WARD)

2-FULL NAME Sarah Ann Albert

(Residence in Baltimore: No. Apt. no 1505 E. Eager St. St.: 73 yrs., 3 mos. 11 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov. 1st, 1843 (Month) (Day) (Year)

7-AGE, 73 yrs. 3 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Housewife (b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Edw. F. McPhail

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Mary Jane Gill

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Albert

(Address) 1505 E. Eager St

15- FEB 14 1917 Filed....., 191... ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 11 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 16 1916, to Feb 10 1917, that I saw h[illegible] alive on Feb 11 1917, and that death occurred, on the date stated above, at 11.15 a.m.

The CAUSE OF DEATH* was as follows:

1. Pulmonary Tuberculosis
2. Marasmus
3.

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. K. Meyer M.D.

Feb 12, 191? (Address) 141 N. Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, Feb. 14, 191?

20-UNDERTAKER Joseph B Cook ADDRESS 1003 W Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2383

CERTIFICATE OF DEATH.

D 2383

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 12 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Bush

(Residence in Baltimore: No. 1616 Latrobe Street St.; ...yrs.,...mos.....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Birth Certificate sent in

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black	Single

6-DATE OF BIRTH, February 5 1917, 1
(Month) (Day) (Year)

7-AGE, ...yrs. ...mos. 2 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Richard Bush

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Rosa Whitney

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Ghiuray, M D

(Address) Johns Hopkins Hospital

15- Filed FEB 14 1917, 191. HARRY C. ANTEMAN Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 7 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 5 1917, to Feb 7 1917, that I saw him alive on Feb 7 1917, and that death occurred, on the date stated above, at 11 am m.

The CAUSE OF DEATH* was as follows:
Prematurity (9 months foetus)

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Congenital Debility

(Duration) ...yrs. ...mos. 2 ds.

(Signed) John Ghiuray M. D.

Feb 8, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 2 ds. In the State ...yrs. ...mos. 2 ds.

Where was disease contracted, if not at place of death? #

Former or usual residence #

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
JOHNS HOPKINS HOSPITAL	
20-UNDERTAKER	ADDRESS

Commissioner Health.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2384

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2384

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1904 E Madison ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard A. Chamberlain

(Residence in Baltimore: No. 1904 E. Madison St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Feb. (Month) 8th (Day), 1850 (Year)

7-AGE, 67 yrs. — mos. 4 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Pleasure
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John Chamberlain

11-BIRTHPLACE OF FATHER (State or Country), Wash D.C.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth G. Chamberlain

(Address) 1904 E. Madison St.

15- FEB 14 1917 Filed, 191 HARRY C. ANDREWS Registrar. Burial Permit Clerk

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 12th, 1917
February (Month) 12 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 13 1916, to Feb. 12 1917, that I saw h[illegible] alive on Feb. 5th 1917, and that death occurred, on the date stated above, at 7 0 m.

The CAUSE OF DEATH* was as follows:
Mitral Regurgitation 2 yrs.
Heart

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Loss of Consciousness
Uraemia (Duration) yrs. mos. ds.

(Signed) Wm. F. Taylor M. D.

Feb. 13, 1917. (Address) 1226 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, Feb. 16th 1917

20-UNDERTAKER Geo M. Friel — ADDRESS 811 W. Fayette St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2385

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

152 D 2385

REGISTERED No. C

CITY OF BALTIMORE: (No. 863 Linden Ave ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Young

(Residence in Baltimore: No. 863 Linden Ave St.; ....yrs.. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male.

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Sing

6-DATE OF BIRTH, Feb 8, 1917.
(Month) (Day) (Year)

7-AGE, ...yrs.....mos.....ds.

If LESS than 1 day, 1 hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Thomas Young.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Eva Brown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eva Young

(Address) 863 Linden Ave

15- FEB 14 1917 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 8, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 8 1917, to Feb 8 1917, that I saw h.m alive on Feb 8 1917, and that death occurred, on the date stated above, at 5.40 a.m.

The CAUSE OF DEATH* was as follows:

Congenital Malformation

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) Wm F. Johnson M. D.

Feb 8, 1917. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? Spot Dis

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL FEB 12 1917

Commissioner Health

P. E. WORDALL.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2386 ✓ D 2386

D 2386

CERTIFICATE OF DEATH.

REGISTERED No. C.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1809 W Franklin ST.) 20 (WARD)
(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Fredericson

Residence in Baltimore: No. 1809 W Franklin St.; Life (yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male
4-COLOR OR RACE: White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Nov. 25, 1880 (Month) (Day) (Year)

7-AGE: 36 yrs. 2 mos. 13 ds.
If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): Wife

9-BIRTHPLACE, (State or Country): Md City

PARENTS.
10-NAME OF FATHER: Benjamin Walker
11-BIRTHPLACE OF FATHER (State or Country): Md
12-MAIDEN NAME OF MOTHER: Catherine McDonnell
13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Geo. Fredericson
(Address) 809 W. Franklin St.

15-
Filed FEB 14 1917 191.... HARRY G. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Feb 12, 1917 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 2 1914, to Feb 12 1917, that I saw h[illegible] alive on Feb 12 1917, and that death occurred, on the date stated above, at 12 A. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis (Duration) 3 yrs. mos. ds.

(Signed) Howard A. Carl M. D.
2/13, 191.7 (Address) 202 W Read St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cem. DATE OF BURIAL: Feb. 14, 191.7
20-UNDERTAKER: H. Kahn & Son ADDRESS: Norr

H. Kahn - 1402 Eastmead Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2387 HEALTH DEPARTMENT—CITY OF BALTIMORE 28 D 2387.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3925 Park Heights St. 15 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leo R Moore

(Residence in Baltimore: No. 3925 Park Heights St.; 24 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Oct 19, 1868 (Month) (Day) (Year)

7-AGE, 48 yrs. 1 mos. 24 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER. Gus. Moore

11-BIRTHPLACE OF FATHER (State or Country), Germ

12-MAIDEN NAME OF MOTHER Estell Hasson

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elmer Moore

(Address) 3925 Park Heights

15- FEB 14 1917 HARRY J. ANDREWS

Filed ..... 191... Burial Permit Clerk

J. A. Hitchcock Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 12, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 5 1916, to Feb 12 1917, that I saw him alive on Feb 12 1917, and that death occurred, on the date stated above, at 10.45 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. 8 mos. ds.

(Signed) James S. Hitchcock M. D.

Feb 13 1917. (Address) 4012 Park Heights Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Pikesville DATE OF BURIAL, Feb 13, 1917

20-UNDERTAKER H. T. Hickman & Co ADDRESS Towson Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2388 HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2388

CERTIFICATE OF DEATH.

REGISTERED No. C 92

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Franklin Square Hosp. St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Willie Mayson

(Residence in Baltimore: No. Mond Residents St.; ....yrs.. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	S

6-DATE OF BIRTH, ..., 1 (Month) (Day) (Year)

7-AGE. About 30 yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15- FEB 14 1917 Burial Permit Clerk
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 8th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 28 1917, to Feby 8 1917, that I saw h[illegible] alive on Feby 8 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 11 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

2/12, 191.. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 11 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence W. Virginia

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2389

CERTIFICATE OF DEATH.

28 ✓ D 2389

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 830 Whitwood St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Boyd

(Residence in Baltimore: No. 830 Whitwood St.; 9 yrs., mos., ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, not known ....., 1..... (Month) (Day) (Year)

7-AGE, 36 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Dry Labor

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Katherine Towne

(Address)... 908 Whitwood St.

15- FEB 14 1917

Filed....., 191.... HARRY C. ANDREWS Clerk

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 16 1917, to Feb. 10 - 1917, that I saw h[illegible] alive on Feb. 8 - 1917, and that death occurred, on the date stated above, at 4.50 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

about

(Duration) est. yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas. L. McCarty M. D.

Feb 11 -, 191.7 (Address) 906 N. Strictly

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, FEB 13 1917
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL Commissioner Health.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2390 HEALTH DEPARTMENT—CITY OF BALTIMORE **D 2390**

CERTIFICATE OF DEATH. 28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

2-FULL NAME Walter O'Rourke

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 314 Park Ave St.; 35 yrs. 8 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June (Month) 1 (Day), 1881 (Year)

7-AGE, 35 yrs. 8 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seamster
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William O'Rourke

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Kate Gleeker

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hospital

(Address) Calvert St.

15- FEB 14 1917 (Filed), 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 12 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 4 1917, to Feb. 12 1917; that I saw h[illegible] alive on Feb 12 1917, and that death occurred, on the date stated above, at 7:20 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Chronic

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward T. Brush M. D.

Feb. 12, 191.. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 314 Park Ave

Former or usual residence 314 Park Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	2 15, 191..
20-UNDERTAKER Henry W. Means & Son	ADDRESS 1053 N. Gilmor St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 2391

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2391

CERTIFICATE OF DEATH.

15

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 N. Wheeler ave. St.; 20 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Arthur Holtzer

(Residence in Baltimore: No. 5 N. Wheeler ave St.; 6 yrs. mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb. (Month) 11 (Day), 1917 (Year)

7-AGE, ...yrs. ....mos. 3 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Charles Henry Holtzer

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Edith Rawson

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Hartley G. Walker

(Address) 5 N. Wheeler Ave.

15-

Filed FEB 14 1917 191

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 14 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 11 1917, to Feb 13 1917, that I saw him alive on Feb 13 1917, and that death occurred, on the date stated above, at 4:30 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Extravasation since birth

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Asphyxia pallida at birth

(Duration) yrs. mos. ds.

(Signed) Walter E. Kruchman M. D.

Feb 14, 1917. (Address) 2002 N. Fremont

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St John's Cemetery Balto Co. Md

DATE OF BURIAL, Feb 15 1917

20-UNDERTAKER Robt F. Turner

ADDRESS Broadway & Alwood

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2392 HEALTH DEPARTMENT—CITY OF BALTIMORE. 151 D 2392

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 237 Fremont Av ST.: 3 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Andreotti

(Residence in Baltimore: No. 237 Fremont Av St.; yrs. 5/4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Single

6-DATE OF BIRTH, Jan 1, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. ...mos. 27 ds. | If LESS than 1 day, ...hrs. or ...mln.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Anthony Andreotti

11-BIRTHPLACE OF FATHER (State or Country). Italy

12-MAIDEN NAME OF MOTHER Asenda Mastrana

13-BIRTHPLACE OF MOTHER (State or Country). Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anthony Andreotti

(Address) 237 Fremont St

15- Filed FEB 14 1917 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 13, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Debility

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Henry Ogden Dorsey M. D.
(Coroner)

Feb 13, 1917. (Address) Henry Ogden Dorsey

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Vincents	Feb 14 1917

20-UNDERTAKER	ADDRESS
Wendel Dippel's Son	32 S Arm

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2393

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2393

CERTIFICATE OF DEATH.

29

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2015 Bank ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herbert Browning

(Residence in Baltimore: No. 2015 Bank St.; Life yrs., mos., da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, October 30, 1892
(Month) (Day) (Year)

7-AGE, 24 yrs. 3 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm Browning

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Lonay Gearhart

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cecilia Browning

(Address) 2015 Bank

15- Filed FEB 14 1917, 191.... HARRY C. ANDREWS Deputy Comptroller Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 12, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 28th 1917, to Febry 12th 1917, that I saw h[illegible] alive on Febry 10th 1917, and that death occurred, on the date stated above, at 8.5 m.

The CAUSE OF DEATH* was as follows:

Acute Miliary Tuberculosis

(Duration) ...yrs. 2 mos. ...ds.

CONTRIBUTORY (Secondary) Hemorrhage from Lungs

(Duration) ...yrs. ...mos. 1 ds.

(Signed) Chas M Townsend M. D.

Feby 14th, 191.. (Address) 5 E. Washington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loader Hill — DATE OF BURIAL, Feb 15, 191..

20-UNDERTAKER Wendell Ryppel & Son — ADDRESS 37 S Amm

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2394 HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

45 D 2394

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2607 N Calvert St. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Joseph C Mitchell

(Residence in Baltimore: No. 2607 N Calvert St.; 71 yrs. 10 mos. 1 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~SINGLE~~, ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): widowed

6 DATE OF BIRTH: April 12, 1845 (Month) (Day) (Year)

7 AGE: 71 yrs. 10 mos. 1 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Plumbing
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md.

PARENTS

10 NAME OF FATHER: Geo W Mitchell

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Frances A Doris

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jos C Mitchell

(Address) 2607 N Calvert St

15 Filed FEB 14 1917 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb 13, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept, 1916, to Feb 13 1916, that I saw him alive on Feb 12, 1917, and that death occurred, on the date stated above, at 1.35 m.

The CAUSE OF DEATH* was as follows:

Osteosarcoma of Pelvis and left thigh.

(Duration) ..... yrs. 6 mos. ..... ds

Contributory (SECONDARY) Toxaemia & Exhaustion

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) Harvey Dean M. D.

Feb 14, 1917 (Address) 608 Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Balto. Cemetery — DATE OF BURIAL: Feb 15, 1917

20 UNDERTAKER: E M Mitchell — ADDRESS: 1866 12 [illegible] Fayette St

Spec.—8-24-14—M. & T.—2000 Blks.

D 2395 HEALTH DEPARTMENT—CITY OF BALTIMORE D 2395

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 827 S. Decker St.; 1 Ward)

2-FULL NAME Ellen O'Loughlin

(Residence in Baltimore: No. 827 S. Decker Ave St.; 12 yrs., mos. ds.)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Mar. 1, 1852 (Month) (Day) (Year)

7-AGE, 64 yrs. 11 mos. 11 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Mass.

PARENTS.

10-NAME OF FATHER, — Mansfield

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER dont know

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nellie O'Loughlin

(Address) 827 S. Decker Ave

15- FEB 14 1917 Filed ....., 191.... MARY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 12, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 6 1917, to Feb 12 1917, that I saw her alive on Feb 11th 1917, and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis (Chronic)

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Cardiac Asthma

(Duration) yrs. mos. 14 ds.

(Signed) M. J. McAvoy M. D.

Feb. 14, 1917. (Address) 329 S. Ellwood

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Patricks Cem

DATE OF BURIAL, Feb 15, 191.7

20-UNDERTAKER John A. Moran

ADDRESS Bank & Ann Sts.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2396 HEALTH DEPARTMENT—CITY OF BALTIMORE 28 D 2396

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 W Baltimore St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Snyder Frush.

(Residence in Baltimore: No. 812 W. Baltimore St.; Life yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, March (Month) 22 (Day), 1862 (Year)

7-AGE, 54 yrs. 10 mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Advertising Agent
(b) General nature of industry, business, or establishment in which employed (or employer): Traveling

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Wm M. Frush

11-BIRTHPLACE OF FATHER (State or Country). Baltimore, Md

12-MAIDEN NAME OF MOTHER Margaret Snyder

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. John S. Frush

(Address) 812 west Baltimore St

15- Filed FEB 14 1917, 191... MARY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 18 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 15 1916, to Feb 13 1917, that I saw h alive on Feb 13 1917, and that death occurred, on the date stated above, at 5.30 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Maurice E. B. Owens M. D.

Feb 13, 1917. (Address) 857 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, Feb 15, 191...

20-UNDERTAKER George Arnold — ADDRESS 1000 W. Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U.S. A. F. E. D. A. K.

Spec.—5-19-13—M. & T.—500 Bks.

D 2397 HEALTH DEPARTMENT--CITY OF BALTIMORE ✓ D 2397

CERTIFICATE OF DEATH.

REGISTERED NO. C 170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 N Appleton ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Hamill.

(Residence in Baltimore: No. 415 N Appleton St.: 50 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, November 12, 1848 (Month) (Day) (Year)

7-AGE, 68 yrs. 3 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, George Heller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hermann J. Fenker

(Address) 415 N Appleton

15-

Filed FEB 14 1917, 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 13th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 31st 1917, to Feby 13th 1917, that I saw h[e] alive on Feby 13th 1917, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Edema of Glottis

Chronic Interstitial Nephritis

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy & Dilatation.

(Duration) 7 yrs. mos. ds.

(Signed) Howard Ashbrook M. D.

Feby 13th, 191.7. (Address) 701 N. Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Feb. 15., 191.7.

20-UNDERTAKER Geo W Little — ADDRESS 531 Fremont Ave

N. B. CAUSE OF DEATH in plain terms, so that it may be correctly supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 2398

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 2398

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 N. Calhoon ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan F. Jones

(Residence in Baltimore: No. 508 N. Calhoon St. St.; 3 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH. May (Month) 1 (Day), 1856 (Year)

7-AGE. 60 yrs. 9 mos. 14 ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Thos. Jones.

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER Mary Stone

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Shelton

(Address) 508 N. Calhoon St.

15- Filed FEB 14 1917, 191..... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 3 1917, to July 13 1917, that I saw h.r. alive on July 12 1917, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Apoplectic Hemaplegia (Paralysis)

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. Edward Smith M. D.

July 14, 1917. (Address) 910 Eight St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn	Feb. 16, 1917
20-UNDERTAKER Geo W Little	ADDRESS 531 N. Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 2399 HEALTH DEPARTMENT—CITY OF BALTIMORE D 2399

CERTIFICATE OF DEATH.

REGISTERED NO. C 91

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1836 Westphal Pl St.) 24 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Edward Wrugert

(Residence in Baltimore: No. 1836 Westphal Pl St.; ..... yrs., 4 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Sept (Month) 14 (Day), 1912 (Year)

7-AGE, ... yrs. 4 mos. 29 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none (Infant)
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. William Wrugert

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Carrie Boston

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Carrie Wrugert
(Address) 1836 Westphal Place

15- Filed FEB 14 1917, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 13 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 12 1917, to Feb 13 1917, that I saw him alive on Feb 13 1917, and that death occurred, on the date stated above, at 10 p m.

The CAUSE OF DEATH* was as follows:
Broncho pneumonia
(No other history)
(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Measles
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wade E. Shuffler M. D.
Feb 14, 1917. (Address) 1319 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, St Vincents Cem — DATE OF BURIAL, Feb 15, 1917.
20-UNDERTAKER P & M. D. Flynn — ADDRESS 1422 Light

N.B.—Care in filling in information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 2400

CERTIFICATE OF DEATH.

92 D. 2400

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 845 Canton Ave. WARD 17)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pauline Dayton

(Residence in Baltimore: No. 815 Penn. Ave. St. 7th)

(If under 1 day, hrs. 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Female	Col'd	Single

6-DATE OF BIRTH, Aug. (Month) 24 (Day), 1916 (Year)

7-AGE, ...yrs. 5 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Cora Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 201 Wilkinson

15- FEB 14 1917 Filed....., 191.... HARRY C. ANDREWS Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 13 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. H. Wilson M. D.

(Corner) Feb. 14, 191.7 (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs. None mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Elm

DATE OF BURIAL, Feb 15, 191.7

20-UNDERTAKER Sam'l. Hooper & Son

ADDRESS 1400 Mosher

Spec.—8-24-14—M. & T.—2000 Bks.

√45

D 2401

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2401

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 N. Franklin St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank R. Fields

(Residence in Baltimore: No. 17 North Collington Ave St.; 41 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, ... (Month) Abt Known (Day), 1 (Year)

7-AGE, About 74 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stable Boss
(b) General natnre of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Ireland

PARENTS.

10-NAME OF FATHER: Abt Known

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wally Shields

(Address) 17 N. Collington Ave

15-Filed FEB 15 1917, 191... ROBERT B. KRAUTER Registrar.

BURIAL Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 14th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 21 1916, to Feb 14th 1917, that I saw him alive on Feb 13th 1917, and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Orbit

Metastasis

Exhaustion

Duration: yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 4 ds.

(Signed) Geo. H. Lamgenbach, M. D.

Feb 17, 191.. (Address) 2215 N. Howard Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL, Feb 17, 191..

20-UNDERTAKER: William Cook — ADDRESS 307 E. North

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Marion L. Wroten

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2402

CERTIFICATE OF DEATH.

10 ✓ D 2402

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp St.; 20 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marion L. Wroten

Residence in Baltimore: No. 1914 Edmondson ave St.; 6 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct. (Month) 30 (Day); 1846 (Year)

7-AGE, 70 yrs. 3 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) House

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Marion L Wroten

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Rachel Barnes

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. J. H. Redmun

(Address) 1914 Edmondson Ave.

15- Filed FEB 15 1917, 191.... ROBERT R. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 1 1917, to Feb. 13, 1917, that I saw h[illegible] alive on Feb. 13, 1917, and that death occurred, on the date stated above, at 10.55 P. m.

The CAUSE OF DEATH* was as follows:

La Grippe

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Cystitis - Senility (Not)

(Duration) yrs. mos. ds.

(Signed) Egbert L. Mortimer M. D.

2-13-, 191.7. (Address) 530 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death [illegible] yrs. 10 mos. ds. In the State 6 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1914 Edmondson Ave.

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, 2/16, 191..

20-UNDERTAKER William Cook ADDRESS 504 E Niw Av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks. Thomas · B. Hoffman.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2403

CERTIFICATE OF DEATH.

79 D 2403

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1429 Edmonson St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas E. Hoffman

(Residence in Baltimore: No. 1429 Edmonson St.; 35 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, March (Month) 4 (Day), 1847 (Year)

7-AGE.	If LESS than 1 day.
69 yrs. 11 mos. 10 ds.	hrs. or mts.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Common Merchant

9-BIRTHPLACE, (State or Country): Harford Co Md

PARENTS.

10-NAME OF FATHER, Wm Hoffman

11-BIRTHPLACE OF FATHER (State or Country), Harford Co Md

12-MAIDEN NAME OF MOTHER Harriet Smith

13-BIRTHPLACE OF MOTHER (State or Country), Harford Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry A Heatherman

(Address) 1508 Harlem Ave

15- Filed FEB 15 1917 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 14 1917, to Feb 14 1917, that I saw him alive on Feb. 14 1917, and that death occurred, on the date stated above, at 6.30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(Duration) 1 hrs. 2 hrs

CONTRIBUTORY (Secondary) Valvular heart Disease

(Duration) 2 yrs. mos. ds.

(Signed) F. E. Tanner M. D.

Feb. 14, 1917. (Address) 1236 W. Lafayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, National Cemetery

DATE OF BURIAL, 2/16, 1917.

20-UNDERTAKER William Cook

ADDRESS 507 E North Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2404

CERTIFICATE OF DEATH.

74 ✓

D 2101

REGISTERED NO. C

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1425 W. Saratoga ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Louis C. Witte

(Residence in Baltimore: No. 1425 W. Saratoga St.; 34 yrs., 6 mos. 6 ds.)

N. B.—Entry of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, Aug. (Month) 17 (Day), 1862 (Year)

7-AGE, 54 yrs. 5 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, August Witte

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wilhelmina Witte

(Address) 1425 W. Saratoga

15 Filed FEB 15 1917, 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 14 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 14 1917, to Feb 14 1917, that I saw h.. alive on Feb 14 1917, and that death occurred, on the date stated above, at 8 20 m.

The CAUSE OF DEATH* was as follows:

Abscess of base of Brain

(Duration) ....yrs. 12 mos. ....ds.

CONTRIBUTORY (Secondary) Septic Pneumonia

(Duration) ....yrs. 1 mos. 2 ds.

(Signed) L. Phillips M. D.

2/14, 1917. (Address) 755 Hollins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Feb 16, 1917.

20-UNDERTAKER Jos Joerdens Son ADDRESS 2172 Pres

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

30 D 2405

REGISTERED No. C 2405

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1237 Bayard r ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie L. A. Sadler

(Residence in Baltimore: No. 1237 Bayard r St.; 1 yrs., 1 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Dec 31, 1915 (Month) (Day) (Year)

7-AGE, 1 yrs. 1 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph W. Sadler

11-BIRTHPLACE OF FATHER (State or Country), Talbot Co md

12-MAIDEN NAME OF MOTHER Flavia M. Parks

13-BIRTHPLACE OF MOTHER (State or Country), Belmont

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lydia A. Parks

(Address) 1237 Byard r

15- FEB 15 1917 ROBERT B. KRAUTER
Filed....., 191... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 14, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 13 1917, to Feb 14 1917, that I saw her alive on Feb 13 1917, and that death occurred, on the date stated above, at 2:30 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Infectious
Teething Probably Secondary
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Acute intestinal Indigestion
(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Feb 15, 191.. (Address) 1227 Calvert

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet cy — DATE OF BURIAL, Feb 17, 1917.

20-UNDERTAKER Josjoerdens Son — ADDRESS 2178 Pac.

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 2406

D 2406

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2104 S Charles ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella May Barry

(Residence in Baltimore: No. 2104 S. Charles. St.; ....yrs.,....mos.....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	child

6-DATE OF BIRTH, Feb 11, 1917.
(Month) (Day) (Year)

7-AGE, ...yrs.....mos. 2 ....da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore ~~Millard Barry~~

PARENTS.

10-NAME OF FATHER, Millard Barry

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Ella May Kirby

13-BIRTHPLACE OF MOTHER (State or Country), Baltimre

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Kirby

(Address) 2104 S Charles St

15- Filed FEB 15 1917 191.... ROBERT R. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 13th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 11 1917, to July 13th 1917, that I saw her alive on July 12th 1917, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Convulsions

Cause unknown

..... (Duration) ....yrs. ....mos. 1 ....da.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....da.

(Signed) H. Hurst Davis M. D.

July 14, 1917. (Address) 122 W. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....da. In the State....yrs....mos....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Baltimore Crypt — DATE OF BURIAL, July 15, 1917

20-UNDERTAKER Wm. Cook — ADDRESS 502 E North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2407

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

10 D 2407

REGISTERED No. C

CITY OF BALTIMORE: (No. 1219 Park ave ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Mrs Cecelia J Collard

(Residence in Baltimore: No. 1219 Park ave St.; ..... yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1893 (Year)

7-AGE, 23 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housemaid
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, George Jackson

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Frances Lee

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Collard

(Address) 1219 Park Ave

15- Filed FEB 15 1917, 191 ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 13 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 10th 1917, to Feb 13th 1917, that I saw her alive on Feb. 13 1917, and that death occurred, on the date stated above, at 10:30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

Influenza a 12 days

? (Duration) ? yrs. ? mos. 1 ds.

CONTRIBUTORY (Secondary) Arrested Dev't

? (Duration) ? yrs. ? mos. 1 ds.

(Signed) G. [illegible] L. Hall M. D.

Feb 15th 1917. (Address) 1126 E. 23rd St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Gloucester Point

19-PLACE OF BURIAL, OR REMOVAL. Gloucester Co Va

DATE OF BURIAL, 2-15 ....., 191..

20-UNDERTAKER Samuel T Kennedy

ADDRESS 5780 Reisterstown Rd

Spec.—8-24-14—M. & T.—2000 Bks.

Sarah F. Riley

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2408 ✓ D 2408

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 632½ W. Lanvale ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah F. Riley

(Residence in Baltimore: No. 632 W. Lanvale St.; ..... yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Widow

6-DATE OF BIRTH, ... January ..... (Month); 1 ..... (Day); ..... (Year)

7-AGE, 60 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Centerville Md

PARENTS.

10-NAME OF FATHER, James L. Lloyd

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Harry Daley

(Address) 632 W. Lanvale

15- FEB 15 1917 Filed....., 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb - 10 - 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 9 1917, to Feb 10 1917 that I saw h[illegible] alive on Feb 10 1917, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism Duration

Endocarditis (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. B. Hughes M. D.

Feb 10 1917, (Address) 1413 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Centerville Md DATE OF BURIAL, Feb 15, 191 7

20-UNDERTAKER Emanuel Hensley ADDRESS 3 S Bond St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2409

CERTIFICATE OF DEATH.

92 ✓ D 2409

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2-FULL NAME Henry Mencke

Residence in Baltimore: No. 2049 E. Lombard St St.; 80 yrs., — mos., — da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Widowed

6-DATE OF BIRTH, June 30, 1830 (Month) (Day) (Year)

7-AGE, 86 yrs. 7 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Confectioner
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Mencke

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Sonnenberg

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Head Mercy Hospital

(Address) Eutaw St.

15- FEB 15 1917 Filed, 191.....

ROBERT R. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 14, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 3 191 , to Feb 14 191 , that I saw him alive on Feb 14 191 7, and that death occurred, on the date stated above, at 4.00 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

about (Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward E. Smith M. D.

Feb 14 1917. (Address) 2116 E. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 11 ds. In the State 65 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 2049 Lombard St

Former or usual residence 2049 Lombard St

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel — DATE OF BURIAL, Feb 16, 1917

20-UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans

Spec.—8-24-14—M. & T.—2000 Bks.

D 2410

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 ✓ D 2410

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 Mc Elderry ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Miller Sr.

(Residence in Baltimore: No. 1615 Mc Elderry St.; 70 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Jan 29, 1836 (Month) (Day) (Year)

7-AGE, 81 yrs. — mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Retired
(b) General nature of industry, business, or establishment in which employed (or employer), Tailor

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Miller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant:) Henry Miller

(Address) 1615 Mc Elderry

15- ROBERT R. KRAUTER

Filed FEB 15 191.. Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 13, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 11th, 1917, to Feb 13th, 1917, that I saw him alive on Feb 12th 1 P.M 1917, and that death occurred, on the date stated above, at 5 30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

with Right Hemiplegia

(Duration) yrs. mos. 41 days

CONTRIBUTORY (Secondary) Senile Arterio Sclerosis

(Duration) Many yrs. mos. ds.

(Signed) Wilmer Brinton M. D.

Feb 14th, 191.. (Address) Calvert & Preston Sts

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Con. DATE OF BURIAL, Feby 15, 191.7

20-UNDERTAKER Philip Herwig ADDRESS 2016 Orleans

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 2411

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1225 Chatham ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Judie Neal

(Residence in Baltimore: No. 1225 Chatham 25 St.; ..... yrs. ..... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... September ....., 1843
(Month) (Day) (Year)

7-AGE. 74 yrs. ..... mos. ..... da.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Expenses

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Joseph Shoe

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rebecca Haus

(Address) 1225 Chatham St

15- FEB 15 1917 Filed ....., 191.... ROBERT B. KRAUTER Registrar.

Burial Permit Clark

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 13, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 11 1917, to Feb 13 1917, that I saw her alive on Feb 13 1917, and that death occurred, on the date stated above, at 10.50 P m.

The CAUSE OF DEATH* was as follows:

Asthma: Heart Failure

(Duration) ..... yrs. ..... mos. 3 da.

CONTRIBUTORY (Secondary) Chronic Heart

(Duration) ..... yrs. ..... mos. 9 da.

(Signed) Dr. W. Cunnard M. D.

Feb 14, 1917. (Address) 706 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Green Bay Va

DATE OF BURIAL, Feb 15, 1917

20-UNDERTAKER Chas G. Bailey

ADDRESS 1727 Jefferson St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2412

CERTIFICATE OF DEATH.

28 D 2412

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2530 Fleet ST.; 1 WARD)

2-FULL NAME George Walter Williams

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 2530 Fleet St.; 16 yrs., 6 mos., 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Mar 5, 1824 (Month) (Day) (Year)

7-AGE, 22 yrs. 11 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General.

9-BIRTHPLACE, (State or Country), Norfolk Va

PARENTS.

10-NAME OF FATHER, Gus Williams

11-BIRTHPLACE OF FATHER (State or Country). Norfolk Va

12-MAIDEN NAME OF MOTHER Ella Simmons

13-BIRTHPLACE OF MOTHER (State or Country). City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Ella Savage

(Address) 2530 Fleet St

15- FEB 15 1917 ROBERT R. KRAUTER

Filed....., 191.... Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 13, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 27 1916, to Feb 13 1917, that I saw h.. alive on Feb 13 1917, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

.....

.....

Tuberculosis Lungs

..... (Duration)....yrs....6...mos.....ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

..... (Duration)....yrs.....mos....2....ds.

(Signed) A. L. Frantzen M. D.

Feb 14, 1917. (Address) 203 Bank St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel — DATE OF BURIAL, Feb 16, 1917.

20-UNDERTAKER Peter Nicolaus — ADDRESS 2046 Eastern Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2413

CERTIFICATE OF DEATH.

9 ✓ D 2413

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1902 Bauld ST.; V WARD)

REGISTERED No. C

2-FULL NAME Audrey M. Lewis

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1902 Bauld St.; yrs., 5 mos. 9 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Sept. 4 (Month) (Day), 1916 (Year)

7-AGE, — yrs. 5 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, W. Sidney Lewis

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Marie Adkins

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. Sidney Lewis

(Address) 1902 Bauld St.

15-FEB 15 1917 ROBERT R. KRAUTER
Filed....., 191.. Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 14 (Day), 1917 (Year)

I HEREBY CERTIFY, That I attended deceased from February 12 1917 to Febry 14 1917, that I saw her alive on February 14 1917, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia
(No other history)
(Duration)....yrs....mos. 2 ds.

CONTRIBUTORY (Secondary) Infancy 5 mos old
(Duration)....yrs....mos....ds.

(Signed) R. L. Hartley, M. D.

Feby 14, 1917. (Address) 1902 Bauld St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Schwartz's Cemetery

DATE OF BURIAL, Feb. 15, 1917.

20-UNDERTAKER Lilly & Zeiler

ADDRESS 403 S. Mayo St.

Spec.—8-24-14—M. & T.—2000 Bks.

Baby Jones.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2414

CERTIFICATE OF DEATH.

15 W D 2414

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. B. 531 Vincent ST.; 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Jones

(Residence in Baltimore: No. 531 N Vincent Ave. St.; ....yrs.... mos. ....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb. 13, 1917
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds.

If LESS than 1 day, 2 hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland. Balto

PARENTS.

10-NAME OF FATHER, Elmore Jones

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Tucker

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elmore Jones

(Address) 531 N Vincent St.

15- FEB 15 1917 Filed....., 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 13, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 13 191 7, to Feb 13 191 7, that I saw h-im alive on Feb 13 191 7, and that death occurred, on the date stated above, at 2 0 5 m.

The CAUSE OF DEATH* was as follows:

Asphyxia

Heart Failure

(Duration)....yrs....mos....ds.

CONTRIBUTORY.....
(Secondary)

(Duration)....yrs....mos....ds.

(Signed) Wm. B. Schaupp M. D.

Feb 14, 191 7 (Address) Owings, Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Feb. 16 1917.

20-UNDERTAKER Hallett & Brown

ADDRESS 3064 Mount St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2415

CERTIFICATE OF DEATH.

170 ✓ D 2415

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 Argyle Ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nathaniel Carroll

(Residence in Baltimore: No. 1104 Argyle Ave St.; yrs. 28 mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 7 (Day) 1867 (Year)

7-AGE, 49 yrs. 7 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Coachman
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Nathaniel Carroll

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Jane Chase

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Sarah Carroll

(Address) 1104 Argyle Ave

15- Filed FEB 15 1917 191.. ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 13th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 6th 1916, to Feb 13th 1917, that I saw h[illegible] alive on Feb 13th 1917, and that death occurred, on the date stated above, at 5.25 P. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) Yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) Gradual yrs. mos. ds.

(Signed) [illegible] M. D.

Feb 14, 1917. (Address) 607 N Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St Peters

DATE OF BURIAL, Feb 17th 1917

20-UNDERTAKER Eames & Wright

ADDRESS 1126 W Mary

Spec.—8-24-14—M. & T.—2000 Bks.

D 2416 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 2416

CERTIFICATE OF DEATH.

REGISTERED No. C 4 10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 Myrtle Ave ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Jones

(Residence in Baltimore: No. 213 Myrtle Ave St.; ....yrs....mos....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	Col	Married

6-DATE OF BIRTH. ....January...., 1 ..... (Month) (Day) (Year)

7-AGE. ....60....yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....Domestic.
(b) General nature of industry, business, or establishment in which employed (or employer) ....At Home.

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Ralph Hawkins

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie Hawkins

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ....Isaiah Jones....

(Address) ....213 Myrtle Ave....

15- Filed FEB 15 1917 ROBERT B. KRAUTER, Clerk
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. ....Febr. 13th...., 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....Feb 2....191 7, to ....Feb 13....191 7, that I saw h.. alive on ....Feb 13....191 7, and that death occurred, on the date stated above, at ....11 P....m.

The CAUSE OF DEATH* was as follows:

....Acute Myocarditis....

.... (Duration) ....yrs. 5 mos. 1 ds.

CONTRIBUTORY (Secondary) ....Influenza....

.... (Duration) ....yrs. 5 mos. 13 ds.

(Signed) ....Jno. F. Thistel....M. D.

Feb. 14, 1917. (Address) ....204 N. Fulton Ave....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Laurel Cemetery — DATE OF BURIAL. Feb 16....., 1917.

20-UNDERTAKER John H Todd — ADDRESS 142 N Hill st

Spec.—5-19-13—M. & T.—500 Bks.

D 2417. HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

90 D 2417

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1719 Rutland Ave ST.; 8 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Cooper Graff

(Residence in Baltimore: No. 1719 Rutland Ave St.; ....yrs.....mos.....da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, February 27, 1835 (Month) (Day) (Year)

7-AGE, 81 yrs. 11 mos. 23 da.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Conveyancer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country). unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary Graff

(Address) 1719 Rutland Ave

15- FEB 15 1917 ROBERT R. KRAUTER
Filed....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 14, 1917.
(Month) Feb. (Day) 14 (Year) 1917

17- I HEREBY CERTIFY, That I attended deceased from Jany 15 1916, to Feby 14 1917, that I saw him alive on Feby 13 1917, and that death occurred, on the date stated above, at 2:15 P.m.

The CAUSE OF DEATH* was as follows:

Apoplexy - Sclerosis Arter
Chronic Bronchitis

(Duration) 2 yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) Geo L. Mettee M. D.

Feby 14 1917 (Address) 6 W Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cemetery Co — DATE OF BURIAL, Feb. 16, 1917

20-UNDERTAKER, H E Hughes — ADDRESS, 17 S Broadway

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 2418

CERTIFICATE OF DEATH

30 D 2418

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1914 Bolton St. WARD 14)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maxine Silver Hayden

(Residence in Baltimore: No. 1914 Bolton St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (If write the word): Single

6-DATE OF BIRTH: May 19, 1915 (Month) (Day) (Year)

7-AGE: 1 yrs. 10 mos. 24 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: W Reid Hayden

11-BIRTHPLACE OF FATHER (State or country): Balto. Md.

12-MAIDEN NAME OF MOTHER: Nellie Silver

13-BIRTHPLACE OF MOTHER (State or country): Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W Reid Hayden
(Address) 1914 Bolton St.

15- Filed FEB 15 1917, 191 — ROBERT B. KRAUTER, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb 13th, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 29th, 1917, to Feb 13th 1917, that I saw h Er alive on Feb 12th, 1917, and that death occurred, on the date stated above, at 5.15 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis meningitis

(Duration) yrs. mos. 32 ds

Contributory (SECONDARY) Oedema of lungs

(Duration) yrs. mos. 1 ds.

(Signed), Charles R. Mitchell M. D.

Feb 14th, 1917 (Address) 9 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: Feb. 16, 1917

20-UNDERTAKER: H C Hughes 17 — ADDRESS: S Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

D 2419

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 2419

CERTIFICATE OF DEATH.

80

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1305 Linden (ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Buckler Magruder

(Residence in Baltimore: No. Bon Linden Ave St.; ..... yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Sept (Month) 21 (Day), 1858 (Year)

7-AGE, 58 yrs. 4 mos. 22 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House
(b) General nature of industry, business, or establishment in which employed (or employer)..... Wife

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Riggin Buckler

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Isabel Magruder

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) D. H. Warren Buckler

(Address) 806 Cathedral St

15- Filed FEB 15 1917 191... ROBERT R. KRAUTER Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 14 (Day), 1917 (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 14 1917 to Feby 14 1917, that I saw h[er] alive on Feby 14 1917, and that death occurred, on the date stated above, at 1P m.

The CAUSE OF DEATH* was as follows:

Apoplexy Lesions

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) My. O. Cardiac

(Duration) 12 yrs. ..... mos. ..... ds.

(Signed) D. Warren Buckler M. D.

Feb 14, 1917. (Address) 806 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount

DATE OF BURIAL, 2-16..., 1917.

20-UNDERTAKER H. O. Jenkins Sons Co.

ADDRESS Mulloka Orchard

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2420
1—PLACE OF DEATH

CERTIFICATE OF DEATH.

92 ✓ D 2420
REGISTERED NO. C

CITY OF BALTIMORE: (No. 214 N. Chapel ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Cora Endres

(Residence in Baltimore: No. 214 N. Chapel St.; 7 yrs., 3 mos. 14 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Oct. (Month) 30 (Day), 1909 (Year)

7-AGE, 7 yrs. 3 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer): School

9-BIRTHPLACE, (State or Country), Balt

PARENTS.

10-NAME OF FATHER, Joseph Endres

11-BIRTHPLACE OF FATHER (State or Country), Balt

12-MAIDEN NAME OF MOTHER, Mary Hoch

13-BIRTHPLACE OF MOTHER (State or Country), Balt

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Endres

(Address) 214 N. Chapel St.

15- FEB 15 1917, 191.... ROBERT B. KRAUTER Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 13 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 20 1917, to Feb. 13 1917, that I saw h[er] alive on Feb. 13 1917, and that death occurred, on the date stated above, at 6.50 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Central)

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Pleuro Pneumonia

(Duration) ....yrs. ....mos. 24 ds.

(Signed) Geo. Heller M. D.

2-14-17, 191.7 (Address) 1937 Gough St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Feb. 16, 191.7

20-UNDERTAKER Wendell Pepper — ADDRESS 2781

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2421

CERTIFICATE OF DEATH.

151 ✓ D 2421

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1325 Greenmount St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Kemp.

(Residence in Baltimore: No. 1325 Greenmount St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb. 13, 1917.
(Month) (Day) (Year)

7-AGE, ...yrs.....mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. child.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Wm Kemp.

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER Mary A Klausman

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Mrs Mary Copsey

(Address) 1325 Greenmount Ave

15-FEB 15 1917 ROBERT R. KRAUTER, Clerk.
Filed....., 191.....
Burial Permit
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 14, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 13 1917, to Feby 14 1917, that I saw him alive on Feby 14 1917, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Bilat - 6 hours Duration

Gastric Symptoms

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) J. H. Robinson M. D.

Feby 14, 1917. (Address) 726 E. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Mary Klausman — DATE OF BURIAL, Feb 15, 1917.

20-UNDERTAKER Wm Cook. — ADDRESS 502 E Mt St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 2422

CERTIFICATE OF DEATH

92 D 2422

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 8 Hebrew Hospital ST. 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Harry Mittendorf

(Residence in Baltimore: No. 2313 E. Mc Eldery St.: 25 yrs. 7 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6 DATE OF BIRTH: July (Month) 14 (Day), 1892 (Year)

7 AGE: 25 yrs. 7 mos. 0 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Baby Carriage Factory

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Herman Mittendorf

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Annie Everly

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jennie Middendorf

(Address) 2313 McEldery St

15 FEB 15 1917 ROBERT R. KRAUTER

Filed ....., 191.... Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb (Month) 14 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1917, to Feb 14 1917, that I saw h[illegible] alive on Feb 14, 1917, and that death occurred, on the date stated above, at 5.40 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia (left lung)

(Duration) ..... yrs. ..... mos. 14 ds

Contributory (SECONDARY) Cardiac dilatation 7 hrs

(Duration) ..... yrs. ..... mos.

(Signed) Bernard Jacobson M. D.

Feb 14, 1917 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 2313 Mc Eldery st

19 PLACE OF BURIAL OR REMOVAL: Oak Lawn Cemetery

DATE OF BURIAL: Feb 17, 1917

20 UNDERTAKER: Christian Miller

ADDRESS: 2334 Jefferson St

D 2423 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 2423

REGISTERED No. C

PLACE OF DEATH

CITY OF BALTIMORE (No. 2026 Mt Royal Terrace St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Elizabeth Kay Mowe

(Residence in Baltimore: No. 1819 Walbrook ave St.; yrs. 35 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June 24, 1882 (Month) (Day) (Year)

7-AGE, 34 yrs. 7 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Christopher Hinkelmann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Susan Derr

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Husband

(Address) 1819 Walbrook ave

15- Filed Feb 15 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 14, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

Contributory Chronic Nephritis (Duration) 2 yrs. mos. ds.

(Signed) J. W. Mallonee M. D.

(Coroner) (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State..yrs. 34 mos. 7 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

18-PLACE OF BURIAL OR REMOVAL, Western Cemetery. DATE OF BURIAL, Feb. 17, 1917

20-UNDER... ADDRESS 1600 W North ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 2424

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2424

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 26 N. Norris al St.; 19 WARD) REGISTERED No. C 79

2-FULL NAME Emma Brown

(Residence in Baltimore: No. 26 N. Norris al. St.; Life yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Col'd	Mar

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 48 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thomas Smith

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Emma Dixon

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Brown

(Address) 26 N. Norris al

15- MARY (ADDRESS

Filed FEB 15 1917 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 13, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10 191 7, to Feb 13 191 7, that I saw h alive on Feb 12 191 7, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) W. Norris M. D.

Feb 13 191 7 (Address) 937 W Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn — DATE OF BURIAL, Feb 16 191 7

20-UNDERTAKER A. Jones — ADDRESS 207 S Stricker St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2425 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 2425

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1413 Gorsuch Ave ST.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Gales Ireland.

(Residence in Baltimore: No. 1413 Gorsuch ave St.; 2 yrs.. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Jan (Month) 20 (Day), 1914 (Year)

7-AGE, 2 yrs. 1 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Benjamin E Ireland

11-BIRTHPLACE OF FATHER (State or Country) State of Md

12-MAIDEN NAME OF MOTHER Mary A. Gales.

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Benjamin E Ireland

(Address) 1413 Gorsuch ave

15- FEB 15 1917 HARRY C. ARENTS

Filed....., 191... Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 17th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 3rd 1917, to Feb 17th 1917, that I saw him alive on Feb 13th 1917, and that death occurred, on the date stated above, at 5th a.m.

The CAUSE OF DEATH* was as follows:

.....

Broncho Pneumonia

..... (Duration) yrs..... mos. 5 ds.

CONTRIBUTORY (Secondary) (Unknown)

..... (Duration) yrs..... mos..... ds.

(Signed) Jno B Kolb M. D.

Feb 17th, 1917. (Address) 1203 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Feb 16, 1917

20-UNDERTAKER Hoen & Co. — ADDRESS 1026 E. North Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2426

CERTIFICATE OF DEATH.

28 D 2426

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 Jackson ST.; 24 WARD) REGISTERED NO. C

2-FULL NAME Angeline R. Lowman

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1812 Jackson St.; 40 yrs., mos., da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, May (Month) 18 (Day), 1843 (Year)

7-AGE, 73 yrs. 8 mos. 25 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): A. A. Co Md.

PARENTS.

10-NAME OF FATHER, Richard Cromwell

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Typhosia Warfield

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Lowman

(Address) 1430 Covington

15- Filed FEB 15 1917, 191.

HARRY O. ANDREW Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 13 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1917, to Feb. 11 1917, that I saw h er alive on Feb 11 1917, and that death occurred, on the date stated above, at 9 48 A.M.

The CAUSE OF DEATH* was as follows:

Primary—General Debility

Immediate—Exhaustion

(Duration) yrs. 1 mos. 39 ds.

CONTRIBUTORY (Secondary) Subcutaneous Infiltration

(Duration) yrs. mos. 39 ds.

(Signed) J. F. Strauss M. D.

Feb 14, 1917. (Address) 506 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill — DATE OF BURIAL, 2/16, 1917

20-UNDERTAKER Williams Cook — ADDRESS 504 E North Ave.

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very

over

N4863

D 2427. HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 2427.

105

CERTIFICATE OF DEATH.

REGISTERED No. C

PLACE OF DEATH

CITY OF BALTIMORE (No. 1411 n Rose st ST. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Severn

(Residence in Baltimore: No. 1411 N Rose st St.; 5 yrs. 5 mos. da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Boy

6-DATE OF BIRTH, Aug 15 1908, 1
(Month) (Day) (Year)

7-AGE, 8 yrs. 5 mos. 30 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... School boy

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, August Severn

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Anna Smith

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) August Severn

(Address) 1411 N. Rose st

15- FEB 15 1917 Filed....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 14 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Indigestion

(Duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

Feb 14 1917 191... (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

(No further history)

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Feb 17, 1917

20-UNDERTAKER J Wm Cook — ADDRESS 502 E Fayette

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2428

CERTIFICATE OF DEATH.

50 D 2428

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 N Central ave ST.; 10th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence E. Wilson

(Residence in Baltimore: No. 717 N Central Ave. St.; yrs. 64 mos. 9 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb (Month) 5 (Day) 1853 (Year)

7-AGE, 64 yrs. 9 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home keeper
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Samuel C. Cole

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Florence E Cole

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma C. Wilson

(Address) 717 N. Central Av.

15- Filed FEB 15 1917 191.... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 9th 1917, to Feb. 14th 191, that I saw h alive on Feb. 13th 1917, and that death occurred, on the date stated above, at 9 5/6 a m.

The CAUSE OF DEATH* was as follows:

Diabetic Coma.
with Arterial Sclerosis

(Duration) 1 yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Phlebitis + Embolus

(Duration) 1 yrs. 9 mos. ds.

(Signed) F. W. Phillips M. D.

Feb 14, 1917. (Address) 1201 Hollins St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemy — DATE OF BURIAL, Feb. 17, 191 7

20-UNDERTAKER Wells & Bulls — ADDRESS 222 N Bradly

D 2429

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

79 D 2429

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 428 N Fremont ST.: 18 WARD)

2-FULL NAME Joseph N. Grove

(Residence in Baltimore: No. 428 N Fremont

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs., mos. da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1833 (Year)

7-AGE, 84 yrs. ..... mos. ..... da.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) ..... House

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, George W. Grove

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Catherine Knott

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Knell

(Address) 917 Columbia Ave

15- Filed FEB 16 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 14, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

..... (Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... da.

(Signed) Albert D. Driscoll M. D.
(Coroner.)

Feb 15. 1917. (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Feb 16, 1917
20-UNDERTAKER	**ADDRESS**
Knell & Son	1729 W Pratt St

FILMED

Spec.—8-24-14—M. & T.—2000 Bks.

Thomas Conyer.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2430

CERTIFICATE OF DEATH.

50 D 2430

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1839 N.H. Ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Conyer

(Residence in Baltimore: No. 1809 With. Ave. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH. ..... (Month) ..... (Day) ..... (Year)

7-AGE. 44 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Tailor
(b) General nature of industry, business, or establishment in which employed (or employer). Dept. Store

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. John Conyer

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Adelia Butler

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John D. Conyer

(Address) 1839 W. N. Ave.

15- Filed FEB 16 1917 191... ROBERT R. KRAUTER Registrar

Burial Permit

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 14 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 19th 1917, to Feb. 14th 1917, that I saw h[e] alive on Feb. 14th 1917, and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Diabetes

..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Lee Ellis M. D.

Feb 15, 1917. (Address) 924 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Mt. Auburn Cemetery

DATE OF BURIAL. Feb. 16th 1917.

20-UNDERTAKER Felix B. Pye

ADDRESS 102 E. Mulberry St.

S·A·F·E·T·Y

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2431

CERTIFICATE OF DEATH.

126 D 2431
REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St.; 16 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hyman Newman

(Residence in Baltimore: No. 629 N Pulaski St.; 26 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March, 15, 1874 (Month) (Day) (Year)

7-AGE, 42 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Dry goods

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Isaac Newman

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Bessie —

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E Baltimore St

15- FEB 16 1917 Filed....., 191.... ROBERT B. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb, 15, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 15 1917, to Feb 15 1917, that I saw him alive on Feb 15th 1917, and that death occurred, on the date stated above, at 10-50 p m.

The CAUSE OF DEATH* was as follows:

Hemorrhage Nephritis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Infected Prostate

Operation (Duration) yrs. Unknown mos. ds.

(Signed) J. E. Evans M. D.

Feb. 15, 1917. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State 21 yrs. ....mos. 1 ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 629 N Pulaski St.

19-PLACE OF BURIAL OR REMOVAL, Lebanon Evening Sons Cem. DATE OF BURIAL, Feb. 16, 1917

20-UNDERTAKER, Jack E. Evans ADDRESS, 1411 E Balto St.

Spec.—6-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2432

CERTIFICATE OF DEATH.

6 13 D 2432

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1739 N. McCulloh St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Farrall

Residence in Baltimore: No. 1739 N. McCulloh St.; ....yrs.,....mos.....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Fem	Col.	Widow

6-DATE OF BIRTH, Nov. (Month) 25 (Day), 1866 (Year)

7-AGE, 50 yrs. 2 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arthur Farrall (Son)

(Address) 1739 N. McCulloh St.

15-

Filed FEB 16 1917, 191.... ROBERT R. KRAUTER

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 23 1916, to Feb 14 1917, that I saw h[illegible] alive on Feb 13 1917, and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. C. Burns M. D.

Feb 16, 1917. (Address) 2218 E. Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Asbury	Feb 16, 1917

20-UNDERTAKER	ADDRESS
John W. Henderson	31 N. Caroline

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2433

CERTIFICATE OF DEATH.

35 D 2433

REGISTERED No. C.....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 Ryan r ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 12.)

2—FULL NAME John H. Wildman

Residence in Baltimore: No. 912 Ryan st St.; ..... yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX. Male

4—COLOR OR RACE, white

5—SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6—DATE OF BIRTH. Apr (Month) 19 (Day) 1881 (Year)

7—AGE, 35 yrs. 9 mos. 27 ds.

If LESS than 1 day, ... hrs. or .... min.?

8—OCCUPATION:
(a) Trade, profession, or particular kind of work..... Iron Worker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9—BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10—NAME OF FATHER. Ernest Wildman

11—BIRTHPLACE OF FATHER (State or Country), Germy

12—MAIDEN NAME OF MOTHER Catherine Crosson

13—BIRTHPLACE OF MOTHER (State or Country), Germy

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Same address

(Address) 217 S. Paca St.

15— Filed FEB 16 1917 19.. ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, Feb (Month) 16 (Day) 1917 (Year)

17— I HEREBY CERTIFY, That I attended deceased from Jan 20 1917, to Feb 15 1917, that I saw h[im] alive on Feb 15 1917, and that death occurred, on the date stated above, at 2 30 P.M.

The CAUSE OF DEATH* was as follows:

General tuberculosis

..... (Duration) about 9 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Alcoholism & Nephritis

..... (Duration) about 1 yrs. ..... mos. ..... ds.

(Signed) H. E. Kunkel M. D.

Feb 16, 1917. (Address) 1002 W. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19—PLACE OF BURIAL, OR REMOVAL, Western Cem. DATE OF BURIAL, Feb. 18, 1917.

20—UNDERTAKER Jos Svendsen Son ADDRESS 217 S. Paca

Spec.—8-24-14—M. & T.—2000 Bks.

D 2434

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 ✓ D 2434

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 N Mount ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philip Franklin Fletcher

(Residence in Baltimore: No. 1110 Mount St St.; 74 yrs., mos. 4 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Febry 10, 1843.
(Month) (Day) (Year)

7-AGE, 74 yrs. ✓ mos. 4 ds.

If LESS than 1 day, ✓ hrs. or ✓ min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Head Chef
(b) General nature of industry, business, or establishment in which employed (or employer): Institution

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Philip F. Fletcher

11-BIRTHPLACE OF FATHER (State or Country), Baltimore (?)

12-MAIDEN NAME OF MOTHER Louisa Porter

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo E Shannon

(Address) 700 Fulton Ave

15-

Filed FEB 16 1917, 191.. ROBERT R. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Febry 14, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Febry 20 1915, to Febry 14 1917; that I saw h[illegible] alive on Febry 13 1917, and that death occurred, on the date stated above, at 8a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 5 ✓ yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy

(Duration) 2 ✓ yrs. ✓ mos. ✓ ds.

(Signed) Geo E Shannon M. D.

Febry 14, 191.7 (Address) 700 Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, London Park Cem — DATE OF BURIAL, Feb 16, 1917.

20-UNDERTAKER Joseph B Cook. — ADDRESS 1003 N Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

D 2435

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

109 D 2435

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 834 S East Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph H. Grant

(Residence in Baltimore: No. 834 S. East Ave St.; 69 yrs., mos. ds.)*

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, June 10 (Month), 1837 (Day) (Year)

7-AGE, 79 yrs. 8 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired 2 years
(b) General nature of industry, business, or establishment in which employed (or employer)..... Ship Carpenter

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mary Putman

(Address) 834 S East Ave

15- FEB 16 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 14 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 9 1917, to Feb. 14 1917, that I saw h.. alive on Feb. 14 1917, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

Senility

(Duration)....yrs....mos. 6 ds.

CONTRIBUTORY (Secondary)

.....C. (Duration)....yrs....mos....ds.

(Signed) Henry B Atkey M. D.

Feb 15, 1917. (Address) 200 N Patterson Pk Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn

DATE OF BURIAL, Feb. 16, 1917

20-UNDERTAKER D. Sandt & Sons

ADDRESS 1710 Eutaw St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

George Oliver

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2436

CERTIFICATE OF DEATH.

64 D 2436

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 N. Bruce ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Oliver

(Residence in Baltimore: No. 406 N. Bruce St.; 10 yrs., ... mos. ..... ds.)

R. S.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Not known, 1866
(Month) (Day) (Year)

7-AGE 51 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Longshoreman

9-BIRTHPLACE, (State or Country), Howard Co. Md.

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Jackson

(Address) 406 N. Bruce St.

15-

Filed FEB 16 1917 191.....

ROBERT R. KRAUTER
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 15, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 15 1917, to Feb. 15 1917, that I saw h... alive on Feb. 15 1917, and that death occurred, on the date stated above, at 5-30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. L. McCarty M. D.

Feb. 15, 1917 (Address) 406 N. Bruce St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Cem. DATE OF BURIAL, Feb 17, 1917

20-UNDERTAKER Sam'l H. Case & Son ADDRESS 1400 Mosher

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2437

CERTIFICATE OF DEATH.

170 D 2437

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1321 Scott St. ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Brown.

(Residence in Baltimore: No. 1321 Scott St. St.; ..... yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January 31st, 1853.
(Month) (Day) (Year)

7-AGE, 63 yrs. ..... mos. 15 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): work

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John. Berry.

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Jno. Ellis.

(Address) 925 W. Lombard St.

15-

Filed FEB 16 1917, 191.. ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 14, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 3 1917, to Feby 14 1917, that I saw h.. alive on Feby 14 1917, and that death occurred, on the date stated above, at 8.4 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

..... (Duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Weakness

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Albert S. Driscall M. D.

Feby 15, 191.. (Address) 312 N. Carrollton Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, Feby 17 1917

20-UNDERTAKER John Flowers Sons ADDRESS 701 Hollins St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2438

CERTIFICATE OF DEATH.

92 D 2438

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 Hollins ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel S Wells

(Residence in Baltimore: No. 906 Hollins St St.; 62 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1855 (Year)

7-AGE, 62 yrs. ~ mos. ~ ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Nicholas Wells

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Laura J Berry

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Wells

(Address) 906 Hollins St

15-FEB 16 1917 ROBERT B. KRAUTER

Filed....., 191.....

Burial Permit Clerk Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb ..... (Month) 14 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 11 1917, to Feb 14 1917, that I saw h.. alive on Feb 14 1917, and that death occurred, on the date stated above, at 3P m.

The CAUSE OF DEATH* was as follows:

.....

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D Bentley Hoag M. D.

Feb 15, 191.. (Address) 2 E Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Pathfinder Cem	Feb 17 1917
20-UNDERTAKER	**ADDRESS**
John Edward Hall	911 Hollins

D 2439

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

169 D 2439

REGISTERED No. C.....

1—PLACE OF DEATH

CITY OF BALTIMORE (No. Hampden Reservoir ST.: 43 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME Thomas M. Duvall.

(Residence in Baltimore: No. 3728 Falls Road. St.) (20 yrs., 6 mos. 1 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX, Male

4—COLOR OR RACE, White

5—SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6—DATE OF BIRTH, Aug. (Month) 13 (Day), 1896 (Year)

7—AGE, 20 yrs. 6 mos. 1 da.

If LESS than 1 day, ...hrs. or....min.?

8—OCCUPATION:
(a) Trade, profession, or particular kind of work: Plumber's Helper
(b) General nature of industry, business, or establishment in which employed (or employer): Poole Eng. & Machine Co.

9—BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10—NAME OF FATHER, Milton Duvall

11—BIRTHPLACE OF FATHER (State or Country), Maryland

12—MAIDEN NAME OF MOTHER Lucy Morcross

13—BIRTHPLACE OF MOTHER (State or Country), Virginia

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Lucy Healy

(Address) 3728 Falls Road.

15—FEB 16 1917 ROBERT B. KRAUTER

Filed....., 191.....

Burial Permit Record

CORONER'S CERTIFICATE OF DEATH.

16—DATE OF DEATH, Feb (Month) 14 (Day), 1917 (Year)

17— I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) and that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental

Drowning

(Duration).....yrs.....mos.....da.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....da.

(Signed) J. Emil Harris M. D.
(Coroner.)

Feb 15 1917 (Address) 36 32 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19—PLACE OF BURIAL OR REMOVAL, St. Mary's Hampden | DATE OF BURIAL, Feb 17, 1917

20—UNDERTAKER Horace Burgee & Son | ADDRESS 363 Falls Rd.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

169 D 2440

REGISTERED No. C..

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PLACE OF DEATH

CITY OF BALTIMORE (No.) Hampden Reservoir ST.: 13 WARD)

FULL NAME William A. Johnson

(Residence in Baltimore: No. 3744 Hickory Ave. Sex 31 yrs., 11 mos. 19 da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb. 26, 1885
(Month) (Day) (Year)

7-AGE, 31 yrs. 11 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Paper-Hanger
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Wm. C. Johnson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Sarah C. Smith

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Cora V. Johnson

(Address) 3744 Hickory Ave

15- Filed FEB 16 1917 191.. ROBERT B. KRAUTER Registrar. Burial Permit Dist.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 14, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to (1) death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Accidental

(b) Drowning

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Bruff Morris M. D.
(Coroner.)

Feb 15 191.. (Address) 1632 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Mary's Hampden — DATE OF BURIAL, Feb 16, 1917

20-UNDERTAKER Horace Burgee Son — ADDRESS 631 Hollins Road

D 2441

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 D 2441

REGISTERED No. C

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 603 E. Lombard St. ST. 22 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME James Nisbet

(Residence in Baltimore: No. 603 E. Lombard St. St.; yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: Black

5. SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6. DATE OF BIRTH: May (Month) 28 (Day), 1867 (Year)

7. AGE: 49 yrs. 11 mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9. BIRTHPLACE (State or country): Md

PARENTS

10. NAME OF FATHER: Wm Nisbet

11. BIRTHPLACE OF FATHER (State or country): Md

12. MAIDEN NAME OF MOTHER: Rebecca Cady

13. BIRTHPLACE OF MOTHER (State or country): Md

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Stephen Dixon

(Address) 1118 Russell St.

15. FEB 16 1917 Filed 191

ROBERT B. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feby (Month) 15 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 12, 1917, to Feby 15 1917, that I saw h[illegible] alive on Feby 14, 1917, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) W. Edward M. D.

Feb 15, 1917 (Address) 1118 Russell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Feb 18, 1917

20. UNDERTAKER: Thos H Hooper — ADDRESS: 1617 Eutaw Place

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2442 **CERTIFICATE OF DEATH.** 92 D 2442

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 22 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ben Campbell

(Residence in Baltimore: No. 106 W. York St St.; ....yrs.... mos. ....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Married

6-DATE OF BIRTH, Apr. 8, 1882
(Month) (Day) (Year)

7-AGE, 34 yrs. 10 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Vendor
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country), W. Va

PARENTS.

10-NAME OF FATHER, Ben Campbell

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Records Mercy Hosp

(Address) Calvert St

15- Filed FEB 16 1917, 191.... ROBERT R. KRAUSE Registrar.

Burial Permit [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 12, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 8 1917, to Feb 12 1917, that I saw h[illegible] alive on Feb. 12 1917, and that death occurred, on the date stated above, at 4:10 p.m.

The CAUSE OF DEATH* was as follows:

(a) Lobar Pneumonia

(b) [illegible]

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Toxaemia

(Duration) ....yrs. ....mos. 5 ds.

(Signed) Edward H. Dunck M. D.

Feb 12, 1917 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 ds. In the State 10 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 106 W. York St.

Former or usual residence 106 W. York St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
JOHNS HOPKINS HOSP	FEB
20-UNDERTAKER	ADDRESS

Commissioner Health

67

Spec.—8-24-14—M. & T.—2000 Blks.

D 2443

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 D 2443

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Carson

(Residence in Baltimore: No. 519 East Fayette Street St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, February 4 1917, 1 (Month) (Day) (Year)

7-AGE, ...yrs....mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thomas Carson

11-BIRTHPLACE OF FATHER (State or Country). North Carolina

12-MAIDEN NAME OF MOTHER Arabella Coleman

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Ghiselin Jr. MD

(Address) Johns Hopkins Hospital

15- FEB 16 1917 ROBERT R. KRAUTER

Filed....., 191.... Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 14 1917, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 4 1917 191... to Feb 14 1917 191..., that I saw him alive on Feb 14 1917 191..., and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Melena Neonatorum

Prematurity. (Duration)....yrs....mos....ds.

(Signed) John Ghiselin Jr. M. D.

Feb. 14., 1917. (Address) Johns Hopkins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL

Commissioner Health

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Birth Certificate sent in already

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 2444

CERTIFICATE OF DEATH.

79 D 2444

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 N. Dallas ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J. Stanley

(Residence in Baltimore: No. 807 N. Dallas St.; ....yrs., ...mos. ....ds.)

N. B.—Every item of information should be carefully supplied. ACE at CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black C.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Widow

6-DATE OF BIRTH, March 18, (Month) (Day), 1857 (Year)

7-AGE, 59 yrs. 10 mos. 23 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Alabama

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Turpin

(Address) 807 Dallas St

15-

Filed FEB 16 1917, 191... ROBERT R. KRAUTHOFF Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 10, (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1917, to Feb. 14 1917, that I saw h[e]r alive on Feb. 13, 1917, and that death occurred, on the date stated above, at 5:22 a.m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

.....

.....

.....

.....(Duration) 1 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cardiac asthma

.....(Duration) 3 yrs. ....mos. ....ds.

(Signed) J. M. Culbreth M. D.

Feb 14, 1917. (Address) 1520 Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Laurel Cemetery

DATE OF BURIAL Feb. 17, 1917

20-UNDERTAKER Wm. R. A. Elliott

ADDRESS 506 East St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 2445

CERTIFICATE OF DEATH.

64 D 2445

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 20x Dolphin ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Henry Reynolds

(Residence in Baltimore: No. 204 Dolphin St.; ...yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1869 (Year)

7-AGE, 48 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Coachman.
(b) General nature of industry, business, or establishment in which employed (or employer): Horseman,

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Jacob. Reynolds.

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Georgianna. Reynolds.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nellie Reynolds

(Address) 204 N. Dolphin.

15- Filed FEB 16 1917, 191... ROBERT B. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 13, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1917, to Feb. 13 1917, that I saw h.. alive on Feb. 13 1917, and that death occurred, on the date stated above, at 10 29 m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) ...yrs. ...mos. 2 ds.

CONTRIBUTORY (Secondary) Degeneration of Heart

(Duration) ...yrs. ...mos. ...ds.

(Signed) Edw. J. Whatley M. D.

Feb. 14, 1917. (Address) 1233 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Feb. 16 1917.

20-UNDERTAKER, Jno. K. A. Ellicott — ADDRESS 5E East St

D 2446

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

D 2446

REGISTERED NO. C 167

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Felix Osborne

(Residence in Baltimore: No. 322 Colvin St. St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Black	Single

6-DATE OF BIRTH, January, 13, 1914
(Month) (Day) (Year)

7-AGE, 6 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Sam Osborne

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Emma Hudson

13-BIRTHPLACE OF MOTHER (State or Country), Knabbs M.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Elliot

(Address) 306 Rogers.

15- Filed FEB 16 1917, 191... ROBERT R. KRAUTER Registrar

Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 13, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

1. Burns - Lamp Explosion
2. Severe Collapse
3. Shock (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) W. H. Hale M. D.
(Coroner.)

Feb 14, 191.. (Address) 322 Colvin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 322 Colvin St.

Former or usual residence 322 Colvin St.

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL.
Mt. Auburn Cemetery	Feb. 17, 1917

20-UNDERTAKER	ADDRESS
Mrs. M. A. Elliott	306 East St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2447

CERTIFICATE OF DEATH.

1/5 D 2447

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Carrigan

(Residence in Baltimore: No. 206 S. Madeira St St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) ....., 1..... (Day) (Year)

7-AGE, 65 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)..... Tomach

9-BIRTHPLACE, (State or Country), Ohio

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C A Smith

(Address) Johns Hopkins Hospital

15- ROBERT R. ....

Filed FEB 16 1917 191.... (Write) ..... Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 13, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 10 1917, to February 13 1917, that I saw him alive on February 13 1917, and that death occurred, on the date stated above, at 4 15 p m.

The CAUSE OF DEATH* was as follows:

(a) Gall Stones - Cholecystitis

.....

.....

..... (Duration) 4 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Operation

Localized peritonitis (Duration) ....yrs. ....mos. 4 ds.

(Signed) George R. Dennis M. D.

Feb 13., 1917. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? -

Former or usual residence 206 S Madeira St

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer Cem. DATE OF BURIAL. Feb 17th, 1917.

20-UNDERTAKER Lilly & Zeiler ADDRESS 4038 Wolfe St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2448

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

110 D 2448

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 S. Wolfe ST.; 26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Brother Nepomucene Peter Fischer

(Residence in Baltimore: No. 7 S. Wolfe St.; 25 yrs. ..... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July 4 (Month) (Day), 1847 (Year)

7-AGE, 69 yrs. 7 mos. 10 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Brother Ab.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... St. Michaels Church

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev. Peter Bachle

(Address) T. S. Wolfe St.

15- ROBERT ...UTE

Filed ..... 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2 (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2-12 1917, to 2-14 1917, that I saw h.m alive on 2-14 1917, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Infected Face

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) J E Bartley M. D.

2-16, 1917 (Address) 111 E Eager

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. | DATE OF BURIAL, Feb. 17, 1917

20-UNDERTAKER Lilly-Geiler | ADDRESS 4033 Wolfe St.

Form P-0761a

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2449 ✓ x 115 D 2449

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman A Thomas.

(Residence in Baltimore: No. Johns Hopkins Hospital St.; yrs. 1 mos. 5 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, August (Month) 8 (Day), 1868 (Year)

7-AGE, 48 yrs. 6 mos. 7 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant.
(b) General nature of industry, business, or establishment in which employed (or employer): Paint Salesman

9-BIRTHPLACE, (State or Country), West Virginia

PARENTS.

10-NAME OF FATHER, Stephen Thomas

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Martha E. Stack

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Charles Snyder

(Address) c/o Johns Hopkins Hospital.

15- Filed FEB 16 1917, 191 ROBERT R. KRAUTER. Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 10 1917, to February 15 191..., that I saw him alive on February 5 191..., and that death occurred, on the date stated above, at 6 m.

The CAUSE OF DEATH* was as follows:

Chronic arthritis

(Duration) 12 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Chronic cholecystitis, Removal of gall stones

(Duration) 7 yrs. — mos. ... ds.

(Signed) Chas E Duffy M. D.

Feb. 16, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 1 mos. 5 ds. In the State ... yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence Charleston, W. Virginia.

19-PLACE OF BURIAL OR REMOVAL, Charleston W. Va. DATE OF BURIAL, Feb 16, 191...

20-UNDERTAKER George J. Smith ADDRESS 900 Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

D 2450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

130 D 2450

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1910 Hope Sts ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Phillips

(Residence in Baltimore: No. 1910 Hope St. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January 1 (Month) (Day) (Year)

7-AGE, 69 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House
(b) General nature of industry, business, or establishment in which employed (or employer). Carpenter

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Charles Phillips

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER dont know

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Charles Phillips

(Address) 1910 Hope St.

FEB 16 1917 Filed....., 191.....

ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 14th, 1917. (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from October 1 1916 to February 14 1917, that I saw h.. alive on Feb 13th 1917, and that death occurred, on the date stated above, at 2.9 m.

The CAUSE OF DEATH* was as follows:

1. Tumor Interstitial Nephritis

(Duration) yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. ....mos. 7 ....ds.

(Signed) P.E. Hill M. D.

Feb 16, 1917 (Address) 1 W. E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery. DATE OF BURIAL, Feb. 16th, 191...

20-UNDERTAKER George F. Pruett ADDRESS 1735 Hayward Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2451

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

10 D 2451

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1 St Elizabeth Home ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hilda Brooks

(Residence in Baltimore: No. 6 Paul St

St.) 0 yrs. 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): single

6-DATE OF BIRTH, November 2, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 12 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, Owen Brooks

11-BIRTHPLACE OF FATHER (State or Country), Calvert County

12-MAIDEN NAME OF MOTHER Annie Kellam

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Spriggs

(Address) 136 W. Hamburg St.

15-
Filed FEB 17 1917, 191.....
MARY C. ANDREWS
Deputy Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 12, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 12 1917, to Feb 12 1917, that I saw her alive on Feb 12 1917, and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH* was as follows:

Influenza

..... (Duration) ....yrs. ....mos. 30 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

..... (Duration) ....yrs. ....mos. 10 ds.

(Signed) C. Freedenwald M. D.

Feb 17, 1917. (Address) 1.D. 116 Lombard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 10 mos. 12 ds. Is the State Life yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? St Elizabeths Home

Former or usual residence St Elizabeths Home

19-PLACE OF BURIAL OR REMOVAL, Mt. Albion — DATE OF BURIAL, Feb 16, 1917.

20-UNDERTAKER R. L. Parham — ADDRESS 131 W. Hamburg St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2452 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

9 D 2452

1-PLACE OF DEATH St. Vincents Infant Asylum REGISTERED No. C.....

CITY OF BALTIMORE: (No. St. Vincents Infant Asylum ST.; 14th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leona Mary Krieger

(Residence in Baltimore: No. 1401 Division St. St.; 5 yrs., 1 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	wht	Single

6-DATE OF BIRTH, Jan. (Month) 12 (Day), 1912 (Year)

7-AGE, 5 yrs. 1 mos. 3 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Fred W. Krieger

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fredk. W. Krieger

(Address) 1122 N Eden St

15- FEB 17 1917 MARY C. ANDREWS

Filed....., 191.... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby (Month) 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 15 191 , to Feby 15 191 , that I saw h.r alive on Feby 15 191 , and that death occurred, on the date stated above, at 9.15 m.

The CAUSE OF DEATH* was as follows:

Laryngeal

Diph. Toxemia

(Duration) ....yrs....mos. 3 ds.

CONTRIBUTORY (Secondary) Sepsis

(Duration) ....yrs....mos. 2 ds.

(Signed) Charles O'Donovan M. D.

Feb 16, 1917. (Address) 1 E. Read St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 14 ds. In the State 5 yrs. 1 mos. 3 ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 1122 N Eden St. Balt Md.

PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Feb 16 1917

20-UNDERTAKER	ADDRESS
M Fahey & Sons	606 Lafayette Ave

4 PM

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2453

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 ✓ D 2453

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Mazzuchi

(Residence in Baltimore: No. 515 Colvin St St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Married

6-DATE OF BIRTH, Unknown, 1855
(Month) (Day) (Year)

7-AGE, 62 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (State or Country), Don't Know

12-MAIDEN NAME OF MOTHER Don't know

13-BIRTHPLACE OF MOTHER (State or Country), Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. Lamar Co

(Address) 1604 Linden Ave

15- FEB 17 1917 HARRY C. ANDREWS
Filed, 191 Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 15, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 11 1917, to Feb. 15 1917, that I saw h[illegible] alive on Feb 15 1917, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Hypostatic Congestion Pulmonary

Carcinoma of Liver (Duration) 3 yrs. mos. ds.

(Signed) Frank C. Imaeus M. D.

Feb. 15, 1917 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. 4 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Not Known

Former or usual residence 515 Colvin St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Holy Redeemer Cem.	Feb 17, 191[illegible]
20-UNDERTAKER	ADDRESS
Ed M. Flynn	1422 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2454 HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

130 D 2454

REGISTERED NO. C.

PLACE OF DEATH

CITY OF BALTIMORE (No. 419 N. Eutaw ST. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME William F. Cowan

(Residence in Baltimore: No. 419 N. Eutaw St St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, July 31, 1854
(Month) (Day) (Year)

7-AGE, 62 yrs. 6 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Nothing
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER. William H. Cowan

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Catherine E. White

13-BIRTHPLACE OF MOTHER (State or Country). Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Cowan

(Address) 419 N Eutaw St

15- Filed FEB 17 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 15, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to h.... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Albert S. Doscas M. D.
(Coroner.)

Feb 15, 1917. (Address) 312 N Carrollton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
London Park Cem.	Feb 17, 1917
20-UNDERTAKER	ADDRESS
Zirkler & Zirkler	1739 E Eager

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 2455

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 ✓ D 2455

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2536 Fleet ST. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ludwika Kovyan

(Residence in Baltimore: No. 2536 Fleet St St.: Yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	white	single

6-DATE OF BIRTH, July (Month) 26 (Day) 1899 (Year)

7-AGE, 17 yrs. 6 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School Girl
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Kovyan

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Wanyana Kot

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Kovyan

(Address) 2536 Fleet St

15- Filed FEB 17 1917 191.... HARRY U. ANDREW Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1917, to Feb 15 1917, that I saw her alive on Feb 14 1917, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

..... Tuberculosis of Lungs

..... (Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

..... (Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Feb 14 1917. (Address) 3034 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Thomas Cem	Feb 17 1917
20-UNDERTAKER Stephen J Galkowski	ADDRESS 1019 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2456

REGISTERED NO. C 29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 546 N Gay St ST.; 11 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Rau

(Residence in Baltimore: No. 546 N Gay St St.; 4yrs. yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Sept 21 (Month) (Day), 1862 (Year)

7-AGE, 54 yrs. 4 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Jeweler
(b) General nature of industry, business, or establishment in which employed (or employer): 546 N. Gay St

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, George Rau

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Dehoff

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Wife (Informant) Mrs. Hattie Rau

(Address) 546 N. Gay St

15- FEB 17 1917 HARRY C. ANDREWS

Filed....., 191.... Special Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 15, 1917
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 13 1917, to Feb 15 1917, that I saw h[illegible] alive on Feb 14 1917, and that death occurred, on the date stated above, at 12 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 15 yrs. mos. ds.

CONTRIBUTORY. Arteriosclerosis
(Secondary)

(Duration) 15 yrs. mos. ds.

(Signed) [illegible] M. D.

Feb 16, 1917 (Address) 536 Mount St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Trinity Cemetery	Feb 18, 1917
20-UNDERTAKER	ADDRESS
Robt. F. Inmes	Broadway & Eden Ave.

CAUSE OF DEATH to be plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2457

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 2457

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1918 E. Chase ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leopold Heck

(Residence in Baltimore: No. 1918 E. Chase St. St. Fr. 70 yrs., 3 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct. 19, 1846 (Month) (Day) (Year)

7-AGE, 70 yrs. 3 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... General Labor
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles Heck

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Smith

(Address) 1816 Montford ave.

15-

Filed FEB 17 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 14th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 28th 1917, to Feb. 4th 1917, that I saw him alive on Feb. 12th 1917, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

..... (Duration) yrs. mos. 2 ds.

(Signed) Wilbur F. Dingman M. D.

2116 E. ..., 1917. (Address) 1613 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Balto. Cemetery — DATE OF BURIAL, Sun. 18, 1917.

20-UNDERTAKER Robt. F. Sumner — ADDRESS Broadway & Fleet

CAUSE OF DEATH must be plainly filled in, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2458

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 2458

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 Abbott ST.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Killian

(Residence in Baltimore: No. 1619 Abbott St.; 40 yrs. ..... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, Not Known, 1 (Month) (Day) (Year)

7-AGE, 66 yrs. ..... mos. ..... da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katherine Killian

(Address) 1619 Abbott St.

15- Filed FEB 17 1917, 191.....

HARRY C. ANDREW
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 15, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 8 1917, to Feb 15 1917, that I saw h-- alive on Feb 13 1917, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

..... (Duration) ..... yrs. ..... mos. 7 da.

CONTRIBUTORY (Secondary) Apoplexy 2 Years

..... (Duration) ..... yrs. ..... mos. 1 hr.

(Signed) Chas. B. Lee M. D.

Feb 16, 1917. (Address) 810 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Feb 17, 1917

20-UNDERTAKER Frank Cracchiolo — ADDRESS 1904 Eastern Ave

CAUSE OF DEATH must be plain (that is, must not be only a symptom) and important. See instructions on back of certificate.

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Spec.—8-[illegible]14—M. & T.—2000 Bks.

D 2459 HEALTH DEPARTMENT—CITY OF BALTIMORE D 2459

CERTIFICATE OF DEATH.

REGISTERED No. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 N Duncan ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Adelaide Drehoff

(Residence in Baltimore: No. 410 N Duncan St.; 1 yrs., 9 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Infant

6-DATE OF BIRTH, May (Month) 15 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 9 mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS:

10-NAME OF FATHER, James Drehoff

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Mary Mikrogn

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Drehoff

(Address) 416 N Duncan St

15- FEB 17 1917 HARRY C. ANDREWS

Filed ....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 12 1917, to Feb 15 1917, that I saw her alive on Feb 14 1917, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Pneumococcal Meningitis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. 3 ds.

(Signed) J. A. Kemp Harris M. D.

Feb 16, 1917. (Address) 60 W Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Feb 17, 1917
20-UNDERTAKER	ADDRESS
Frank E Crack & Son	1906 E Baltimore St

CAUSE OF DEATH to be plain and full, as much may be properly important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2460

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2460

CERTIFICATE OF DEATH.

REGISTERED NO. C 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 134 N Castle St.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Hourska

(Residence in Baltimore: No. 134 N. Castle St.; 19 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Jan 1 (Month) (Day) (Year)

7-AGE, 19 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) At Stone

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Hourska

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Fannie Panuska

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Hourska

(Address) 134 N Castle

15- FEB 17 1917 MARY C. ANDREWS

Filed ....., 191..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 15, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 12 1917, to Feb 14 1917, that I saw h[illegible] alive on Feb 14 1917, and that death occurred, on the date stated above, at 9:30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. da.

CONTRIBUTORY (Secondary) Laryngeal Tuberculosis

(Duration) yrs. mos. 3 da.

(Signed) J. L. Rennetta M. D.

Feb 16, 1917 (Address) 604 N. Bellevue St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Feb 17, 1917.

20-UNDERTAKER Frank Trachtenberg — ADDRESS 1906 Eastlake

SEE OTHER SIDE. Fill in plain words, and write in ink. If any of the items are unknown, say so. Every item is important. See instructions on back of certificate.

D 2461

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159 D 2461

REGISTERED NO. C

PLACE OF DEATH

CITY OF BALTIMORE (No. 2602 Weyworth ave. ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Christian L Lundauer

(Residence in Baltimore: No. 2602 Weyworth ave. St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept 24, 1870
(Month) (Day) (Year)

7-AGE, 46 yrs. 4 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Bookkeeper
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Christian Lundauer

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Rosina Roth

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie L Lundauer

(Address) 2602 Weyworth ave

15- FEB 17 1917 S. Ari C. Andrews

Filed....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 15, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Stomach Hemorrhage
Through Heart
Suicidal

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John J Morrissey M. D.
(Coroner.)

Feb 16 1917. (Address) 2632 Reisterstown rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Feb 17 1917

20-UNDERTAKER W J Jackson — ADDRESS 1120 N Pine

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2462

CERTIFICATE OF DEATH.

170 D 2462

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 924 Homestead ST.; 9 WARD)
REGISTERED NO. C

2-FULL NAME William R. Kilgore
(Residence in Baltimore: No. 924 Homestead St.; 3 yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widower

6-DATE OF BIRTH, Aug (Month) 18 (Day), 1853 (Year)

7-AGE, 63 yrs. 5 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Shoe

9-BIRTHPLACE. (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, Hugh H. Kilgore

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Mary C. Cuningham

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Walter S. Kilgor
(Address) 924 Homestead

15-FEB 17 1917
Filed....., 191.....
HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

Dr Tilbury 28 E Fremont Ave

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby (Month) 14th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 13th 1917 to Feby 14th 1917, that I saw h[illegible] alive on Feby 14th 1917, and that death occurred, on the date stated above, at 2:45 P.M.

The CAUSE OF DEATH* was as follows:

Nephritis (Chronic)
(Duration) 2 yrs. mos. ds.
CONTRIBUTORY (Secondary) Unknown
(Duration) yrs. mos. ds.

(Signed) Chas J Tilbury M. D.
Feb 15th, 1917. (Address) 28 E Fort Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodbine York Co Penn
DATE OF BURIAL, 2/17, 191

20-UNDERTAKER William Cook
ADDRESS 502 E Nath Ave

CAUSE OF DEATH to be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

5,000—6-24-14—M. & T.—2000 Bks.

D 2463

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 2463

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 135 Rochester Place ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Algie

(Residence in Baltimore: No. 135 Rochester Place ST.; 70 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March (Month), (Day), 1843 (Year)

7-AGE, 73 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At Home
(b) General nature of Industry, business, or establishment in which employed (or employer) House Wife

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, James White

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Algie

(Address) 135 Rochester Place

15-

Filed FEB 17 1917, 191.. HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month), 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2/7/17 191.., to 2/17/17 191.., that I saw h[illegible] alive on 2/17/17 191.., and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. mos 20 ds.

(Signed) Frederick W Bowman M. D.

2.19., 191.7 (Address) 2.919 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel — DATE OF BURIAL, Feb 17 1917

20-UNDERTAKER Geo Cook — ADDRESS 502 E Hoffman Ave

important. See instructions on back of certificate.

D 2464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167 D 2464

REGISTERED No. C

PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital St. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Ethel R. Belt

(Residence in Baltimore: No. 1472 Woodall st

St.; yrs. 2 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Aug. 18th, 1914
(Month) (Day) (Year)

7-AGE, 2 yrs. 5 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Nothing
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Luther Belt Jr

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER E. Keagy

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... W Belt

(Address)..... 1472 Woodall

15- Filed FEB 17 1917 HARRY C. ARGELEWS Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 15, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Burns

(b) Caused by lighted paper

Accidental (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. P. Foley M. D.
(Coroner.)

Feb 15, 1917 (Address) 1039 Baredun

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem.	Feby 17 1917
20-UNDERTAKER E. Schlosman & Son	ADDRESS 1039 Hanover st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2465

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 131 W Oslend St.: 23 WARD)

2-FULL NAME Mrs Sarah E Buckemaster

(Residence in Baltimore: No. 131 W Oslend St St.; 5 yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

REGISTERED No. C 1717 D 2465

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Widowed

6-DATE OF BIRTH Feb 22 (Month), 1855 (Day), (Year)

7-AGE 61 yrs. 11 mos. 24 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Housework

9-BIRTHPLACE (State or country) Md

PARENTS

10-NAME OF FATHER Wm E Bowen

11-BIRTHPLACE OF FATHER (State or country) Md

12-MAIDEN NAME OF MOTHER Virginia Wellborn

13-BIRTHPLACE OF MOTHER (State or country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Fannie F. Buckemaster

(Address) 131 W. Oslend St.

15- FEB 17 1917 (Date Filed)

HARRY C. ANDREWS
Serial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb 16 (Month), (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1, 1917, to, Feb 16 1917, that I saw h[illegible] alive on Feb 15 1917, and that death occurred, on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

from history (Duration) 0 yrs 6 mos 0 ds.

Contributory (SECONDARY)

(Duration) yrs mos ds.

(Signed) John H Monahan M. D.

Feb 16 1917 [Address] 3100 Hampden

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cem.	Feb 18 1917

20-UNDERTAKER [illegible] & Son ADDRESS 1639 Hanover St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2466

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 2466

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Home for the Aged of the M E Church 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Joseph James Nelson

(Residence in Baltimore: No. S.W. Cor Franklin and Fulton Ave. St.; 12 yrs. ✓ mos. ✓ ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Widower

6 DATE OF BIRTH ..... Wednesday ✓, 1840
(Month) (Day) (Year)

7 AGE ..... 77 yrs. ✓ mos. ✓ ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Retired Sailor
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) Accomac Co. Va.

PARENTS

10 NAME OF FATHER John A. Nelson

11 BIRTHPLACE OF FATHER (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (State or country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. R. Marshall

(Address) Methodist Home for Aged

FEB 17 1917 Filed 191

ROBERT R. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Febry 16, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from February 13, 1917, to February 16, 1917, that I saw him alive on Febry 14, 1917, and that death occurred, on the date stated above, at 12 15 a.m.

The CAUSE OF DEATH* was as follows:

Hypostatic Chronic.

(Duration) 7 yrs. ✓ mos. ✓ ds

Contributory (SECONDARY) Endocarditis

(Duration) ✓ yrs. 3 mos. ✓ ds.

(Signed) George C Shannon M. D.

Febry 16, 1917 (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 12 yrs. ..... mos. ..... ds. In the State M. E. Home 12 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? M. E. Home

Former or usual residence at the Homes

19 PLACE OF BURIAL OR REMOVAL Loudon Hill | DATE OF BURIAL Feb 17, 1917

20 UNDERTAKER Geo J Smith | ADDRESS 1500 N Payette St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2467

CERTIFICATE OF DEATH.

8W D 2467

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 667 Pierce ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Cohen

(Residence in Baltimore: No. 667 Pierce St.; yrs. 5 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, Color.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single.

6-DATE OF BIRTH, Sept 13th, 1911
(Month) (Day) (Year)

7-AGE, — yrs. 5 mos. 2 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Harry Cohen.

11-BIRTHPLACE OF FATHER (State or Country), South Carolina

12-MAIDEN NAME OF MOTHER Carrie Dansky

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Cohen

(Address) 667 W. Pierce St.

15- Filed FEB 17 1917, 191.... ROBERT B. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 15, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 11th 1917, to Feb 15 1917, that I saw him alive on Feb 15 1917, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Bronchitis

(Duration) .... yrs. .... mos. 10 ds.

CONTRIBUTORY (Secondary) Capillary Bronchitis

(Duration) .... yrs. .... mos. 2 ds.

(Signed) Frank W. Krauter M. D.

Feb 16 191.. (Address) 922 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, Feb 17, 1917

20-UNDERTAKER Charles B. Jones — ADDRESS 2357 Pierce

important. See instructions on back of certificate.

D 2468

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2468

CERTIFICATE OF DEATH.

78

PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 7 E Preston St. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Edward F. Arthur

(Residence in Baltimore: No. 7 E. Preston St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Married

6-DATE OF BIRTH, June (Month) 8 (Day), 1867 (Year)

7-AGE, 50 yrs. 6 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Atty at Law
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Edward Arthur

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER A. C. Ferguson

13-BIRTHPLACE OF MOTHER (State or Country), Ohio

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs E. Arthur

(Address) 7 E. Preston

15- Filed FEB 17 1917 ROBERT R. KRAUTH Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 15 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Auto Intoxication

(Duration) yrs. mos. ds.

(Signed) Jos. J. Riley M. D. (Coroner.)

Feb 17, 1917 (Address) 1039 Bromley

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	Feby 17, 1917
20-UNDERTAKER	**ADDRESS**
E. M. Mitchell & Co	1201 W Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Harriet Ware.

D 2469

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 D 2469

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 650 Haw ST.: 22 WARD)

REGISTERED No. C.....

2-FULL NAME Harriet Ware

Residence in Baltimore: No. 650 Haw Street

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Unknown ..... (Month) ..... (Day) 1 (Year)

7-AGE: 68 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Same.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Unknown

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas L Smith

(Address) 650 Haw Street

15- FEB 17 1917

ROBERT R. KRAUTER Registrar

Burial Permit 01611

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. (Month) 15 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1917, to, Feb 15 1917.

that I saw h[illegible] alive on Feb 15 1917.

and that death occurred, on the date stated above, at 3.20 P m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular disease
-nutrition

Contributory (SECONDARY) Circulatory Collapse (Duration) ... yrs. ... mos. ... ds.

(Duration) ... yrs. 7 mos. ... ds.

(Signed) 2/15 1917 Rud Bowley M. D.

[Address] 136 W Hill St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem[illegible] DATE OF BURIAL: Feb 18, 1917

20-UNDERTAKER: Geo H Hooper ADDRESS: 609 Little Regt

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2470

CERTIFICATE OF DEATH.

79 D 2470

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE. (No. 106 E. Fayette St.; 24 WARD)

2-FULL NAME Mary E. Stevens

(Residence in Baltimore: No. 106 E. Foot St.; ....yrs., ...mos. ....ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, January 4, 1831 (Month) (Day) (Year)

7-AGE, 66 yrs. 1 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Martinsburg W Va.

PARENTS.

10-NAME OF FATHER, Jeremiah Zepp

11-BIRTHPLACE OF FATHER (State or Country), Sykesville Md.

12-MAIDEN NAME OF MOTHER Anna K Kerns

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address) 106 E. Foot

15- Filed FEB 17 1917, 191.... ROBERT B. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 16th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10th 1917, to July 16th 1917, that I saw her alive on July 16th 1917, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Disease
Chronic

(Duration) 1 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) 5 yrs. ....mos. 15 ds.

(Signed) Wm. H. Hunter M. D.

July 17, 1917. (Address) 728 N. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, 7/18, 191..

20-UNDERTAKER J. Frew McCurdy ADDRESS 830 E. Fayette

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2471 | Elizabeth House 4 | 10 ✓ | D 2471

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John James Campbell

(Residence in Baltimore: No. 24 Paul St.; ..... yrs. 11 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, Feb (Month) 24 (Day), 1916 (Year)

7-AGE, ... yrs. 11 mos. 21 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Cuba

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Sadie Campbell

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- FEB 17 1917 ROBERT R. KRAUTER, Burial Permit Clerk.

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 2 1917, to Feb 14 1917, that I saw him alive on Feb 13 1917, and that death occurred, on the date stated above, at 8a m.

The CAUSE OF DEATH* was as follows:

Influenza

..... (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

..... (Duration) ..... yrs. ..... mos. 19 ds.

(Signed) R. E. Vandervoid M. D.

Feb. 15, 1917. (Address) 1616 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 11 mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL

Commissioner of Health

Per. Wm. R. MORRALL

Important. See instructions on back of certificate.

D 2472

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2472

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 122 Little Pleasant St. W. 4 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Rogers

(Residence in Baltimore: No. 122 Little Pleasant St.

St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col.	

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 38 yrs. ..... mos. ..... da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Brickmason
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), S Carolina

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- ROBERT B. KRAUTZ
Filed FEB 17 1917 191.. Burial Permit .....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 10, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to *his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valv. Cardiac Disease

(Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Dropsy

(Duration) ..... yrs. ..... mos. ..... da.

(Signed) W. T. Talley M. D.
(Coroner.)

Feb 15, 1917. (Address) 1132 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPI	FEB 16 1917
20-UNDERTAKER Commissioner Health.	ADDRESS

For Wm. F. WOOD, M.D.

morgue

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2473

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2473

CERTIFICATE OF DEATH.

156

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1407 N. Charles St. St.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Watson

(Residence in Baltimore: No. 1407 N Charles St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	?

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
about 30 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country). unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country). unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

FEB 17 1917

Filed....., 191.....

ROBERT E. HEGLER
Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Tuesday February 5, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Asphyxiation by Illuminating Gas

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

2-7-17, 191.7 (Address) 16 E. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL
Commissioner Health.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2474 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

17 D 2474

REGISTERED No. C

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 15 1/2 E. Hughes St. ST. 32 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Albert Coleman. (C)

(Residence in Baltimore: No. 15 1/2 E. Hughes St.

St.; yrs., mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male.

4-COLOR OR RACE: Colored.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.): Widower.

6-DATE OF BIRTH, Do not know., / (Month) (Day) (Year)

7-AGE, 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer in
(b) General nature of industry, business, or establishment in which employed (or employer): Market.

9-BIRTHPLACE, (State or Country): Maryland.

PARENTS.

10-NAME OF FATHER: Do not know.

11-BIRTHPLACE OF FATHER (State or Country): Do not know.

12-MAIDEN NAME OF MOTHER: Do not know.

13-BIRTHPLACE OF MOTHER (State or Country): Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Boon. (C)

(Address) 15 1/2 E. Hughes St.

15- FEB 17 1917 ROBERT R. KRAUTER

Filed ..., 191... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 4th. 1917., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry. (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia.

(Duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D. (Coroner.)

Feb. 13, 1917 (Address) 1017 S. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19...
20-UNDERTAKER	ADDRESS

HOPKINS HOSPITAL

Commissioner Health.

morgue

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2475 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 2475

CERTIFICATE OF DEATH. REGISTERED No. C 120

PLACE OF DEATH

CITY OF BALTIMORE (No. 210 S Kings ST. 3 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Robert Pettell

(Residence in Baltimore: No. 210 S Kings St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1 (Year)

7-AGE, 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Unknown
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS ~~TRUE~~ TO THE BEST OF MY KNOWLEDGE.

(Informant) Easley Daily Platts

(Address) Broadway near Broadway

15-

Filed FEB 17 1917, 191. ROBERT B. KRAUTH Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 8 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Kenneth Pyam Brush M. D. (Coroner.)

Feb 14, 1917. (Address) Easley Pyam Brush

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	FEB 16 1917, 19
20-UNDERTAKER	ADDRESS

Commissioner Health.

Burial Permit

CAUSE OF DEATH to be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2476 HEALTH DEPARTMENT—CITY OF BALTIMORE. D 2476

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 910 Leadenhall St. St. 23 WARD)

REGISTERED No. C 28

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Nellie Carter.(col'd)

Residence in Baltimore: No. 910 Leadenhall St.

15 St.; yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Female.	Colored.	Married.

6-DATE OF BIRTH, June 1889., 1 (Month) (Day) (Year)

7-AGE, 27 yrs. 8 mos. -- ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Virginia.

PARENTS.

10-NAME OF FATHER. Henry Blackwell.(C)

11-BIRTHPLACE OF FATHER (State or Country). Virginia.

12-MAIDEN NAME OF MOTHER. Rebecca.----------(C)

13-BIRTHPLACE OF MOTHER (State or Country). Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Henry Carter.(C) husband.
(Address) 910 Leadenhall St.

15- HARRY C. JENSEN,
Filed ... FEB 17 1917 ..., 191...
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February, 16th. 1917., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.
Probably Pulmonary Tuberculosis
(Duration) 1 yrs. 2 mos. ds.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.
(Signed) [illegible] M. D.
(Coroner)
Feb, 16, 1917. (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL,
Mt Auburn	Feb 18 1917
20-UNDERTAKER	ADDRESS
F. H. Brown & Son	108 N. Howard

IMPORTANT—If the space for any item is insufficient, the information may be given on a separate sheet of paper and attached to this certificate. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Genesee

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2477

CERTIFICATE OF DEATH.

D 2477

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 Hartford ave St.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida L Lemmon

(Residence in Baltimore: No. 1720 Hartford ave St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) ..... (Year)

7-AGE,	If LESS than 1 day,
24 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Carl Lemmon

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Christian Robins

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. C Robins

(Address) 1720 Hartford ave

15- FEB 17 1917 ROBERT B. KRAUTH

Filed....., 191.... Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 15, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 2 1917, to Feb 15 1917, that I saw her alive on Feb 14 1917, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

..... (Duration) 2 yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Phthisis

..... (Duration) 2 yrs. 2 mos. ..... ds.

(Signed) C O Carman M. D.

Feb 17, 191.7 (Address) 120 N Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cemetery	Feb 17, 191.7

20-UNDERTAKER George F. Routh

ADDRESS 1735 Hartford Ave

Sarah G. Hines

D 2478

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64V

D 2478

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1426 N Bethel St ST. 8 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 1b.)

2 FULL NAME Sarah Gillet Hines

(Residence in Baltimore: No. 1426 N. Bethel St St.: 5 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: December 1st, 1841 (Month) (Day) (Year)

7 AGE: 75 yrs. 2 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9 BIRTHPLACE (State or country): Fairfield Conn.

PARENTS

10 NAME OF FATHER: Henry B. Rowe

11 BIRTHPLACE OF FATHER (State or country): Conn.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Conn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. H. Hines

(Address) 426 N. Bethel St

15 Filed FEB 17 1917 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: February 15, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from November 4, 1916, to Feb 15th 1917, that I saw h[illegible] alive on Feb 14th 1917, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 6 mos. ds

Contributory (SECONDARY): Cerebral Hemorrhage

(Duration) yrs. mos. 2 ds.

(Signed) C. E. Hill M. D.

Feb 16, 1917. (Address) 1426 N Bethel St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Feby 17, 1917

20 UNDERTAKER: Philip Herwig — ADDRESS 2016 Orleans

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2479

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2479

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 312 W. Baltimore ST.: 4 WARD)
2-FULL NAME Adam Govinac.
(Residence in Baltimore: No. 1406 Mc Henry St.: yrs., 10 mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	White	Single

6-DATE OF BIRTH, January 15, 1916.
(Month) (Day) (Year)

7-AGE, 31 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stone mason's
(b) General nature of industry, business, or establishment in which employed (or employer): helper,

9-BIRTHPLACE, (State or Country), Greece Slavonia,

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Papers found in Room
(Address) 1406 Mc Henry St.

15-
Filed FEB 17 1917, 191. ROBERT R. KRAUTER
Burial Permit No. Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 15, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to... death on the day stated above.
The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) 7 yrs. mos. ds.

(Signed) Albert H. Driscoll M. D.
(Coroner.)
February 16, 191 7. (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem	2/17/17

20-UNDERTAKER Wm B Crothers ADDRESS 2 N Fulton Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2480

CERTIFICATE OF DEATH.

78

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 539 N. Pulaski ST.; 20 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Mae Sweitzer

(Residence in Baltimore: No. 539 N. Pulaski St.; 10 yrs., 1 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, December 19, 1906 (Month) (Day) (Year)

7-AGE, 10 yrs. 1 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School-Girl
(b) General nature of industry, business, or establishment in which employed (or employer). Public School

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. Chas. S. Sweitzer

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Nelva R. Driver

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). C. S. Sweitzer (Father)

(Address) 539 N. Pulaski St

15- ROBERT R. KRAUTER

Filed FEB 17 1917 191 Burial Permit Clerk

Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 16, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 8, 1916, to February 16 1917, that I saw her alive on February 16, 1917, and that death occurred, on the date stated above, at 5.20 a m.

The CAUSE OF DEATH* was as follows:

Endocarditis Myocarditis

Pericarditis

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Tonsilitis, Rheumatism

Chorea (Duration) 5 yrs. mos. ds.

(Signed) M. Louise E. Shannon M. D.

Feb. 16., 1917. (Address) 3300 N. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cemetery

DATE OF BURIAL, Feby 18 191 7

20-UNDERTAKER Stewart & Mowen

ADDRESS 1088 W. Pratt

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2481

CERTIFICATE OF DEATH.

41 D 2481

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry W. Stein

(Residence in Baltimore: No. 704 E. Chase St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Oct. 1, 1873 (Month) (Day) (Year)

7-AGE: 43 yrs. 4 mos. 15 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): City Employee.

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Chas. Stein

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Amelia F. Dieckmann

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Stein

(Address) 704 E. Chase St.

15- Filed FEB 17 1917 191.. ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 16, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 15 1917, to Feb 16 1917, that I saw him alive on Feb 16 1917, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

Clinical Diagnosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinomatosis Peritonei

(Duration) yrs. mos. ds.

(Signed) D. F. Ahern M. D.

Feb. 16, 1917. (Address) 22 S. Paca St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 3 yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 704 E Chase St.

19-PLACE OF BURIAL OR REMOVAL: Cathedral — DATE OF BURIAL: Feb. 19, 1917

20-UNDERTAKER: N. C. Rudisill — ADDRESS: 847 Gramont Ave.

Important.—See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2482

CERTIFICATE OF DEATH.

92 D 2482

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 939 St Paul St ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Winder Howard

(Residence in Baltimore: No. 939 St Paul St St.; 15 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (*Write* the word.) Widowed

6-DATE OF BIRTH, July 16th, 1834. (Month) (Day) (Year)

7-AGE, 82 yrs. 7 mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Nathaniel Winder

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Sarah Bayly

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosa C. Howard

(Address) 939 St Paul St

15- Filed FEB 17 1917, 191..... ROBERT B. KRAUTER Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 16th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 5th 1917, to February 15th 1917, that I saw h.r alive on February 15th 1917, and that death occurred, on the date stated above, at 5-30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Exhaustion (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. D. Atkinson M. D.

Feb 16....., 191 7. (Address) 921 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Thomas Cem Garrison Forest Rd

DATE OF BURIAL, 2-19-, 1917.

20-UNDERTAKER Henry W. Jenkins & Son Co

ADDRESS Orchard Mc Culloh St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 2483

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2483

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2236 Cambridge St. ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Grzechowiak

(Residence in Baltimore: No. 2236 Cambridge St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Infant

6-DATE OF BIRTH, Feb 15, 1917
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, 16 hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Grzechowiak

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Antonette Wisniewska

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Grzechowiak

(Address) 2236 Cambridge

15 FEB 17 1917 ROBERT R. KRAUTER
Filed ....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 16, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 15 1917, to Feb 16 1917, that I saw him alive on Feb 16 1917, and that death occurred, on the date stated above, 4.30 p.m.

The CAUSE OF DEATH* was as follows:

Premature Term Birth

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Unknown

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Joseph L. Valentine M.D.

Feb 17th, 1917. (Address) 16 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Feb 17, 1917

UNDERTAKER, Wm Hawkowsky — ADDRESS 1618 Eastern

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2484

CERTIFICATE OF DEATH.

15 D 2484

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 2236 Cambridge ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Grzechowiak

(Residence in Baltimore: No. 2236 Cambridge St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Infant

6-DATE OF BIRTH, Feb (Month) 15 (Day), 1917 (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, 18 hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Grzechowiak

11-BIRTHPLACE OF FATHER (State or Country) Baltimore

12-MAIDEN NAME OF MOTHER, Antonette Wisniewski

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Grzechowiak

(Address) 2236 Cambridge St.

15- FEB 17 1917 ROBERT R. KRAUTER
Filed....., 191.... Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 15 191 7, to Feb 16 191 7
that I saw him alive on Feb 16 191 7
and that death occurred, on the date stated above, at 6.45 m.
The CAUSE OF DEATH* was as follows:

Premature Twin Birth

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Intubation

(Duration) ....yrs....mos....ds.

(Signed) Jos. L. Valentine M.D.

Feb 17, 191 7 (Address) 16 E. Bowly

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary DATE OF BURIAL, Feb 17, 191 7

20-UNDERTAKER Wm Faelkowski ADDRESS 16 Eastern

IMPORTANT.—See instructions on back of certificate.

D 2485

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 170 D 2485

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital ST. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Fucks

(Residence in Baltimore: No. Rappsburg St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	white	Single

6-DATE OF BIRTH, June 6 1871, 1
(Month) (Day) (Year)

7-AGE, 45 yrs. 8 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Brick Yard

9-BIRTHPLACE, (State or Country), Balto Co

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Christiam Denhart
(Address) 619 S. Ellwood ave.

15- Filed FEB 17 1917 191.... ROBERT R. KRAUTER Registrar
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 15 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. Harry Dunlap M. D.
(Coroner.)
Feb 17 1917 (Address) 410 E. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos. 1 ds. In the State 45 yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence Rappling Butt Co. Md.

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel Cemetery — DATE OF BURIAL, Feb 17, 1917

20-UNDERTAKER Zirkler & Zirkler — ADDRESS 1739 E. Eager St.

CAUSE OF DEATH must be plainly stated. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2486

CERTIFICATE OF DEATH.

92 D 2486

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sylvester Price

(Residence in Baltimore: No. 1142 Carrollton ave St.: 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6-DATE OF BIRTH, Sept 15, 1862 (Month) (Day) (Year)

7-AGE, 54 yrs. 5 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Janitor
(b) General nature of industry, business, or establishment in which employed (or employer): ?

9-BIRTHPLACE, (State or Country): N. C.

PARENTS.

10-NAME OF FATHER: Alexander Price

11-BIRTHPLACE OF FATHER (State or Country): N. C.

12-MAIDEN NAME OF MOTHER: Not known

13-BIRTHPLACE OF MOTHER (State or Country): Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mercy Hospital

(Address) Calvert St.

15-

Filed FEB 17 1917 191

ROBERT R. KRAUTER
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 16, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 9 1917, to Feb 16 1917, that I saw h[illegible] alive on Feb 16 1917, and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

a Chronic (Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. mos. ds.

(Signed) Edward Bennett M. D.

2/17, 1917. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State 12 yrs. mos. ds.

Where was disease contracted, if not at place of death? 1142 Carrollton ave

Former or usual residence 1142 Carrollton ave

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Feb [illegible], 191...

20-UNDERTAKER James E. Wyse — ADDRESS [illegible] Mar.

Spec.—8-24-14—M. & T.—2000 Blks.

D 2487

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

gr D 2487

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1360 N. Carey ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. McCall

(Residence in Baltimore: No. 1360 N. Carey St.; 40 yrs. in city yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, November 14, 1869 (Month) (Day) (Year)

7-AGE, 47 yrs. 3 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Shady Side Md

PARENTS.

10-NAME OF FATHER, William Henry Matthews

11-BIRTHPLACE OF FATHER (State or Country), Shady Side Md

12-MAIDEN NAME OF MOTHER Rachel Scott

13-BIRTHPLACE OF MOTHER (State or Country), Shady Side Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas J. McCall

(Address) 1360 N Carey St

15- Filed FEB 17 1917, 191.....

ROBERT E. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 15 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1917, to Feb 15 1917, that I saw her alive on Feb 15 1917, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. 2 mos. 14 ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(Duration) 1 yrs. 1 mos. ds.

(Signed) Wm. H. Wright M. D.

Feb 15, 1917 (Address) 1209 Mount St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St Peters — DATE OF BURIAL, Feb 17, 191..

20-UNDERTAKER Thomas Carey & Sons — ADDRESS

Supplementary Instructions on back of Certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2488

CERTIFICATE OF DEATH.

91 D 2488

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 201 N. Carey ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine O. Freeze

(Residence in Baltimore: No. 201 N. Carey St. St.; 13 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	single

6-DATE OF BIRTH, November (Month) 12 (Day), 1843 (Year)

7-AGE, 73 yrs. 3 mos. 4 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country) Frederick Co. Md

PARENTS.

10-NAME OF FATHER, Joseph Freeze

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Rouzer

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs George Heimiller

(Address) 201 N. Carey St.

15- Filed FEB 17 1917 ROBERT B. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 8 1917, to Feb 16 1917, that I saw h— alive on Feb 16 1917, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Blood Poison 210 duration ?

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Blood Poison 210

(Duration) ? yrs. mos. 8 ds.

(Signed) [illegible] M. D.

2-17-1917 (Address) 220 Cary St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Thurmont Fredck Co. Md. DATE OF BURIAL, Feby 19, 1917

20-UNDERTAKER Chas D. Black ADDRESS 1201 Mulberry St

D 2489

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 18 D 2489

REGISTERED No. C

PLACE OF DEATH

CITY OF BALTIMORE (No. 5) Mercy Hospital ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME William Grey

(Residence in Baltimore: No. 1031 1/2 Gay Alley St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... January ....., 1 .....
(Month) (Day) (Year)

7-AGE. ..30..yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Fireman
(b) General nature of industry, business, or establishment in which employed (or employer)..... on Steamer

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Police D.C. & P.

(Address).....

15-Filed FEB 17 1917, 191.. ROBERT E. KRAUTER Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb ..... 11 ....., 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... August .....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said ..... August .....
(Inquest, autopsy or inquiry.) find that said deceased came to ..his.. death on the day stated above.
The CAUSE OF DEATH* was as follows:

(a) Bullet wound in abdomen 11 .....
(b) ..... Homicide .....
(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY ..... Pneumonia .....
(Secondary)
..... (Duration) .....yrs.....mos.....ds.

(Signed) W. T. Tuer M. D.
(Coroner.)
Feb 17, 1917 (Address) 102 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? ..... On boat plying between Balto. & Norfolk

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Washington D.C. DATE OF BURIAL, Febr. 17. 19 17.

20-UNDERTAKER, Felix B. Pye ADDRESS 102 E. Mulberry St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2490

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 D 2490

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 726 S. Luzerne Ave St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Kalendek

(Residence in Baltimore: No. 726 S. Luzerne Ave St.; 7 yrs., 1 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Jan. (Month) 7 (Day), 1917 (Year)

7-AGE, ...yrs. 1 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto. City

PARENTS.

10-NAME OF FATHER. Felix Kalendek

11-BIRTHPLACE OF FATHER (State or Country). Poland

12-MAIDEN NAME OF MOTHER Cecelia Bardeki

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Felix Kalendek

(Address) 726 S Luzerne Ave

15- Filed FEB 17 1917, 191... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 7 1917, to Feb. 17 1917, that I saw h[illegible] alive on Feb. 16 1917, and that death occurred, on the date stated above, at 1:30 a m.

The CAUSE OF DEATH* was as follows:

Mal-Nutrition

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas S Neer M. D.

2/17/17, 191... (Address) 1408 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Rosary	Feb 19, 1917

20-UNDERTAKER W. F. Sadowski ADDRESS 905 S. Ann

Spec.—5-12-13—M. & T.—500 Blks.

Annie Cieler

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2491

CERTIFICATE OF DEATH.

92 D 2491

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 Mulliken St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Cieler

(Residence in Baltimore: No. 1600 Mulligan St.; 1 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Feb 5, 1917 (Month) (Day) (Year)

7-AGE, yrs. 1 mos. 11 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Bells Md.

PARENTS.

10-NAME OF FATHER. Jake Cieler

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Sarah Foreman

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jake Cieler

(Address) 1600 Mulligan St

15-FEB 18 1917 ROBERT R. KRAUTER

Filed ..... 191.....

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 17, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 9 1917, to Feb 17 1917, that I saw her alive on Feb 17 1917, and that death occurred, on the date stated above, at 7 30 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W J Gaylin M. D.

Feb 17 1917 (Address) 217 Fairmount

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Hebrew Mt Carmel

DATE OF BURIAL. Feb 18 1917

20-UNDERTAKER Wm H Lawson Sons

ADDRESS 101 E Baltimore

D 2492

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 2492

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. Hebrew Hospital ST. 5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Anna Levin

(Residence in Baltimore: No. 250 N. Exeter St.; 10 yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH: May 15, 1876 (Month) (Day) (Year)

7-AGE: 40 yrs. 9 mos. 2 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Samuel Glazgeon

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Ida Lieberwitz

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Samuel Levin

(Address) 250 N Exeter st

15. Filed FEB 18 1917, 191 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. 17, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1917, to Feb. 17 1917, that I saw h[er] alive on Feb. 17- 1917, and that death occurred, on the date stated above, at 6 20 p.m.

The CAUSE OF DEATH* was as follows:

Post operative - Bronchopneumonia -

Retroflexion of Uterus

(Duration) yrs. mos. 5 ds.

Contributory (SECONDARY) acute Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

(Signed) Norwood V. Vore M.D.

Feb-17, 1917 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. 10 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 250 N. Exeter St.

19-PLACE OF BURIAL OR REMOVAL: Hebrew Mt Carmel

DATE OF BURIAL: Feb 18, 1917

20-UNDERTAKER: May Levenson Sons

ADDRESS 407 E Balto st

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2493

CERTIFICATE OF DEATH.

20 D 2493

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Thompson

(Residence if in Baltimore: No. 1622 W. Saratoga St. St.; .....yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored.	Widower

6-DATE OF BIRTH, June (Month) —— (Day) 1866 (Year)

7-AGE, 50 yrs. 8 mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, John Thompson

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Jane Wright

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Charles Snyder

(Address) Johns Hopkins Hospital

15- Filed FEB 18 1917, 191..... ROBERT R. KRAUTER Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10 191 7, to Feb 14 191 7, that I saw h.. alive on Feb 14 191 7, and that death occurred, on the date stated above, at 3 30 P.M.

The CAUSE OF DEATH* was as follows:

Tuberculosis Peritonei.

Marasmus.

Duration 3 mos. 1 mos. ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. E. Wright M. D.

Feb 14, 191 7. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1622 W. Saratoga St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Feb. 18, 191 7.

20-UNDERTAKER James H. Dennis — ADDRESS 303 Chester Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2494

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 2491

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 N. Parish ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Handy

(Residence in Baltimore: No. 915 N. Parish St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Infant

6-DATE OF BIRTH, June (Month) 5 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
—yrs. 8 mos. 11 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. City and.

PARENTS.

10-NAME OF FATHER, Gerard Handy

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Mary Colvin

13-BIRTHPLACE OF MOTHER (State or Country), Balto. City and.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Handy

(Address) 915 N. Parish St.

15-

Filed FEB 18 1917, 191.. ROBERT R. KRAUTER

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 14 - 1917, to Feb. 16 - 1917, that I saw her alive on Feb. 16 - 1917, and that death occurred, on the date stated above, at 9-45 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

Primary (Duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas. L. Nes Lockard M. D.

Feb. 17, 1917. (Address) 906 N. Wolfe St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, Feb. (illegible) 1917.

20-UNDERTAKER James W. Dennis — ADDRESS 1303 Pennsylvania

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 2495

CERTIFICATE OF DEATH

18

Registered No. D 2495

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1041 N. Durham St.:) WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John E Smith

(Residence in Baltimore: No. 1041 N Durham St.: 2 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: July 3rd, 1861 (Month) (Day) (Year)

7 AGE: 55 yrs. 7 mos. 12 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Hod Carrier
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: Peter Smith

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Sarah Ann —

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sarah Smith

(Address) 1041 N. Durham St.

FEB 18 1917 (Date) 191

ROBERT R. KRAUTER
Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: February 15 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10 Feb., 1917, to 15 Feb 1917, that I saw him alive on 14 Feb 1917, and that death occurred, on the date stated above, at 7 a. m.
The CAUSE OF DEATH* was as follows:

Erysipelas of Face and Head

(Duration) ..... yrs. ..... mos. 7 ds

Contributory (SECONDARY) Septicaemia

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) W. E. Sandrock M. D.

Feb 17, 1917 (Address) 1242 N. Bond.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Cem. DATE OF BURIAL: Feb 18, 1917

20 UNDERTAKER: Harry A Vodery ADDRESS: 1225 Durham St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2496

CERTIFICATE OF DEATH.

79 D 2496

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Celia Mason

(Residence in Baltimore: No. 120 Dolphin St St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	Black	Single

6-DATE OF BIRTH, ... January ....., 1868
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
49 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Cook
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Pd Occupations

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Alfred Mason

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Martha (?)

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... University Hosp. Records

(Address) ..... Greene & Lombard Sts.

15-FEB 18 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 16, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 15th 1917, to Feb 16 1917, that I saw her alive on Feb 16 1917, and that death occurred, on the date stated above, at 7 54 m.

The CAUSE OF DEATH* was as follows:

..... Mitral Insufficiency .....

..... Unknown

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ..... Oedema of Lungs

..... (Duration) ....yrs. ....mos. 1 ds.

(Signed) ..... J. E. Evans ..... M. D.

Feb. 16, 1917. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State 15 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 120 Dolphin St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt Auburn	Feb. 19, 1917
20-UNDERTAKER	ADDRESS
S. J. Hemsley	578 Biddle

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2497

CERTIFICATE OF DEATH.

28 D 2497

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1232 Argyle Ave St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry DeWitt Brown

(Residence in Baltimore: No. 1232 Argyle Ave St.; 4 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, January 15th, 1891.
(Month) (Day) (Year)

7-AGE, 26 yrs. 1 mos. 1 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country) West Coast Africa Monrovia Liberia

PARENTS.

10-NAME OF FATHER, Henry DeWitt Brown

11-BIRTHPLACE OF FATHER (State or Country), Monrovia Liberia

12-MAIDEN NAME OF MOTHER, Cecelia Freeman

13-BIRTHPLACE OF MOTHER (State or Country), Monrovia Liberia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Cecelia Curtis
(Address) 1232 Argyle Ave

15- Filed FEB 18 1917 191.. ROBERT R. KRAUTER Registrar.
Burial Permit

Important: See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 16, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 4 1916, to February 16 1917, that I saw h[illegible] alive on February 16 1917, and that death occurred, on the date stated above, at 11:45 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) Six 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Tuberculosis Bowels

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. McCampbell M. D.

Feby 16, 191.7 (Address) 1369 W. Carey St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem DATE OF BURIAL, Feb 19 191.7

20-UNDERTAKER Samuel A Hemsley ADDRESS 57 8th Ave

D 2498 HEALTH DEPARTMENT—CITY OF BALTIMORE 64 D 2498

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 536 N. Fremont St.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Cook

(Residence if Baltimore: No. 536 N. Fremont St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Col'd	Widow

6-DATE OF BIRTH, September, 1853
(Month) (Day) (Year)

7-AGE, 63 yrs. 5 mos. 18 ds. If LESS than 1 day, ..hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dow

(Address) 536 N. Fremont

15- Filed FEB 18 1917 191... ROBERT R. KRAUTER Registrar Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 15, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy (Cerebral)

Chronic Alcoholism

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)
Feb. 17, 191.. (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State 40 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-NAME OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, Feb. 19 17

20-UNDERTAKER Samuel H. Ensley ADDRESS 57 & W. Biddle

Penalty. See instructions on back of certificate.

FILMED

Spec.—8-24-14—M. & T.—2000 Blks.

D 2499

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+12 6v

D 2499

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr Jay W Bigelow

(Residence in Baltimore: No. Church Home & Infirmary St.; ..... yrs., 5 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feby 6th, 1865.
(Month) (Day) (Year)

7-AGE, 52 yrs. 0 mos. 11 ds.

If LESS than 1 day, ... hrs. or .... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Automobile
(b) General nature of industry, business, or establishment in which employed (or employer)..... Business.

9-BIRTHPLACE, (State or Country) Port Huron Michigan.

PARENTS.

10-NAME OF FATHER, Rev A. J. Bigelow

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Cintha Leanora Madison.

13-BIRTHPLACE OF MOTHER (State or Country) Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary McPherson Bigelow.

(Address) Easton Md.

FEB 18 1917 Filed....., 191.. ROBERT R. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 17, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 15 1916, to Feb 17 1917, that I saw h m alive on Feb 17 1917, and that death occurred, on the date stated above, at 11.20 a m.

The CAUSE OF DEATH* was as follows:

Hypertrophied Prostate

..... (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pelvic Abscess Post operative

Gastric Ulcer (Duration) ... yrs. 2 mos. ... ds.

(Signed) C. H. Harrison M. D.

2, 17, 191.7 (Address) Church Home & Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. 5 mos. 2 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Easton Maryland

19-PLACE OF BURIAL OR REMOVAL, Howell Michigan

DATE OF BURIAL, Feby 18th, 1917.

20-UNDERTAKER Henry H Jenkins Sons Co

Mt Calloh & Orchard Sts.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2500

CERTIFICATE OF DEATH.

90 ✓ D 2500

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Park Ave. Centre St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sr. Mary Agnes Williams

(Residence if Baltimore: No. Visitation Convent St.; ....yrs. ....mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Single

6-DATE OF BIRTH October 31, 1833
(Month) (Day) (Year)

7-AGE, 83 yrs. 3 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Religious
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James Williams

11-BIRTHPLACE OF FATHER (State or Country) Balto. Md

12-MAIDEN NAME OF MOTHER Letitia McLaughlin

13-BIRTHPLACE OF MOTHER (State or Country), Alexandria Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sr. M. Placide Wallace

(Address) Visition Convent

15- FEB 18 1917 ROBERT R. KRAUTER
Filed ..... 191.....
Registrar.
Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 17, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 13 1917, to July 17 1917, that I saw h[er] alive on July 16 1917, and that death occurred, on the date stated above, at 4a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) 4 yrs. ....mos. ....ds.

(Signed) Charles O'Donovan M. D.

Feby 17, 1917. (Address) 5 E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death 67 yrs. ....mos. ....ds. In the State Life ....ds.

Where was disease contracted, if not at place of death? Visitation Convent

Former or usual residence Visitation Convent

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, 2-15..., 1917.

20-UNDERTAKER, Henry W. Jenkins & Sons Co. — ADDRESS McCulloh & Orchard

Inf of Elsworth & Elnor Evans

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 2501

CERTIFICATE OF DEATH

151 ✓

Registered No. C D 2501

1 PLACE OF DEATH

City of Baltimore (No. 3003 Pa. Ave. St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Infant Ev. Elnor Evans

(Residence in Baltimore: No. 3003 Pa. Ave. St.; yrs. mos. 7 Hours ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Feb (Month) 16 (Day), 1917 (Year)

7 AGE: ..... yrs. ..... mos. 7 Hours ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Balto Maryland

PARENTS

10 NAME OF FATHER: Elsworth Evans

11 BIRTHPLACE OF FATHER (State or country): Baltimore Maryland

12 MAIDEN NAME OF MOTHER: Elnor Sauers

13 BIRTHPLACE OF MOTHER (State or country): Balto Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elsworth Evans

(Address) 3003 Pennsylvania Ave

15 Filed FEB 18 1917 ROBERT R. KRAUTER Registrar

Burial Permit 01611

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb (Month) 16 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1917, to Feb 16, 1917, that I saw h[illegible] alive on Feb 16, 1917, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity-Premature Labor 2 hours

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. A. Patient M. D.

2/16, 1917 (Address) 711 W. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Western Cemetery | DATE OF BURIAL: 2/18, 1917

20 UNDERTAKER: William Cook | ADDRESS: 5016 North Ave

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2502 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

x120 D 2502

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp ST.; 9 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Marshall

(Residence in Baltimore: No. 5235 St. Charles St. St.; 61 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Widower

6-DATE OF BIRTH, Sept (Month) 25 (Day), 1848 (Year)

7-AGE, 68 yrs. 5 mos. 12 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Painter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Horace W Marshall

(Address) 5235 St. Charles Avenue

15- FEB 18 1917 ROBERT R. KRAUTER

Filed....., 191.... Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby (Month) 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 17 1917, to Feby 17 1917, that I saw h[illegible] alive on Nov. 16 1917, and that death occurred, on the date stated above, at 1245 a.m.

The CAUSE OF DEATH* was as follows:

1. Chronic Nephritis

(Duration) Cant Know yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Pulmonary Oedema

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) William F Oswalt M. D.

2/17, 1917. (Address) St. Joseph Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 3 mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? dont know

Former or usual residence Lexington Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Beckleysville Md	2/20, 1917
20-UNDERTAKER	ADDRESS
William Cook	507 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2503

CERTIFICATE OF DEATH.

28 D 2503

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1152 Ward ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian A. Stramme

(Residence in Baltimore: No. 1152 Ward St.; 43yrs.. ..mos. ..ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec (Month) 18 (Day), 1874 (Year)

7-AGE, 42 yrs. 1 mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Frank Schibon

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Margaret Carson

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick J. C. Stramme

(Address) 1152 Ward St

15- FEB 18 1917 Filed....., 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 13 1917, to Feb 14 1917, that I saw h.. alive on Feb 14 1917, and that death occurred, on the date stated above, at 11.32 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Pneumonia

..... (Duration) ....yrs. mos. ....ds.

(Signed) R. C. Campbell M. D.

Jan 7 191.. (Address) 1644 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery

DATE OF BURIAL, 2/18, 191.

20-UNDERTAKER William Cook

ADDRESS 507 East North Ave

Campbell Heath & Hanover Sts

Spec.—8-24-14—M. & T.—2000 Bks.

D 2504

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2504

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1526 Byrd ST. 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Jackson

(Residence in Baltimore: No. 1526 Byrd St. 38 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Nov 25, 1858.
(Month) (Day) (Year)

7-AGE, 58 yrs. 2 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: General Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Isaac Jackson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Caroline B Johnson

13-BIRTHPLACE OF MOTHER (State or Country), at Sea

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isabella Barnes

(Address) 1526 Byrd St

15-

Filed FEB 18 1917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 17, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10 1917, to Feb 16 1917, that I saw him alive on Feb 16 1917, and that death occurred, on the date stated above, at 1a m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(Duration) not known yrs. mos. ds.

CONTRIBUTORY (Secondary) Anuria

(Duration) yrs. 3 mos. ds.

(Signed) Thos E Shipley M. D.

2/17, 191.7. (Address) 1314 Eight St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery

DATE OF BURIAL, 2/19, 1917

20-UNDERTAKER William Cook

ADDRESS 507 E. North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 2505

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED No. D 2505

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 Townsend Pl ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie L Scholl

(Residence in Baltimore: No. 1720 Townsend Pl. St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH. Apr (Month) Each date be Run (Day), 1885 (Year)

7-AGE, 31 yrs. 10 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At Home
(b) General nature of industry, business, or establishment in which employed (or employer). Housework

9-BIRTHPLACE, (State or Country), Falls Md

PARENTS.

10-NAME OF FATHER, Antoine Slecher

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Barbara Mobstuer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Christina Gerhold

(Address) Overlea

15 Filed FEB 18 1917, 191... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 15 191 7, to Feb 16 191 7, that I saw her alive on Feb 16 191 7, 7.30 P. and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pulmonary Intercurrent

Interstitial Nephritis

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. H. Mayer M. D.

1031 E Monument, 191... (Address) 701 N Patterson Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Feb 19, 191 7

20-UNDERTAKER Hull Leask — ADDRESS 702 E North

Frederick & Henry

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 2506

1-PLACE OF DEATH

CERTIFICATE OF DEATH

69

D 2506

REGISTERED NO. C

CITY OF BALTIMORE (No. 1108 Bolton St. WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Frank M. Henry

(Residence in Baltimore: No. 1108 Bolton St.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Oct 18, 1873 (Month) (Day) (Year)

7-AGE: 43 yrs. 3 mos. 28 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Paper Hanger
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Joseph Henry

11-BIRTHPLACE OF FATHER (State or country): Balto Md

12-MAIDEN NAME OF MOTHER: Catherine Lester

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Catherine Henry

(Address) 1108 Bolton St

15.

Filed FEB 18 1917

ROBERT B. KRAUTER
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb 16, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 1916, to Feb 16 1917, that I saw h.. alive on four days last, 1917, and that death occurred, on the date stated above, at 7a. m.

The CAUSE OF DEATH* was as follows:

Epithi Barozyn died suddenly - had been ill for years

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

2/16, 1917 (Address) 211 N. Howard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: July 17, 1917

20-UNDERTAKER: W H Cook — ADDRESS: 502 E Baltimore

If the space provided for any item is insufficient, the information may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2507

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1920 D 2507

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 33 E. Henrietta ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Thompson

(Residence in Baltimore: No. 33 E. Henrietta St.; 41 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	white	widower

6-DATE OF BIRTH, ... April (Month) — (Day) 1838 (Year)

7-AGE, 78 yrs. 10 mos. — ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Grocer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Storekeeper

9-BIRTHPLACE, (State or Country), Norway

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Norway

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Norway

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles H. Thompson

(Address) 33 E. Henrietta.

15-

Filed FEB 18 1917 191.... ROBERT B. KRAUTER

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 16 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 10 1916, to Feb 1917, that I saw him alive on Dec 15 1917, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Senile Debility

(Duration) 12 yrs. 2 mos. 6 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 3 yrs. ..... mos. ..... ds.

(Signed) S. S. Burton M. D.

2/17, 1917. (Address) 20 E. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Rock Hall, Md.	Feb 19, 1917
20-UNDERTAKER	ADDRESS
Fred. A. Krauss	703 Hanover St.

Spec.—8-24-14—M. & T.—2000 Blks.

Levi Yost

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2508

CERTIFICATE OF DEATH.

56 ✓ D 2508

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. Mercy Hospital St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Levi Yost

(Residence in Baltimore: No. 1723 East St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	Married

6-DATE OF BIRTH, Apr. 16, 1863
53 (Month) (Day) (Year)

7-AGE, 53 yrs. 10 mos. 0 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Brass.

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Valentine Yost

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rec. Mercy Hosp

(Address) Calvert St.

15- Filed FEB 18 1917, 191 ROBERT B. KRAUTER Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 16, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 16 1917, to Feb 16 1917, that I saw h[illegible] alive on Feb. 16 1917, and that death occurred, on the date stated above, at 7.05 P m.

The CAUSE OF DEATH* was as follows:

Nervous Prostration

Few days
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward L. Smith M. D.

Feb 16, 1917. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. Few Minutes ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 421 East St.

Former or usual residence 421 East St.

19-PLACE OF BURIAL OR REMOVAL, Lineboro Carroll Co. Md. DATE OF BURIAL, February 20 1917

20-UNDERTAKER Henry Storck Son ADDRESS 1301 E Eager Ave

D 2509

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 D 2509

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2220 Harford Ave ST. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph F. Tierney

(Residence in Baltimore: No. 2220 Harford Ave St.; yrs. 10 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: April 6 (Month) (Day), 1916 (Year)

7-AGE: yrs. 10 mos. 10 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto - Md.

PARENTS

10-NAME OF FATHER: Carroll Tierney

11-BIRTHPLACE OF FATHER (State or country): Balto. Md

12-MAIDEN NAME OF MOTHER: Catherine Zeigler

13-BIRTHPLACE OF MOTHER (State or country): Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Catherine Tierney

(Address) 2220 Harford Ave

Filed FEB 18 1917 191

ROBERT R. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feby 16 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 14, 1917, to Feby 16 1917, that I saw h.. alive on Feby 16 1917, and that death occurred, on the date stated above, at 8:20 a.m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

Marasmus.

(Duration) yrs. ..... mos. 3 ds.

Contributory (SECONDARY): Cardiac Asthenia

(Duration) yrs. ..... mos. 3 hrs. ds.

(Signed) Albert L. Lee M. D.

2/16/17 191 [Address] 1307 E. Monument

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Peters Cemetery

DATE OF BURIAL: Febry 18 191 7

20-UNDERTAKER: Henry Hock Son

ADDRESS: 1301 E Eutaw St

Acct

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2510

CERTIFICATE OF DEATH.

89 D 2510

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1233 S. Chapel ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Banks

(Residence in Baltimore: No. 1233 S. Chapel st St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ..., 1859
(Month) (Day) (Year)

7-AGE, 58 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Washing
(b) General nature of industry, business, or establishment in which employed (or employer): Drowning

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Chester

(Address) 1238 Chapel st

15- Filed FEB 18 1917 191... ROBERT E. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 16th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 13th 1917, to Feb 16th 1917, that I saw h[er] alive on " " 1917, and that death occurred, on the date stated above, at 10.40 P m.

The CAUSE OF DEATH* was as follows:

Heart Failure

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) yrs. mos. 1 ds.

(Signed) Jacob L. Winner M. D.

2-17 1917 (Address) 30 S. Bl'way

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Feb 18 1917.

20-UNDERTAKER E. C. Gross

ADDRESS 1405 McElderry st

Spec.—6-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2511

CERTIFICATE OF DEATH.

89 D 2511

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1531 E. Madison ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Erma Serino Turner

(Residence in Baltimore: No. 1531 E. Madison St.: ..... yrs., 10 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April 4, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. 10 mos. 12 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Justin Turner

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ethel Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Justin Turner

(Address) 1531 E. Madison

15- FEB 18 1917 Filed ....., 191... ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 16, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1917, to Feb. 16 1917, that I saw her alive on Feb. 16 1917, and that death occurred, on the date stated above, at 5:30 p.m.

The CAUSE OF DEATH* was as follows:

Capillary Bronchitis

f

..... (Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Gastric Catarrah

..... (Duration) ..... yrs. ..... mos. 14 ds.

(Signed) Jno. H. Johnson M. D.

Feb. 16, 1917 (Address) 1520 Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Zion cemetery

DATE OF BURIAL, Feb. 19, 1917

20-UNDERTAKER C. C. Groll

ADDRESS 1405 McElderry St

D 2512

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167 D 2512

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. John Hopkins Hospital ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mammie De Petra

(Residence in Baltimore: No. 223 S Hugh st St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Fem	White	Infant

6-DATE OF BIRTH, November 26, 1913
(Month) (Day) (Year)

7-AGE, 3 yrs. 2 mos. 21 ds. If LESS than 1 day ....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Philadelphia

PARENTS.

10-NAME OF FATHER, Louis DePetra

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Annie Rolisi

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis DePetra

(Address) 223 S Hugh

15- Filed FEB 18 1917 191 ROBERT R. KRAUTER Burial Permit Clerk

Important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 16, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Accidental Burns
while playing near stove
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) J Knox Shelley (Coroner)
Feb 18 1917 (Address) N. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos. 2 ds. In the State 2 yrs....mos....ds.
Where was disease contracted, if not at place of death? 223 S. High St.
Former or usual residence 223 S. High St.

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
St Vincent	Feb 18, 1917
20-UNDERTAKER	**ADDRESS**
Wendell Ryfel & Son	378 Lem Av

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2513

CERTIFICATE OF DEATH.

150 D 2513

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 645 Josephine St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ismel Hall

(Residence in Baltimore: No. 645 Josephine St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col	Single

6-DATE OF BIRTH, Feby 9, 1917
(Month) (Day) (Year)

7-AGE, 8 yrs. mos. 8 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William Hall

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Ella Hall.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Hall

(Address) 645 Josephine St

15- FEB 18 1917 Filed....., 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 17, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Malnutrition caused by Congenital Cardiac Malformation

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert S. Hansen M. D.
(Coroner.)

Feby 17, 1917 (Address) 3120 Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemetery	Feb 18 1917
20-UNDERTAKER	ADDRESS
Geo H Hooper	604 Little Pacca St

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2514

CERTIFICATE OF DEATH.

41 ✓ D 2514

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1909 Jefferson St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Milvin Jones

(Residence in Baltimore: No. 1909 Jefferson St.; ...yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... Jan. 27, 1874
(Month) (Day) (Year)

7-AGE, 43 yrs. — mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Contractor
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Ind.

PARENTS.

10-NAME OF FATHER, Gabbein Jones

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary J. Bumble

13-BIRTHPLACE OF MOTHER (State or Country), Ind

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amy Jones

(Address) 1909 Jefferson St.

15- Filed FEB 18 1917 191... ROBERT R. KRAUTER Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 15, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 8 1916, to Feb. 15 1917, that I saw h[im] alive on Feb. 14 1917, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Metastatic melanotic sarcoma
of abdominal viscera

(Duration) yrs. 2½ mos. ds.

CONTRIBUTORY (Secondary) Extinction

(Duration) yrs. mos. ds.

(Signed) Wm J Schmidt M. D.

Feb. 15, 1917. (Address) 701 N Stricker St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Lauderdale Park	Feb 18, 1917
20-UNDERTAKER John P. Moran	ADDRESS 6 Aisquith St

Spec.—8-24-14—M. & T.—2000 Bks.

D 2515

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 2515

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1709 Bank ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha A Blecker

(Residence in Baltimore: No. 1709 Bank St. St.; ....yrs.,....mos.....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb 17 (Month) (Day), 1823 (Year)

7-AGE, 94 yrs. — mos. — da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Peter Blecker

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Louise Blecker

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John R Moran

(Address) 1709 Bank & Conn St

15-

Filed FEB 18 1917, 191.... ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 16 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov - 1916, to Feb - 16 1917, that I saw h— alive on Feb 15 — 191..., and that death occurred, on the date stated above, at 2 30 p m.

The CAUSE OF DEATH* was as follows:

I Broncho - Pneumonia - (Senile)

..... (Duration) ...yrs. 4 mos. ...da.

CONTRIBUTORY (Secondary) Senile & Exhaustion

..... (Duration) ...yrs. 2 mos. ...da.

(Signed) Jno R Moran M. D.

Feb 18, 191.7 (Address) 175 S Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Patrick — DATE OF BURIAL, Feb 17 1917

20-UNDERTAKER John R Moran — ADDRESS Bank & Conn St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2516

CERTIFICATE OF DEATH.

18 ✓ D 2516

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 Ramsay ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter A. Weber

(Residence in Baltimore: No. 909 Ramsay St.; ..... yrs., 6 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Aug (Month) 7 (Day) 191- (Year)

7-AGE, ... yrs. 5 mos. 9 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George Weber

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Bertha Sleof

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo Weber

(Address) 909 Ramsey St

15- Filed FEB 18 1917 191.. ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 16 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 14 1917, to Feb 16 1917, that I saw him alive on Feb 17 1917, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Erysipelas otitis

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Cardiac asthenia

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) E O Neubauer M. D.

Feb 17, 191.7. (Address) 24 N Fulton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem — DATE OF BURIAL, Feb 18, 191.7

20-UNDERTAKER Joseph B Cook — ADDRESS 1003 W Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

D 2517

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

42 D 2517

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 N Calhoun ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan M Kraut

(Residence in Baltimore: No. 503 N Calhoun St.; 61 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ... (Month) Jan (Day) 2 (Year) 1851

7-AGE, 66 yrs. 1 mos. 15 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... Home

9-BIRTHPLACE, (State or Country), Baltimore Co Md

PARENTS.

10-NAME OF FATHER Simon Hadelmott

11-BIRTHPLACE OF FATHER (State or Country), U.S.A.

12-MAIDEN NAME OF MOTHER Mary A Barclay

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. F. Wm. H. Uhd

(Address) 2042 Eutaw Pl.

15- Filed FEB 18 1917, 191..... ROBERT R. KRAUTER Registrar.

Burial Permit Oleg.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 31 1916, to Jan 17 1917, that I saw h[illegible] alive on Jan 16 1917, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Cancer of Uterus

(Duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Gen'l Debility

(Duration) 1 yrs. ..... mos. ..... ds.

(Signed) Dr. F. Wm. H. Uhd M. D.

2/18, 191 7 (Address) 2042 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem — DATE OF BURIAL, Feb 19, 1917

20-UNDERTAKER Jas B Cook — ADDRESS 1003 W Balto St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2518 28 D 2518

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Granada Apts C-3 St.; 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Myer H Bear.

(Residence in Baltimore: No. Granada C-3 Lakeview near N.H. Park St.: [redacted] m., [redacted] mos. [redacted] ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, May 26, 1858.
(Month) (Day) (Year)

7-AGE, 58 yrs. 8 mos. 24 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Shoe Merchant

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Katz Bear.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Babette Jandorf

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Miriam Bear.

(Address) Granada Apts.

15. FEB 18 1917 ROBERT B. KRAUTER
Filed....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 17, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 10 1915, to Feby 13 1917, that I saw h[illegible] alive on Feby 13 1917, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Haemoptysis 2 months

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M.A. Venters M. D.

2-17, 1917. (Address) 180 N Mt Auburn

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Friendship	Feby 19, 1917
20-UNDERTAKER	ADDRESS
David Sondheim	1510 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2519

CERTIFICATE OF DEATH.

92 ✓ D 2519

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 S Chappel ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mattie Webb

(Residence in Baltimore: No. 421 S Chappel St.: 40 yrs. 4 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH. Sept (Month) 25 (Day), 1876 (Year)

7-AGE. 40 yrs. 4 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country). Balto., Md.

PARENTS.

10-NAME OF FATHER. Geo. Whittman

11-BIRTHPLACE OF FATHER (State or Country). Balto., Md.

12-MAIDEN NAME OF MOTHER Louise ———

13-BIRTHPLACE OF MOTHER (State or Country). Balto., Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Loretta Webb

(Address) 421 S. Chapel St.

FEB 18 1917 Filed....., 191... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2 (Month) 18 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 15th 1917, to Feb 18 1917, that I saw her alive on Feb 17 1917, and that death occurred, on the date stated above, at 6.5-6 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY. (Secondary) Nephritis

(Duration) ....yrs. 2 mos. ....ds.

(Signed) J. M. Nash M. D.

Feb. 18..., 191 7 (Address) 118 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mount Carmel Cem. DATE OF BURIAL. Feb. 20..., 1917.

20-UNDERTAKER W. J. & M. J. Flynn ADDRESS 1422 Light St

Spec.—8 24 14—M. & T.—2000 Blks.

D 2520

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D 2520

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2706 Dillon St.) 1 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Zygaj

(Residence in Baltimore: No. 2706 Dillon St. St.; 14 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, July (Month) 21 (Day), 1902 (Year)

7-AGE, 14 yrs. 7 mos. 25 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School Boy
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Frank Zygaj

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Stanislawa Beima

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stanislawa Zygaj

(Address) 2706 Dillon St

15- FEB 18 1917 Filed ROBERT R. KRAUTER Burial Permit Clerk. Registrar. 191

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 16 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 6 1917, to Feb 16 1917, that I saw h— alive on Feb 16 1917, and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) mitral insufficiency

(Duration) yrs. mos. 2 wks. ds.

(Signed) H. Januszewski M. D.

Feb 17, 191 7 (Address) 2431 Fait Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Rosary Cem

DATE OF BURIAL, Feb 19, 1917

20-UNDERTAKER Stephen J Fialkowski

ADDRESS 1019 Kenwood Ave

D 2521

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2521

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1233 Dirst Alley. St. 24 WARD) REGISTERED No. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Edward J. Hall.

(Residence in Baltimore: No. 1233 Dirst Alley.)

St.; yrs. 33 mos. 2 ds. 1)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	White.	Single.

6-DATE OF BIRTH, December 15th. 1883. (Month) (Day) / (Year)

7-AGE, 33 yrs. 2 mos. 1 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ship caulker.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER, William Hall.

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md.

12-MAIDEN NAME OF MOTHER Margaret McYeagh.

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Sweeney. (aunt)

(Address) 403 S. Chester St.

15- FEB 19 1917

Filed ....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. February 16th. 1917., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the dny stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Geo. M. Rennard M. D.
(Coroner)

Feb. 16. 1917 (Address) 1017 S. Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. St. Peters

DATE OF BURIAL. Feb 19th, 1917

20-UNDERTAKER C & B Hale

ADDRESS 115 E Mead St

D 2522

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 D 2522

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1323 Holbrook St. ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Theresa Hickey

(Residence in Baltimore: No. 2774 Tivoly Ave St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: December (Month) 20 (Day), 1849 (Year)

7-AGE: 67 yrs. 1 mos. 28 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Michael Hoffman

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Anna Eckstein

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Leo. Hickey

(Address) 2774 Tivoly Ave

15- FEB 19 1917 Filed ..... 191 .....

HARRY C. ANGELL
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February (Month) 18 (Day), 1917 (Year)

I HEREBY CERTIFY, That I attended deceased from February 16, 1917, to February 18, 1917, that I saw her alive on February 18, 1917, and that death occurred, on the date stated above, at 2300 m.

The CAUSE OF DEATH* was as follows:

Grippe

..... (Duration) ..... yrs. ..... mos. 6 ds.

Contributory (SECONDARY) Broncho Pneumonia

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) L. D. Taylor M.D.

Feb 18 1917 [Address] 301 E Oms St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer. DATE OF BURIAL: Feb 21st 1917

20-UNDERTAKER: E & B Hasle ADDRESS: 115 E Mt St

D 2523

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 ✓ D 2523

Registered No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1111 Park Ave. St.; 11 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Loretta Blackwell.

(Residence in Baltimore: No. 1111 Park Ave. St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: July (Month) 12 (Day), 1896 (Year)

7 AGE: 20 yrs. 7 mos. 6 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Balto City

PARENTS

10 NAME OF FATHER: Thomas Blackwell

11 BIRTHPLACE OF FATHER (State or country): Va

12 MAIDEN NAME OF MOTHER: Mary Hunt

13 BIRTHPLACE OF MOTHER (State or country): Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary Blackwell
(Address) 1111 Park Ave

15.
Filed FEB 19 1917, 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb. (Month) 17 (Day), 1917. (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1917, to Feb 17 1917.
that I saw h.. alive on Feb 16, 1917.
and that death occurred, on the date stated above, at 5.30 m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. ..... mos. .....

Contributory (Secondary) (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L. Herbert Keech M. D.
Feb 17, 1917. (Address) 219 N. Calhoun St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Feb. 19, 191.

20 UNDERTAKER: N. P. Marshall — ADDRESS: 3539 Belair Rd.

is very important. See instructions on back of certificate.

D 2524

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2524

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1719 MC Cubbin st ST.: 6 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Covell

(Residence in Baltimore: No. 1719 McCubbin st

Filed Yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	col	married

6-DATE OF BIRTH,

Oct 21 1886, 1
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
30 yrs. 3 mos. 26 ds.	....hrs. or....mins.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer Day
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country),
Balto Md

PARENTS.

10-NAME OF FATHER, James Covell

11-BIRTHPLACE OF FATHER (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER Elnora Boman

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida Covell

(Address) 1719 Mc Cubbin sy

15-

FEB 19 1917

Filed ....., 191.... HARRY C. ANDREWS
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH,

Feb 16 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [signature] M. D.
(Coroner.)

Feb 17, 1917. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel	Feb 18 1917
20-UNDERTAKER	**ADDRESS**
John W Handen	317 Eurdue

Spec.—8-24-14—M. & T.—2000 Bks.

D 2525

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2525

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1652 Gorsuch Ave ST.; 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward J. Finnegan

(Residence in Baltimore: No. 1652 Gorsuch Ave St.; 39 yrs. 5 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH. Sept. 14, 1877
(Month) (Day) (Year)

7-AGE. 39 yrs. 5 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Owen Finnegan

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Mary McKittrick

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Katharine Finnegan

(Address) 1652 Gorsuch Ave

15-

FEB 19 1917

Filed....., 191.... HARRY C. ANDERSON

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 17, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 7 1917, to Feb 17 1917, that I saw h— alive on Feb. 7 1917, and that death occurred, on the date stated above, at 11.38a m.

The CAUSE OF DEATH* was as follows:

Pulmonary T. B

about 5 yrs. (Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) A T Hess M. D.

Feb 18, 1917. (Address) 24 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cathedral Cemetery	2/19, 1917
20-UNDERTAKER Henry W. Meats & Son	ADDRESS 805 N. Calvert St

Spec.—5-19-13—M. & T.—500 Bks.

D 2526

HEALTH DEPARTMENT—CITY OF BALTIMORE

113 D 2526

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 779 W Cross ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph M Ulrich

(Residence in Baltimore: No. 779 W Cross St. 55 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widowed

6-DATE OF BIRTH, Oct (Month) 12 (Day), 1843 (Year)

7-AGE, 73 yrs. 4 mos. 4 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wood turner
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Michael Ulrich

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Husband

(Address) 779 W Cross

15-

Filed FEB 19191 191.. Burial Permit Clerk.

FEB 19191 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 6 1916, to Feb 16 1917, that I saw h[illegible] alive on Feb 16 1917, and that death occurred, on the date stated above, at 9:45 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Jaundice

(Duration) yrs. mos. ds.

(Signed) Joseph E. Muse M. D.

Feb 17 191 7 (Address) 1520 Hollins

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Feb 20, 1917

20-UNDERTAKER Knell & Son

ADDRESS 1127 W Pratt

Spec.—8-24-14—M. & T.—5000 Bks.

D 2527

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2527

CERTIFICATE OF DEATH.

REGISTERED NO. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 Franklin Square Hosp. ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Maggie Powell

(Residence in Baltimore: No. 1024 N. Dallas st St.; 44 yrs.. mos.. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb 21 (Month) (Day) 1883 (Year)

7-AGE, 33 yrs. 11 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Lawrence Gunther

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Bosa

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George W. Powell

(Address) 1024 N. Dallas st

15- Filed FEB 19 1917, 191.....

HARRY [illegible]
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 18 (Month) (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 4 1917, to Feby 18 1917, that I saw her alive on Feby 17 1917, and that death occurred, on the date stated above, at 6d m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Pericarditis

(Duration) yrs. 1 mos. 14 ds.

(Signed) J. N. Thomas M. D.

Feby 18 1917. (Address) 1228 N. Caroline Ave, W. P. Ferneyhough

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 14 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Residence

Former or usual residence 1024 N. Dallas st

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemty — DATE OF BURIAL, Feb 21, 191.

26-UNDERTAKER Pickler & Pickler — ADDRESS 1739 E. Eager

Spec.—8-24-14—M. & T.—2000 Bks.

D 2528

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 V D 2528

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 438 N. Lakewood Ave St.; 15 WARD)

2-FULL NAME Harry T. Dashields

(Residence in Baltimore: No. 438 N. Lakewood Ave St.; ....yrs....mos....ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb. (Month) 14 (Day), 1917 (Year)

7-AGE, ...yrs....mos....ds.

If LESS than 1 day, ...hrs. or 20 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER, Edward Dashields

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Cara Efran

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Dashields

(Address) 438 N. Lakewood Ave

15-

Filed FEB 19 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 14 1917, to Feb 14 1917.

that I saw him alive on " " 191 .

and that death occurred, on the date stated above, at 8.20 a.m.

The CAUSE OF DEATH* was as follows:

Premature Birth

Seven months

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) C. C. Green M. D.

Feb 14 1917. (Address) 2601 Eager

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore County

DATE OF BURIAL, Feb. 19 191.

20-UNDERTAKER Finkler & Finkler

ADDRESS 1739 E. Eager

D 2529

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 ✓ D 2529

1 PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 1606 Walker St ST. 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Earl Freehman Lee

(Residence in Baltimore: No. 1606 Walker St.; yrs. mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male — 4 COLOR OR RACE: White — 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: 1 (Month) 20 (Day), 1917 (Year)

7 AGE: ..... yrs. ..... mos. 28 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto, Md

PARENTS

10 NAME OF FATHER: L. G. Lee

11 BIRTHPLACE OF FATHER (State or country): Freeland Md

12 MAIDEN NAME OF MOTHER: Reane Freshman

13 BIRTHPLACE OF MOTHER (State or country): Balto Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) L. G. Lee

(Address) 1606 Walker St

15. Feb 3 1917 — HARRY C. ANDREWS, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 2 (Month) 18 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 20 ....., 191 7 . to. Feby 18 191 7
that I saw h[illegible] alive on Feby 18 , 191 7.
and that death occurred, on the date stated above, at 11. P. m.
The CAUSE OF DEATH* was as follows:

Bronchal Pneumonia

(Duration) ..... yrs. ..... mos. 4 ds

Contributory (SECONDARY) (Unknown)

(Duration) ..... yrs. ..... m's. ..... ds.

(Signed) A. L. Hartenstein M. D.

2/19 , 1917. (Address) 733 Fairmount St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Freeland Md — DATE OF BURIAL: Feby 19, 1917

20 UNDERTAKER: Philip Herwig — ADDRESS: 2016 Orleans

is very important. See instructions on back of certificate. Exact statement of OCCUPATION

D 2530 HEALTH DEPARTMENT—CITY OF BALTIMORE D 2530

CERTIFICATE OF DEATH.

REGISTERED No. C 167

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST. 5 WARD)

2-FULL NAME ~~322~~ George Osborne

(Residence in Baltimore: No. 322 Calvin St.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Supposed age 7 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, Unknown. (Month) ..... (Day) 1908 (Year)

7-AGE, 9 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Samuel Osborne

11-BIRTHPLACE OF FATHER (State or Country), Born —

12-MAIDEN NAME OF MOTHER Hanna —

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Osborne

(Address) 322 Calvin St.

15- Filed FEB 19 1917, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns - accidental
(Explosion Camphor Oil)
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. J. Riley (Coroner.) ..... M. D.

Feb 19, 1917. (Address) 1637 Pendleton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 322 Calvin St

Former or usual residence 322 Calvin St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Cemetery	Feb 19, 1917
20-UNDERTAKER	ADDRESS
Mrs R. A. Elliott	56 East St

Supplement. See instructions on back of certificate.

D 2531 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 2531

CERTIFICATE OF DEATH.

5 - 170

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 505 N Central ave St.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Hatter

(Residence in Baltimore: No. 505 Central ave St. 1 yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
female	col	Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1867 (Year)

7-AGE, 48 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Jacob Weeks

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucil Fields

(Address) 505 Central Wve

15- FEB 19 1917 Filed, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 17 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above. 12:45 PM

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Wm. Luckey M. D.

Feb 17, 1917 (Coroner.) (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. dc.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	Feb 21, 19 17
20-UNDERTAKER Wm. Robt. A. Elliott	ADDRESS 506 East St

D 2532

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2532

CERTIFICATE OF DEATH.

x167

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital St.: 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elmer Munks

(Residence in Baltimore: No. 903 ~~S 1st St~~ In Hospital St.; yrs., mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
male	white	baby

6-DATE OF BIRTH, Nov 28 1915 (Month) (Day) 1 (Year)

7-AGE, 1 yrs. 2 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Co Md

PARENTS.

10-NAME OF FATHER, Wm Munks

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Mary Moll

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Weigert

(Address) 903 S Ist ST

15- Filed FEB 19 1917 HARRY C. ANDREWS Registrar

101 Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 16 1917, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns accidental while playing with lamp.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Knox Taylor, M.D. (Coroner.)

Feb 18 1917 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ....yrs. 3 mos. ....ds. In the State 2 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 903 S 1st St

Former or usual residence 903 S 1st St

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn

DATE OF BURIAL, Feb 18, 1917

20-UNDERTAKER H Sandell & Sons

ADDRESS 1110 Eut St

FILMED

Spec.—8-24-14—M. & T.—2000 Bks.

D 2533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1/5 / D 2533

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. General Hospital ST.; V WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Petterson

(Residence in Baltimore: No. 627 S. Broadway St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, March (Month) 6th (Day), 1874 (Year)

7-AGE, 42 yrs. 11 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Saloon Keeper

9-BIRTHPLACE, (State or Country), Sweden

PARENTS.

10-NAME OF FATHER. Frank Petterson

11-BIRTHPLACE OF FATHER (State or Country). Sweden

12-MAIDEN NAME OF MOTHER. Angusta Hermans

13-BIRTHPLACE OF MOTHER (State or Country), Sweden

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Petterson

(Address) 627 S. Broadway

15-
Filed FEB 19 1917, 191..... HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 20 1917, to Feb 16 1917, that I saw h[illegible] alive on: Feb 16 1917, and that death occurred, on the date stated above, at 5-30 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Esophagus
(Clinical)
(Duration) Ont Year yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Wm. Lester M. D.
Feb 16, 1917 (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. 2 mos. 27 ds. In the State ....yrs. — mos. — ds.
Where was disease contracted, if not at place of death? At Home
Former or usual residence 627 S. Broadway

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Feb. 19..., 1917
20-UNDERTAKER	ADDRESS
H. Sander Sons	1710 East St.

D 2534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89

D 2534

REGISTERED No. C.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 300 S. Smallwood ST.) 20 WARD)

2-FULL NAME Paul Nagel

(Residence in Baltimore: No. 300 S Smallwood

St. yrs., 8 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	widower

6-DATE OF BIRTH, Oct (Month) 12 (Day), 1880 (Year)

7-AGE,	If LESS than 1 day,
36 yrs. 4 mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Machinist
(b) General nature of industry, business, or establishment in which employed (or employer) Bethlehem Steel Co.

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Nagel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Knew

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) August F. Siewert

(Address) Belmeire Florida

15-

Filed FEB 19 1917, 191.....

HARRY C. ANDREWS
Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 13 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Congestion of Lungs

(Duration).....yrs.....mos. 6 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration).....yrs.....mos. 1 ds.

(Signed) James H. Preston M. D.
(Coroner)

Feb 14 191 7. (Address) 102 Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Lawson Park	Feb 19, 1917

20-UNDERTAKER A. S. Sing

ADDRESS 1921 N. Pratt St

D 2535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8 V D 2535

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 4023 Bell Ave Town Park, ST.: WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Josiah Jane Davis

Residence in Baltimore: No. 4025 Bell ave

St. (If non-resident give POST OFFICE.) 1 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Feb 1, 1854 (Month) (Day) (Year)

7 AGE: 83 yrs. — mos. 16 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Balto.

PARENTS

10 NAME OF FATHER: Capt J M. Davis.

11 BIRTHPLACE OF FATHER (State or country): Conn.

12 MAIDEN NAME OF MOTHER: M Eliza Semble.

13 BIRTHPLACE OF MOTHER (State or country): Balto.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elizabeth Kelly.

(Address) 4023 Bell Ave

15 FEB 19 1917 19

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb 17, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July, 1916, to Feb 17 1917.
that I saw h[illegible] alive on Feb 16, 1917
and that death occurred, on the date stated above, at 8.30 P.M.
The CAUSE OF DEATH* was as follows:

Asthema.
Arterio Sclerosis

(Duration) 1 yrs. mos. ds

Contributory (SECONDARY) Senility

(Duration) 1 yrs. mos. ds.

(Signed) Thos J Jones M. D.

Feb 18, 1917 (Address) 2402 Radyr

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Ft Patrick. DATE OF BURIAL: Feb 19, 1917

20 UNDERTAKER: Ed Woodfield ADDRESS: Union Mills Md

is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 2536 — 1-PLACE OF DEATH — 170 — D 2536 — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 3543 Cedar ave St. 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James F Maxwell

(Residence in Baltimore: No. 3543 Cedar ave St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH July (Month) (Day) 18 44 (Year)

7-AGE 72 yrs. 7 mos. ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer) United R R

9-BIRTHPLACE (State or country) Maryland

PARENTS

10-NAME OF FATHER Unknown

11-BIRTHPLACE OF FATHER (State or country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thomas A Drake

(Address) 3543 Cedar Ave

15- Filed FEB 19 1917 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb (Month) 18th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 6, 1917, to Feb 18 1917, that I saw him alive on Feb 18, 1917, and that death occurred, on the date stated above, at 6 20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
& Arterio-sclerosis

(Duration) 5 yrs. 3 mos. ds

Contributory (SECONDARY) .....

(Duration) ... yrs. ... mos. ... ds.

(Signed) Otto Schwedtmann M. D.

Feb 19, 1917 (Address) 846 W 36th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Leonardtown Md — DATE OF BURIAL 2-20 1917

20-UNDERTAKER H. R. Gawthrop — ADDRESS 624 N Royal Ave

is very important. See instructions on back of certificate. — 6-DATE AND PLACE OF OCCUPATION

Spec.—8-24-15—M. & T.—2000 Blks.

D 2537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 ✓ D 2537

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2013 Maryland ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Edward Soper

(Residence in Baltimore: No. 2013 Maryland ave St.; 64 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Dec (Month) 25th (Day) 1852 (Year)

7-AGE. 64 yrs. 1 mos. 23 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Capitalist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Samuel Soper

11-BIRTHPLACE OF FATHER (State or Country). Montgomery Co Md

12-MAIDEN NAME OF MOTHER Anna Flint

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida C Wonderly

(Address) 2013 Md ave

15-

Filed FEB 19 1917, 191.... HARRY C. ANDREWS Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby (Month) 17th (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Janry 27th 1917, to Feby 17th 1917, that I saw h[illegible] alive on Feby 17th 1917, and that death occurred, on the date stated above, at 1.20 p.m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency with General Arteriosclerosis

(Duration) yrs. 8 mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Gustav Goldman M. D.

Feby 17, 191.7 (Address) 656 W Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Greenmount	Feb 20, 191.7

20-UNDERTAKER Graham F Walker ADDRESS 723 W Lafayette

D 2538

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 ✓D 2538

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 208 Jasper ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Madden

(Residence in Baltimore: No. 208 Jasper St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Col.	Widow.

6-DATE OF BIRTH, ... (Month) Unknown (Day), 1 (Year)

7-AGE, 65 yrs. ..... mos. ..... da. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework.
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, John W. Bell

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Benj. Burley

(Address) 208 Jasper

15- Filed FEB 19 1917 191..... HARRY C. ANDREWS Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Feby 16 (Day), 191 7 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... da.

(Signed) Egbert S. Driscoll M. D. (Coroner.)

Feby 7, 191 7 (Address) 312 N Carrollton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Feb 21, 19 17
20-UNDERTAKER David Eaton	ADDRESS 916 Fremont Av

Spec.—8-24-14—M. & T.—2000 Bks.

D 2539

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D 2539

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St.; 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Brooks

(Residence in Baltimore: No. 1126 Shields alley St.; 54 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ..., 1862
(Month) (Day) (Year)

7-AGE, 54 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Janitor
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed FEB 19 1917, 191.....

HARRY C. ANDREWS
Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 14th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 9th 1917, to Feb 14th 1917, that I saw h[illegible] alive on Feb 14th 1917, and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration).....yrs.....mos.....6.....ds.

CONTRIBUTORY.....
(Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Elmer Henderson M. D.

Feb. 15, 1917. (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 6 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Park School

Former or usual residence 1126 Shields alley

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL

DATE OF BURIAL, FEB 17 1917, 191...

20-UNDERTAKER

ADDRESS

Commissioner Health,

Per. Wm. H. HOWELL.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2540

HEALTH DEPARTMENT—CITY OF BALTIMORE

66 D 2540

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Varnhaw

(Residence in Baltimore: No. 243 E Lee St ST.; 1 yrs., 7 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July 16, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 7 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... "

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Laurence Varnhaw

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Pauline Paul

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hospital

(Address) Calvert St.

15-

Filed FEB 19 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 18, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 16 1917, to Feb 18 1917, that I saw h[illegible] alive on Feb. 18 1917, and that death occurred, on the date stated above, at 8:50 m.

The CAUSE OF DEATH* was as follows:

Cerebral Palsy

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward Stenek M. D.

Feb 19 1917 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State 1 yr. mos. ds.

Where was disease contracted, if not at place of death? 243 E Lee St.

Former or usual residence 243 E Lee St.

19-PLACE OF BURIAL, OR REMOVAL, Holy Rosary

DATE OF BURIAL, Feb. 19, 191.7

20-UNDERTAKER Jacob Piaskowski

ADDRESS 428 S. Bond St

Spec.—5-19-13—M. & T.—500 Bks.

D 2541

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2541

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 731 N Pete ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph B. Benson

(Residence in Baltimore: No. 731 N Pete St.; 73 yrs., 10 mos. 14 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, August (Month) 2 (Day), 1843 (Year)

7-AGE, 73 yrs. 10 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter (Home)
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Benson

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Benson

(Address) 731 N Peter St

15- FEB 19 1917 Filed, 191.

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 16th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 10 1916, to Feb 16 1917, that I saw h— alive on Feb 15 1917, and that death occurred, on the date stated above, at 7:30 a m.

The CAUSE OF DEATH* was as follows:

Nephritis Chronic

(Duration) yrs. Don't Know mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) yrs. mos. ds.

(Signed) Edw Grant M. D.

Feb 17, 191.7 (Address) 547 Lex

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery

DATE OF BURIAL, Feb 19, 191 7.

20-UNDERTAKER James Dignan & Son

ADDRESS 1000 E Pratt St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 2542

CERTIFICATE OF DEATH.

92 D 2542

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 Pitcher ST.; 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Tankard

(Residence in Baltimore: No. 602 Pitcher St.; 30 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH. ..... (Month) Unk (Day), 1862 (Year)

7-AGE.	If LESS than 1 day,
54 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer): Lumber wagon

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Alfred Tankard

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Addie Rodgers

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Tankard

(Address) 602 Pitcher St

15- Filed FEB 19 1917 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10 1917 . to Feb 16 1917 , that I saw h[illegible] alive on Feb 16 1917 , and that death occurred, on the date stated above, at 5 00 m.

The CAUSE OF DEATH* was as follows:

(Pneumonia Lobar)

(Duration) 6 yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Asthma

(Duration) yrs. mos. 6 ds.

(Signed) [signature] M. D.

Feb 17, 1917. (Address) 712 S. Stark St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt Auburn	Feb 19 1917
20-UNDERTAKER John H. Jordan	ADDRESS 1412 Mosher St

D 2543

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29

D 2543

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1431 N Patterson Pk ave ST. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John A Miller

(Residence in Baltimore: No. 1431 Patterson Park Ave

60 St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
male	white	Widower

6-DATE OF BIRTH, Feb. 27 1832, 1
(Month) (Day) (Year)

7-AGE, 84 yrs. 11 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION,
(a) Trade, profession, or particular kind of work: Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ferdenhan Miller

(Address) 1431 Patterson Pk ave

15-FEB 19 1917 [illegible]

Filed....., 191.... Burial Permit Clark
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 18 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm F Swaim M. D.
(Coroner)

Feb. 18 1917 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Com. DATE OF BURIAL, Feb 20 1917

20-UNDERTAKER Philip Henry ADDRESS 301 6 Orleans St

D 2544

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

105 D 2544

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2843 W. Lafayette St. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Luther M. Schlining

(Residence in Baltimore: No. 2843 W Lafayette Ave St.; 70 yrs. 3 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH Oct. 18 (Month) (Day), 1896 (Year)

7-AGE 20 yrs. 3 mos. 29 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country) Baltimor Md

PARENTS

10-NAME OF FATHER William H Schlining

11-BIRTHPLACE OF FATHER (State or country) Carroll Co Md

12-MAIDEN NAME OF MOTHER Mary L Kraft

13-BIRTHPLACE OF MOTHER (State or country) Carroll Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm H. Schlining

(Address) 2843 W Lafayette Ave

15- Filed FEB 19 1917 HELEN C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb. (Month) 17 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1916, to Feb 17 1917, that I saw h[illegible] alive on Feb 17 1917, and that death occurred, on the date stated above, at 10.15 m.

The CAUSE OF DEATH* was as follows:

Chronic Catarrhal Enteritis

(Duration) yrs 7 mos. ..... ds.

Contributory (SECONDARY) Exhaustion (Duration) yrs. ..... mos. 3 ds.

(Signed) H. L. C. Allen M. D.

Feb 18 1917 [Address] 2737 North Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Baltimor County

DATE OF BURIAL Feb. 20 1917

20-UNDERTAKER Wm Cook

ADDRESS 307 E. Nath Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 2545

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2545

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 N Pulaski ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Elmer Wilkinson

(Residence in Baltimore: No. 408 N Pulaski St.; Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb. (Month) 4 (Day), 1889 (Year)

7-AGE, 28 yrs. 0 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER, George G Wilkinson

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Mary E Caroline

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George G Wilkinson

(Address) 408 N Pulaski

15-

Filed FEB 19 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 1st 1916, to Feb. 18 1917, that I saw h[illegible] alive on Feb. 15 1917, and that death occurred, on the date stated above, at 6.30 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) 9 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Robert Sagk M. D.

Feb 17, 1917. (Address) 1402 Leighton St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem

DATE OF BURIAL, Feb 20., 1917.

Undertaker Wm Cook

ADDRESS 307 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2546

CERTIFICATE OF DEATH.

D 2546

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Mercy Hospital ST.; 1 WARD)

REGISTERED No. C

2-FULL NAME Camilla Angelo

(Residence in Baltimore: No. 812 N Streeper St

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, ... yrs. 7 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Dom. Angello

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev. Mercy Hosp.

(Address) Albert St.

15- Filed FEB 19 1917, 191.....

HARRY C. ANDREWS
Registrar of Vital Statistics
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb. (Month) 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 11 1917, to Feb 17 1917, that I saw h[illegible] alive on Feb 17 1917, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

abon't (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward A. Smith M. D.

2/17, 1917. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 6 ds. In the State 1 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 812 N Streeper St

Former or usual residence 812 N Streeper St

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart Cem. DATE OF BURIAL, Feb. 19 1917

20-UNDERTAKER Lilly & Zeiler ADDRESS 403 S Wolfe St.

Spec.—8-24-14—M. & T.—2000 Blks.

D 2547

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2547

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2208 Wilkens ST.; 20 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Athey

(Residence in Baltimore: No. 2208 Wilkens St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug 19, 1844
(Month) (Day) (Year)

7-AGE, 72 yrs. 5 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, William Granger

11-BIRTHPLACE OF FATHER (State or Country), Mass

12-MAIDEN NAME OF MOTHER Cordelia Kemble

13-BIRTHPLACE OF MOTHER (State or Country), Mass

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Athey

(Address) 2208 Wilkens Ave

15-
Filed FEB 19 1917, 191.... HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 17, 191...
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 20 191 7, to Feb 17 191 7, that I saw h[illegible] alive on Feb 6 191 7, and that death occurred, on the date stated above, at 8.20 a. m.

The CAUSE OF DEATH* was as follows:

(Apoplexy) Pneumonia

(Duration) ....yrs. ....mos. 27 ds.

CONTRIBUTORY (Secondary) Bronchial pneumonia

(Duration) ....yrs. ....mos. 5 ds.

(Signed) W A Kemble M. D.

2/17, 191 7. (Address) Irvington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, MOUNT OLIVET.

DATE OF BURIAL, FEB 19 1917

20-UNDERTAKER ARMSTRONG-DENNY CO.

ADDRESS 715 Eight

D 2548

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 ✓ D 2548

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1325 S.Charles St. ST.: 23 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Hubbard.

(Residence in Baltimore: No. 1325 S.Charles St. St.; 60 mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female.	White.	Widow.

6-DATE OF BIRTH, December 25th. 1846. , /
(Month) (Day) (Year)

7-AGE, 70 yrs. 1 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER: Joseph Deaver.

11-BIRTHPLACE OF FATHER (State or Country): Maryland.

12-MAIDEN NAME OF MOTHER: Do not know.

13-BIRTHPLACE OF MOTHER (State or Country): Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) William J.Hubbard.(son)
(Address) 1325 S.Charles St.

15- FILED FEB 19 1917 191 HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 18th. 1917. , 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart and Kidneys.

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

Signed Otto M. Reinhardt M. D.
(Coroner.)

Feb. 19, 1917 (Address) 1017 S.Charlrs St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death? ...
Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
MOUNT OLIVET	FEB 21 1917
20-UNDERTAKER ARMSTRONG-DENNY CO.	ADDRESS 715 Light St.

Form.—6-21-14—M. & T.—2000 Blks.

D 2549

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2549

CERTIFICATE OF DEATH.

REGISTERED No. C 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2018 Eastern Ave ST.; WARD)

2-FULL NAME Mary Patrick Cleary

(Residence in Baltimore: No. 2018 Eastern Ave St.; 70 yrs. 4 mos. 10 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, October 6 (Month), 6 (Day), 1846 (Year)

7-AGE, 70 yrs. 4 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Moulder
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), D C

PARENTS.

10-NAME OF FATHER, Wm H. Cleary

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary A. Cosgrove

13-BIRTHPLACE OF MOTHER (State or Country), D C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Cleary

(Address) 2018 Eastern Ave

15- Filed FEB 19 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar

FEB 19 1917

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 8 1917, to Feby 16 1917, that I saw him alive on Feby 15 1917, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo L Dillon M. D.

Feby 17 1917. (Address) 6 N Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral	Feb 20, 1917
20-UNDERTAKER	**ADDRESS**
Lilly Zeiler	403 S. Wolfe

Spec.—8-24-14—M. & T.—2000 Bks.

D 2556

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2550

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 N. Washington St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy D White

(Residence in Baltimore: No. 503 N. Washington St.: Yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Dec 11, 1829 (Month) (Day) (Year)

7-AGE, 87 yrs. 2 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, John D Bancroft

11-BIRTHPLACE OF FATHER (State or Country) Mass

12-MAIDEN NAME OF MOTHER Margaret Fitzhenry

13-BIRTHPLACE OF MOTHER (State or Country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos N. White Jr

(Address) 503 N. Washington St

15-

Filed FEB 19 1917, 191...

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Feby 17, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..., 191..., to Feby 17, 191..., that I saw h[illegible] alive on Feby 17, 191..., and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Asthenia

(Duration) yrs. mos. ds.

(Signed) L. L. Frameno M. D.

, 191... (Address) 931 N. Eutaw

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL Greenmount Cemetery | DATE OF BURIAL, Feby 20, 191...

20-UNDERTAKER Robt J Turner | ADDRESS 1702 N Eutaw

Spec.—8-24-1—M. & T.—2000 Bks.

D 2551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 ✓ D 2551

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 S. Chester St.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Martin Warczynski.

(Residence in Baltimore: No. 318 So. Chester St.; 24 yrs. - mos. - ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov — (Month) (Day), 1886 (Year)

7-AGE, 30 yrs. 3 mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Oyster Man.
(b) General nature of industry, business, or establishment in which employed (or employer): Hotel Employ.

9-BIRTHPLACE, (State or Country), German Poland

PARENTS.

10-NAME OF FATHER, Walenty Warczynski

11-BIRTHPLACE OF FATHER (State or Country), German Poland

12-MAIDEN NAME OF MOTHER Jozefa Ukowiak

13-BIRTHPLACE OF MOTHER (State or Country), German Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. Warczynski

(Address) 318 S. Chester St.

15-

Filed FEB 19 1917 ROBERT R. KRAUTER 191.....

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 19, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 17 1917, to Feb 19 1917, that I saw h— alive on Feb 19 1917, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

1. Grippe

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Pneumonia Bronchial

(Duration) ....yrs. ....mos. 3 ds.

(Signed) J. Valentine M. D.

Feb 19, 1917 (Address) 168 Perry

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, Feby 21, 1917

20-UNDERTAKER M. J. Sadowski. ADDRESS 705 S. Ann St

Spec.—8-24-14—M. & T.—2000 Blks.

D 2552

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2552

CERTIFICATE OF DEATH.

109

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2134 Hollins St. ST.; 20 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William A. Dunn.

(Residence in Baltimore: No. 2134 Hollins St. St.; 34 yrs., — mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word)
Male	white	Single

6-DATE OF BIRTH, February 8, 1883.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
34 yrs. — mos. 9 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Labor.
(b) General nature of industry, business, or establishment in which employed (or employer): City Laborer.

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Bernard Dunn

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Elizabeth Sluck

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Bernard Dunn

(Address) 2134 Hollins St

15- Filed FEB 19 1917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 17, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 5 1917, to Feby 17 1917, that I saw h[im] alive on Feby 17 1917, and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:

Acute Peritonitis

(Duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary) Strangulate Umbilical Hernia

(Duration) ... yrs. ... mos. 2 ds.

(Signed) M. A. Driscoll M. D.

Feby 18, 1917. (Address) 108 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cem	Feb. 20, 1917.

20-UNDERTAKER John Flanagan Son. ADDRESS 907 Hollins St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2553

CERTIFICATE OF DEATH.

98

D 2553

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Lacy

(Residence in Baltimore: No. 846 Poland St.: 34 yrs., — mos., 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, February 1st, 1883
(Month) (Day) (Year)

7-AGE, 34 yrs. — mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Plasterer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Lacy

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sarah Lacy

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Unknown

(Address):

15- FEB 191917 Filed....., 191.... ROBERT R. KRAUTH Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 18, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 13 1917, to Feb 18 1917, that I saw h[illegible] alive on Feb 18 1917, and that death occurred, on the date stated above, at 1130 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

Immediate

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cancer of Lung

(Duration) yrs. mos. 10 ds.

(Signed) J. Perry Rose M. D.

2/18, 191.7 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State yrs. Life mos. ds.

Where was disease contracted, if not at place of death? Former Residence

Former or usual residence 846 Poland St

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn

DATE OF BURIAL, Feb. 20, 191.7

20-UNDERTAKER John F. Boone, Jr.

ADDRESS 901 Hollins

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 2554

CERTIFICATE OF DEATH.

gVD 2554

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 N. 29th St. ST.: 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fromer Xavier Mueller

(Residence in Baltimore: No. 509 N 29th St St.; ....yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH: July 27th, 1916 (Month) (Day) (Year)

7-AGE: ....yrs. 6 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Albert C. Mueller

11-BIRTHPLACE OF FATHER (State or Country): Va

12-MAIDEN NAME OF MOTHER: Fromer C Howard

13-BIRTHPLACE OF MOTHER (State or Country): Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert C. Mueller

(Address) 509 N. 29th St.

15- Filed FEB 19 1917 191.... ROBERT R. KRAUTER Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 18th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 15th 1917, to Feb 18th 1917, that I saw him alive on Feb 18th 1917, and that death occurred, on the date stated above, at 6:10 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Geo W Montgomery M.D.

Feb 18th, 191.7. (Address) 753 W Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Saint Peters Cemetery. DATE OF BURIAL, Feb 20, 191.7.

20-UNDERTAKER Felix B. Pye ADDRESS 102 E. Mulberry St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2555 HEALTH DEPARTMENT—CITY OF BALTIMORE D 2555

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1330 Morling Ave ST.: 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward P. Shannon

Residence in Baltimore: No. 1330 Morling Ave. St.; 60 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widower

6-DATE OF BIRTH, March (Month) 31 (Day) 1836 (Year)

7-AGE, 80 yrs., 10 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ship Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward P. Shannon

(Address) 1330 Morling Ave

15- Filed FEB 19 1917, 191.... ROBERT B. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 26th 1917, to Feb. 17th 1917, that I saw h.im alive on Feb 16th 1917, and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Uraemic Coma

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial nephritis

(Duration) ..... yrs. 10 mos. ..... ds.

(Signed) J. G. Lucas M. D.

Feb 17, 191.7. (Address) 1427 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem

DATE OF BURIAL, 2-20, 191.7

20-UNDERTAKER Bennett & Son

ADDRESS Hollins St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2556

CERTIFICATE OF DEATH.

10 ✓ D 2556

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 Augusta Ave ; St.; 20 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Carroll

(Residence in Baltimore: No. 25 Augusta Ave St.; yrs. 96 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Not Known except date ....., 1 .....
(Month) (Day) (Year)

7-AGE 96 yrs. mos. da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Galway Ireland

PARENTS.

10-NAME OF FATHER, James Greene

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Ryan

(Address) 25 August Ave

15- FEB 19 1917 ROBERT R. KRAUTER
Filed....., 191... Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 19, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 13 1917, to Feb 19, 1917, that I saw h.. alive on Feby 18 1917, and that death occurred, on the date stated above, at 5 a/ m.

The CAUSE OF DEATH* was as follows:

La Grippe

(Duration) yrs. mos. 6 da.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. da.

(Signed) Henry J Slattery M. D.

2.19, 1917. (Address) 508 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. mos. da. In the State..... yrs. mos. da.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Frostburg Md — DATE OF BURIAL, Jan. 20, 1917

20-UNDERTAKER James Degnan & Son — ADDRESS 1000 E. Pacca St

D 2557

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

20 ✓ D 2557

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 8) ST.: Hebrew Hospital (WARD) 7

2-FULL NAME Baby Walders Mad of Dr Howard Louise Walders

(Residence in Baltimore: No. 5 Hebrew Hospital St.; yrs. ..... mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Baby

6-DATE OF BIRTH: Feb. (Month) 13, (Day) 1917 (Year)

7-AGE: ..... yrs. ..... mos. 5 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto Md.

PARENTS

10-NAME OF FATHER: Howard Walders

11-BIRTHPLACE OF FATHER (State or country): Balto Md

12-MAIDEN NAME OF MOTHER: Louise Watkins.

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. Maurice Watkins

(Address) 3006 Kate Ave

15. Filed FEB 19 1917, 19.. ROBERT R. KRAUTER Registrar of Vital Statistics

Burial Permit Issued (Over)

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. (Month) 18, (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1917, to, Feb 18 1917, that I saw him alive on Feb. 18, 1917, and that death occurred, on the date stated above, at 2:30 P m.
The CAUSE OF DEATH* was as follows:

Septicemia

Born

(Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) S H Klonaris M. D.

Feb 18, 1917 (Address) 1800 N Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 5 ds. In the State ..... yrs. ..... mos. 5 ds.

Where was disease contracted. If not at place of death? Intrauterine.

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge Cem | DATE OF BURIAL: Feb 20 1917

20-UNDERTAKER: Bertram W Fore | ADDRESS: 1723 N Fulton Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 2558 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 2558

CERTIFICATE OF DEATH.

170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 W Fayette St. 18 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George E. Johnson

(Residence in Baltimore: No. 1207 W Fayette St. 11 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... July (Month) 20 (Day), 1853 (Year)

7-AGE,	If LESS than 1 day,
63 yrs. 7 mos. ✓ ds.	✓ hrs. or ✓ min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... General
(b) General nature of industry, business, or establishment in which employed (or employer)..... Barbarage

9-BIRTHPLACE, (State or Country) Washington D.C.

PARENTS.

10-NAME OF FATHER, John Johnson

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Ruth Wilson

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. G. E. Johnson

(Address) 1207 W Fayette St

Filed FEB 19 1917, 191.. ROBERT R. KRAUTER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb (Month) 17 (Day), 191 7 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 191 6, to Feb 18 191 7, that I saw h... alive on Feb 18 191 7, and that death occurred, on the date stated above, at 3:40 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 3 mos. 5 ds.

CONTRIBUTORY (Secondary) Cardio Vascular Renal Disease

(Duration) 1 yrs. 3 mos. 5 ds.

(Signed) Burwell Grant M. D.

Feb 18, 191 7 (Address) 1207 W Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Feb. 21, 191 7
20-UNDERTAKER George J Smith	ADDRESS 1000 W Fayette St

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 2559

CERTIFICATE OF DEATH

66 ✓

D 2559

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1020 W. Fayette St. St.) 18 (WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William B. Myers.

(Residence in Baltimore: No. 1020 W. Fayette St. St.) 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Write the word): married

6 DATE OF BIRTH: July 12, (Month) (Day) 1853 (Year)

7 AGE: 63 yrs. 7 mos. 5 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): (dry goods)

9 BIRTHPLACE (State or country): Pa.

PARENTS

10 NAME OF FATHER: William A. Myers

11 BIRTHPLACE OF FATHER (State or country): Pa

12 MAIDEN NAME OF MOTHER: Angeline Bishop

13 BIRTHPLACE OF MOTHER (State or country): Pa.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alice P. Myers

(Address) 1020 W. Fayette St

15. FEB 19 1917 (Filed) 191 ROBERT R. KRAUTH Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feby 17th (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1914, 19~~13~~, to Feby 17th 1917, that I saw ~~him~~ alive on Feby 8th, 1917, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Hemiplegia 2 Sec.

(Duration) 4 yrs. mos. ds

Contributory (SECONDARY): Paralysis of Vagus nerve

(Duration) yrs. mos. ds.

(Signed) Fondaman E. Funk M. D.

Feb. 18, 1917 (Address) 320 N. Paca St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: Feb 20 191 7

20 UNDERTAKER: Geo. L. Smith | ADDRESS: 25 Fayette St

Every important. See instructions on back of certificate.

D 2560

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

61

D 2560

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3800 Dorchester Rd. St.; 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Holly B. Dawson Jr.

Residence in Baltimore: No. 3800 Dorchester Rd. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE ~~MARRIED WIDOWED OR DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: March (Month) 10 (Day) 1916 (Year)

7-AGE: ..... yrs. 11 mos. 8 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Holly B. Dawson

11-BIRTHPLACE OF FATHER (State or country): W. Va.

12-MAIDEN NAME OF MOTHER: Edna R. Ward.

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Holly B. Dawson

(Address) 3800 Dorchester Rd

15- ROBERT R. KRAUTER

FILED FEB 19 1917 Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 18 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 7, 1917, to, Feb 18 1917, that I saw h... in alive on Feb 18 1917, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Collapse

(Duration) ..... yrs ..... mos. 1 ds.

Contributory (SECONDARY) Chronic Interstitial Nephritis.

(Duration) ..... yrs. ..... mos. 16 ds.

(Signed), Arthur L. Tehven M. D.

Feb 18, 1917. [Address] 3806 Dorchester Rd

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Houston Park — DATE OF BURIAL: Feb 21 1917

20-UNDERTAKER: George J. Smith — ADDRESS: 1000 W. Fayette St

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2561

CERTIFICATE OF DEATH

113 D 2561

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 437 E Lanvale ST. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William John Larkin

(Residence in Baltimore: No. 437. E Lanvale St.; 12 yrs. 4 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Oct (Month) 10th (Day), 1866 (Year)

7 AGE: 50 yrs. 4 mos. 6 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Press Representtive
(b) General nature of industry, business, or establishment in which employed (or employer): Balti Sun

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Wm H Larkin

11 BIRTHPLACE OF FATHER (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Cathrine Brewer

13 BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Amelia V Larkin

(Address) 437. E. Lanvale St

15 FEB 19 1917 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb (Month) 16 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 2nd, 1916, to Feb 16 1917, that I saw h[illegible] alive on Feb 16, 1917, and that death occurred, on the date stated above, at 1135 m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(Duration) ..... yrs. 4 mos. 14 ds

Contributory (SECONDARY) Hemeturia

(Duration) ..... yrs. 2 mos. 1 ds.

(Signed) Chas B Lee M. D.

Feb 17, 1917 (Address) 830 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Cem DATE OF BURIAL: Feb 20 1917

20 UNDERTAKER: E. A. Wiedefeld Jr. ADDRESS: 1113 Greenmount Ave

Very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 2562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10✓ D 2562

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 N. Castle ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christina M. Ochse

(Residence in Baltimore: No. 416 N. Castle St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, June 5, 1840
(Month) (Day) (Year)

7-AGE, 76 yrs. 8 mos. 12 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Ochse

(Address) 416 N. Castle St

15- Filed FEB 19 1917 191.. ROBERT R. KRAUTER Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 17, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 29 1917, to Feby 16 1917, that I saw her alive on Feby 16 1917, and that death occurred, on the date stated above, at 6-15 a. m.

The CAUSE OF DEATH* was as follows:

Grip

(Duration) ....yrs. ....mos. 18 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. 18 ds.

(Signed) H. Ochsenbein M.D.

Feby 19, 1917. (Address) 1810 Bolton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetary — DATE OF BURIAL, Feb 20, 1917

20-UNDERTAKER Christian Miller — ADDRESS 2334 Jefferson St

Spec.—8-2514—H. & T.—2000 12-

D 2563

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47 D 2563

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2023 Orleans ST.; 6 WARD)

REGISTERED No. C

2-FULL NAME Dorothy Marie Fischer

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 2023 Orleans St.; 3 yrs., 3 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov. (Month) 7 (Day), 1913. (Year)

7-AGE, 3 yrs. 3 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John F. A. Fischer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Annie Seiland

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F. A. Fischer

(Address) 2023 Orleans St

15- FEB 20 1917

Filed....., 191.....

HENRY U. ARMSTRONG
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 20th (Month) (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 9th 1917, to February 20th 1917, that I saw her alive on February 19th 1917, and that death occurred, on the date stated above, at 3:30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(Duration) — yrs. — mos. 11 ds.

CONTRIBUTORY (Secondary) Articular Rheumatism

(Duration) — yrs. 6 mos. — ds.

(Signed) Edwin M. Engelmeyer M. D.

February 20th, 1917. (Address) 132 Washington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lake Lawn Cem. DATE OF BURIAL, Feby. 22, 1917.

20-UNDERTAKER John Kenney & Co ADDRESS 2008 Orleans St

D 2564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Balto Eye Ear Throat Hospital ST., WARD)

REGISTERED No. C 1176

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2 FULL NAME Stockett Matthews Whiteley

Residence in Baltimore: No. 9284 N. Charles St.; 6 yrs. 5 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: May 28, 1910 (Month) (Day) (Year)

7 AGE: 6 yrs. 8 mos. 22 ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: School-Boy
(b) General nature of industry, business, or establishment in which employed (or employer): School Boy

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Stockett M. Whiteley

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Hester M.

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Stockett M Whiteley
(Address) 9284 Charles St

15. Filed FEB 20 1917 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: February 19, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1917, to Feb 18 1917, that I saw h[illegible] alive on Feb 18, 1917, and that death occurred on the date stated above, at 8.30 AM

The CAUSE OF DEATH* was as follows:
Septicaemia following acute otitis media, two weeks ago. An operation for opening of Mastoid Bones & lateral Sinus was performed Feb 10. 17.
(Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY) ×
(Duration) ... yrs. ... mos. ... ds.

(Signed) Harry Friedenwald M. D.
Feb 19, 1917 (Address) 1029 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ... yrs. ... mos 2 ds. In the State Life yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence 918 N Charles St

19 PLACE OF BURIAL OR REMOVAL: Green Mount Cty — DATE OF BURIAL: Feby 21, 1917

20 UNDERTAKER: Stewart Mowen Co — ADDRESS: 108 W Mt Rev

Instructions to undertakers. Fill out all items. Sign certificate. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2565

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 2565

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2025 N. Calvert ST.; 12 WARD) REGISTERED No. C

2-FULL NAME Edward Henry Pagenstecher (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 2025 N. Calvert St.; 40 yrs., ? mos., ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. August (Month) 23 (Day) 1852 (Year)

7-AGE. 64 yrs. 5 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Accountant
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, ? Pagenstecher

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Sophia ?

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs W H Hagenstecher

(Address) Baltimore Md

15 FEB 20 1917 HARRY C. ANDREWS

Filed....., 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 15 1917, to Feb 19 1917, that I saw him alive on Feb 19 1917, and that death occurred, on the date stated above, at 10.45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
(Duration) about 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure
(Duration) yrs. mos. 1/2 ds.

(Signed) Walter C Bacon M. D.

2/19/17, 191... (Address) 1 W. E. Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Loudon Park Cemetery DATE OF BURIAL Feb 21, 191..

20-UNDERTAKER Stewart Mooren Co ADDRESS 108 N Mott Ave

Spec.—8-24-14—M. & T.—2000 Bks.

Blk. 3566 — HEALTH DEPARTMENT—CITY OF BALTIMORE — 1104 D 2566

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm E Sexton Jr

(Residence in Baltimore: No. Johns Hopkins Hospital St.; — yrs. — mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH. April (Month) 5 (Day) 1916 (Year)

7-AGE. 0 yrs. 0 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm E Sexton

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Helen Jordan

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. M. Hardy

(Address) Johns Hopkins Hospital

15- Filed FEB 20 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 18 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 17 1917, to Feb 18, 1917, that I saw h[illegible] alive on Feb 18 1917, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Chronic Intestinal Indigestion (Auto Toxosis)

(Duration) yrs. 13 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. M. Hardy M. D.

Feb 18, 1917. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs..... mos. 1 ds. In the State ✓ yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence Belvedere Ave Baltimore Md

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemetery — DATE OF BURIAL, Feby 20, 1917

20-UNDERTAKER Howard McEwen Co — ADDRESS 108 N Monroe

Spec.—8-24-14—M. & T.—2000 Bks.

D 2567

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2567

CERTIFICATE OF DEATH.

REGISTERED NO. C 19

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2201 Eutaw Place St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Emily Baker

(Residence in Baltimore: No. 2201 Eutaw Place St.; 69 yrs., ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, August 23, 1847 (Month) (Day) (Year)

7-AGE, 69 yrs. 5 mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... None

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Geo. M. Shock

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER Anna Mopps

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. L. Stewart George

(Address) 2201 Eutaw Place

15- FEB 20 1917

Filed ....., 191.... HARRY C. ANDREWS, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Monday 19, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 20 1917, to Feb 17 1917, that I saw h[illegible] alive on Feb 17 1917, and that death occurred, on the date stated above, at 9.45 m.

The CAUSE OF DEATH* was as follows:

Dilatation of Heart

Senile Debility

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) None

(Duration) 15 yrs. ... mos. ... ds.

(Signed) E. A. Pole M. D.

Feb 18, 1917 (Address) 2032 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cemetery — DATE OF BURIAL, Feb 20, 1917

20-UNDERTAKER Stewart & Howard Co — ADDRESS 1082 N. Howard

AFFIDAVIT

Spec.—8-24-14—M. & T.—2000 Bks.

D 2568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2568

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4014 Park Heights Ave St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Margaret Pate

(Residence in Baltimore: No. 4014 Park Heights Ave St.; Life yrs., mos., da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Aug (Month) 16 (Day), 1839 (Year)

7-AGE, 77 yrs. 6 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Albert Underwood.

11-BIRTHPLACE OF FATHER (State or Country), Boston Mass.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo E Shannon

(Address) 700 Fulton Ave

15-Filed FEB 20 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Febry (Month) 18 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 16 1916, to Febry 18 1917, that I saw h[er] alive on Febry 18 1917, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Bronchitis (Catarrhal)

(Duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Nephritis Chronic

(Duration) 2 yrs. mos. ds.

(Signed) Geo. E. Shannon M. D.

Febry 18 1917. (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Washington D. C. DATE OF BURIAL, Feb 20, 1917.

20-UNDERTAKER Wm J Tiekmeyer & Sons ADDRESS N & P. ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 2569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2569

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 8 St.; Franklin Sq Hosp 15 WARD)

REGISTERED No. C 45

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jas. Rheim

(Residence in Baltimore: No. 3022 W. North Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug 7, 1827 (Month) (Day) (Year)

7-AGE. 89 yrs. 6 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer). Retired

9-BIRTHPLACE, (State or Country), Pa

PARENTS.

10-NAME OF FATHER, Josiah Rheim

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Mary Renshaw

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nellie D. Rheim

(Address) 523 N. Stricker

15- Filed FEB 20 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 18, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 17 1917, to Feby 18 1917, that I saw him alive on Feby 18 1917, and that death occurred, on the date stated above, at 10a m.

The CAUSE OF DEATH* was as follows:

Senile Decay
Pulm. Gen. Metastases
from Carcinoma of
Prostate (Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Prostate
(Duration) Unknown yrs. mos. ds.

(Signed) E. H. Bonhagen M. D.

....., 191... (Address) 2200 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 31 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Residence

Former or usual residence 3022 W. North Ave

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, Feb 20 191..7

20-UNDERTAKER W. J. Ickmen & Sons — ADDRESS North & Pa

over

D 2570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2570

REGISTERED No. C 155

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 8 Mad & Hartsdale St.: 4 WARD)

2-FULL NAME Rosetti Jones

(Residence in Baltimore: No. 3 N. Bradenick St.: yrs., mos., ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Sept 6, 1896
(Month) (Day) (Year)

7-AGE, 20 yrs. 5 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Jno. Jones

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Nellie Dowd

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nellie Jones

(Address) 3 N. Bradenick St.

15- Filed FEB 20 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 18, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to...death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

Contributed to by Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis

(Duration) yrs. mos. ds.

(Signed) W. T. Ruby M. D.
(Coroner.)

Feb 19, 1917 (Address) 1637 Bruce

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 9 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? 3 N Bradenick St.

Former or usual residence 3 N Bradenick St.

19-PLACE OF BURIAL OR REMOVAL, Norfolk Va. DATE OF BURIAL, Feb 20 1917

20-UNDERTAKER S Leuman & Bro ADDRESS 1107 E Baltimore

Spec.—5-19-13—M. & T.—500 Bks.

D 2571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 D 2571

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2221 Wilkens Ave ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Reinhardt Spittel

(Residence in Baltimore: No. 2221 Wilkens Ave. St.; 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Feby 22, 1848
(Month) (Day) (Year)

7-AGE, 68 yrs. 11 mos. 26 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry O. Spittel.

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Dorathy Daul

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Henry Spittel
(Address) 2221 Wilkens Ave

15-
Filed FEB 20 1917 HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 17, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 13 1917, to Feby 17 1917, that I saw him alive on Feby 17 1917, and that death occurred, on the date stated above, at 9 A.M. m.

The CAUSE OF DEATH* was as follows:
Paralysis, superinduced by Chronic Interstitial Nephritis.

(Duration) Days 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Weakness

(Duration) yrs. mos. 1 ds.

(Signed) Albert D. Driscoll M. D.

Feby 19 1917. (Address) 2205 Wilkens ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Feb 22 1917

20-UNDERTAKER Wm Rowlson ADDRESS 230 N Green

Spec.—8-24-14—M. & T.—2000 Bks.

D 2572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 2572

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1304 Ellwing ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Helen Black

Residence in Baltimore: No. 1304 Ellwing St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colord	Infant

6-DATE OF BIRTH, Mar (Month) 27 (Day), 1916 (Year)

7-AGE, yrs. 2 mos. 23 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balt Md

PARENTS.

10-NAME OF FATHER, William Clark

11-BIRTHPLACE OF FATHER (State or Country), St Mary Co Md

12-MAIDEN NAME OF MOTHER Alveta Edward

13-BIRTHPLACE OF MOTHER (State or Country), St Mary Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Clark

(Address) 1304 Ellwing St

15- Filed FEB 20 1917, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 17 1917, to Feb 19 1917, that I saw h alive on Feb 19 1917, and that death occurred, on the date stated above, at 6a m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edw. J. Wheatley M. D.

2/19, 1917 (Address) 1230 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cemty	Feb 20, 191..
20-UNDERTAKER John F. Owens	ADDRESS 538 Dolphin St

D 2573 HEALTH DEPARTMENT--CITY OF BALTIMORE D 2573

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 831 Vine St.: 18 WARD)

2-FULL NAME John R. Garrett

(Residence in Baltimore: No. 831 Vine St.: — yrs. — mos. — ds.)

REGISTERED No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: November, 1 (Month) (Day) (Year)

7-AGE: 48 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Letter Carrier
(b) General nature of industry, business, or establishment in which employed (or employer): 26 yrs

9-BIRTHPLACE (State or country): Balto Co Md

PARENTS

10-NAME OF FATHER: Hanson Garrett

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Matilda Jackson

13-BIRTHPLACE OF MOTHER (State or country): Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jesse Valentine

(Address) 831 Vine St

15

FEB 20 1917

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feby 17, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 12, 1917, to Feby 17 1917, that I saw him alive on Feby 17, 1917, and that death occurred, on the date stated above, at 1.15 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 1 yrs. mos. 7 ds

Contributory (SECONDARY) Oedema of Lung

(Duration) yrs. mos. 5 hrs.

(Signed) J F Lang M. D.

Feby 19 1917 (Address) 933 N. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Westminster

DATE OF BURIAL: Feb 22 1917

20-UNDERTAKER: Samuel Hawley

ADDRESS: 3 E. Biddle

D 2574

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

134 D 2574

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 811 Gral. Hospital ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lula Hicks

(Residence in Baltimore: No. 691 Pierce St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colt

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) unknown (Day), 1885 (Year)

7-AGE, 31 yrs. unknown mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country), Delaware

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country) unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Binns,

(Address) 645 George

15- FEB 20 1917 HARRY C. ANDREWS

Filed ..... 191.. Burial Permit Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 18 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Septicaemia

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Accidental Burning

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. B. Wells M. D.
(Coroner)

Feb 19, 1917 (Address) 819 E. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

691 Pierce St.

Former or usual residence 691 Pierce St.

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, Feb 20 1917

20-UNDERTAKER Samuel J. Hemsley ADDRESS 5782 [illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

D 2575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81

D 2575

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Howard

(Residence in Baltimore: No. 548 Orchard St St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Mar. 5, 1872 (Month) (Day) (Year)

7-AGE, 44 yrs. 11 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Private family

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Henry Howard

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Betty Sweet

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rec'd Mercy Hosp.

(Address) Calvert St

15-

Filed FEB 20 1917, 191.... HARRY C. ANDREWS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 17, 191.. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 6 191.., to Feb. 17 191.., that I saw h.. alive on Feb 19 191.., and that death occurred, on the date stated above, at 12.50 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Septicaemia

(Duration) yrs. 1 mos. 14 ds.

(Signed) Edward R. Smith M. D.

Feb. 19, 191.. (Address) 2 W. Saratoga

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 13 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 548 Orchard St.

Former or usual residence 548 Orchard St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Cem.	Feb. 21, 191..
20-UNDERTAKER	ADDRESS
Samuel A. Tenska	584 Belair

D 2576

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2576

CERTIFICATE OF DEATH.

91

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 832 Sterling st ST. 10 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William J Underwood

(Residence in Baltimore: No. 832 Sterling st St.; yrs., 1 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
male	col	Baby

6-DATE OF BIRTH, Oct 13 1915, 1
(Month) (Day) (Year)

7-AGE, 1 yrs. 4 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, William Underwood

11-BIRTHPLACE OF FATHER (State or Country), N C

12-MAIDEN NAME OF MOTHER, Millie Bune

13-BIRTHPLACE OF MOTHER (State or Country), N C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Millie Underwood

(Address) 832 Sterling st

15 FEB 20 1917 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 18 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Unknown)

(Duration) yrs. mos. ds.

(Signed) J J Mark Coulby (Coroner.) M. D.

....., 191... (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel cemetery — DATE OF BURIAL, Feb 20, 1917

20-UNDERTAKER R G Ford — ADDRESS 1405 McElderry st

Spec.—8-24-14—M. & T.—2000 Bks.

D 2577

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 2577

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1800 Pennsylvania Ave ST.; 14 WARD) REGISTERED NO. C

2-FULL NAME Margaretha Rhode

(Residence in Baltimore: No. 1800 Penna ave St.; 60 yrs., mos., ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and all out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, April (Month) 4 (Day) 1838 (Year)

7-AGE, 78 yrs. 10 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Mathew Schuster

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Edward Rhode

(Address) 1800 Penna Ave

15-

Filed FEB. 20 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 19 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from about June 1914, to Feb 19 1917, that I saw h[illegible] alive on Feb 18 1917, and that death occurred, on the date stated above, at 7 a, m.

The CAUSE OF DEATH* was as follows:

Anemia diffused Tuberculosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage (Duration) yrs. mos. 2 ds.

(Signed) Louis Eberman M. D.

2-19, 1917 (Address) 744 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cemetery DATE OF BURIAL, Feby 21, 1917

20-UNDERTAKER Chas. G. Blackiston ADDRESS Mulberry St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2578

CERTIFICATE OF DEATH.

x79

D 2578

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amanda Hazelton

(Residence in Baltimore: No. University Hospital St.; — yrs., 1 — mos. — 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1895 (Year)

7-AGE, 22 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), md

PARENTS.

10-NAME OF FATHER, Alexander Hazelton

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Emma Feamer

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Records

(Address) Greene & Lombard Sts.

15- Filed FEB 20 1917, 191. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1917, to Feb 17 1917, that I saw her alive on Feb 17 1917, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) — yrs. — mos. — ds.

(Signed) J. Evans M. D.

Feb. 17, 1917. (Address) Greene & Lombard Sts

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. 1 mos. 2 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Rock Hall, Md.

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL

DATE OF BURIAL, FEB 19 1917, 191...

20-UNDERTAKER Commissioner Health.

ADDRESS

5

D 2579

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 2579

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2411 Guilford Ave ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Williams

(Residence in Baltimore: No. 2411 Guilford Ave St.; 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: July 5, 1875 (Month) (Day) (Year)

7-AGE: 41 yrs. 7 mos. 11 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): House Wife

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Henry Seibel

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Wilhelmina Bitters

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jered E. Williams

(Address) 2411 Guilford Ave

15- Filed FEB 20 1917, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July 16, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 16, 1917, to July 16, 1917, that I saw h~~e~~ alive on July 16, 1917, and that death occurred, on the date stated above, at 5P m. The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage left sided Hemiplegia

(Duration) — yrs. — mos. 4 hours

Contributory (SECONDARY) Eclamptic Convulsion Hypertension

(Duration) 4 hours mos. ds.

(Signed) Jefferson Bruce M. D.

Feb 17, 1917. (Address) 2544 St Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Feb 20, 1917

20-UNDERTAKER: H Sander & Sons — ADDRESS: 1110 Eutaw St

Spec.—8-24-14—M. & T.—2000 Bks.

D 2580 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 2580

CERTIFICATE OF DEATH. × 92

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matthew John O'Connor

(Residence in Baltimore: No. John Hopkins Hospital St.; — yrs. — mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White	Married

6-DATE OF BIRTH, November 2d, 1864.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
52 yrs. 3 mos. 16 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Steam fitter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John O'Connor

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Helen Donlin

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Phelps.

(Address) Johns Hopkins Hosp.

15. FEB 20 1917 HARRY C. ANDREWS
Filed....., 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 19, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 13 1917, to Feb. 19 1917, that I saw h— alive on Feb. 19 1917, and that death occurred, on the date stated above, at 5.40 a.m.

The CAUSE OF DEATH* was as follows:
Acute Lobar Pneumonia
.....
.....
..... (Duration).....yrs.....mos. 10 ds.

CONTRIBUTORY (Secondary) Lung abscess
..... (Duration).....yrs.....mos. ? ds.

(Signed) [illegible] M. D.

Feb. 19, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State 24 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 3305 Myrtle Pl. Baltimore Md.

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Harford Co. Md. DATE OF BURIAL, Feby 22d, 1917.

20-UNDERTAKER John. Hoover & Son ADDRESS 901 Holliday St.

Spec.—5-19-13—M. & T.—500 Bks.

D 2581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2581

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 N. Eden ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Stewart

(Residence in Baltimore: No. 611 N. Eden St.; 44 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, ...yrs....mos....da. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Stewart

(Address) 611 N. Eden St

15- FEB 20 1917 HARRY C. ANDREWS

Filed ....., 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 16, 191.. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 30-6-1916, to 16-2-191.., that I saw h.. alive on 14-2-191.., and that death occurred, on the date stated above, at 6:30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

a few hours

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edwin Paul Davis M. D.

1 8 2 191.. (Address) 4 Gan Ca Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Asbury Cemetery	2-18, 191..
20-UNDERTAKER	ADDRESS
Wm. J. T. Lochner	1381 Hilton St

Spec.—8-24-14—M. & T.—2000 Blks.

D 2582

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 ✓ D 2582

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2805 Bernard St. ST.; 12 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Mixter

(Residence in Baltimore: No. 2805 Bernard St. St. 30 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb. (Month) ....., 1867 (Day) (Year)

7-AGE, 50 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Pennsylvania

PARENTS.

10-NAME OF FATHER, Kendrick

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. T. Mixter

(Address) 2805 Bernard St.

15- Filed FEB 20 1917, 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Feb. (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 191 6, to Feb 19 1917, that I saw h[illegible] alive on Feb 17 1917, and that death occurred, on the date stated above, at 1.50 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Carcinoma Stomach

Cancer (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Isaac E. Ryan M. D.

Feb. 19, 1917. (Address) 3604 Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Marys Hampden DATE OF BURIAL, Feb. 21, 1917.

20-UNDERTAKER Horace Burgee & Son ADDRESS 3631 Falls Rd

over

Spec.—8-24-14—M. & T.—2000 Bks.

D 2583 HEALTH DEPARTMENT—CITY OF BALTIMORE D 2583

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 S. Decker av ST.; 1 WARD)

REGISTERED NO. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mollie Zielski

(Residence in Baltimore: No. 1216 S. Decker av St.; 75 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	white	Widow

6-DATE OF BIRTH, Nov. 10, 1855 (Month) (Day) (Year)

7-AGE, 61 yrs. 3 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, William Gablowski

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bartholomew Micklas

(Address) 1216 S. Decker av

15- Filed FEB 20 1917, 191 HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 19, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 7 191 7, to Feb. 19 1917, that I saw h[illegible] alive on Feb. 18 1917, and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Dilated heart

(Duration) yrs. 7 mos. ds.

(Signed) W. J. McAvoy M. D.

Feb 20, 191 7 (Address) 839 S. Ellwood av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary Cem. DATE OF BURIAL, Feb 22, 1917

20-UNDERTAKER Stephan Malkowski ADDRESS 1019 Kenwood Ave

D 2584

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

136 D 2584

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital St. 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Sarine Maddeis

(Residence in Baltimore: No. Hebrew Hospital St., — yrs. — mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH Oct 4th (Month) (Day), 1882 (Year)

7-AGE 28 yrs. 4 mos. 15 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Home wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Maryland.

PARENTS

10-NAME OF FATHER Wm R Watkins

11-BIRTHPLACE OF FATHER (State or country) Md.

12-MAIDEN NAME OF MOTHER Victoria Cecil

13-BIRTHPLACE OF MOTHER (State or country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lieut D Landsberger M.C.

(Address) Hebrew Hospital.

15. FEB 20 1917 Filed, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH February 19 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 13, 191.. to Feb 19 191.., that I saw h.. alive on Feb 19, 191.., and that death occurred, on the date stated above, at 10:40 m.
The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar) (Contributory)

(Duration) ... yrs. ... mos. 6 ds

Contributory (SECONDARY)

(Duration) ... yrs. ... mos. 6 ds.

(Signed) H. Rosken M. D.

Feb 19, 1917 (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. 7 ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence 306 Kate Ave, Lexington

19-PLACE OF BURIAL OR REMOVAL Mount Lebanon DATE OF BURIAL Feb 22 1917

20-UNDERTAKER V. Brown & Sons ADDRESS 1723 W Lexington St

Spec.—5-19-13—M. & T.—500 Bks.

D 2585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2585

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2127 Homewood Ave. ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James F. Leach

(Residence in Baltimore: No. 2127 Homewood Ave.

St.: 42 yrs., 6 mos. - da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: August --- 1874, 1 (Month) (Day) (Year)

7-AGE: 42 yrs. 6 mos. -- ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hotel Proprietor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore, Md.

PARENTS.

10-NAME OF FATHER: Michael Leach

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Catherine Mullen

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John T. Leach

(Address) 2127 Homewood Ave.

15- Filed FEB 20 1917, 191.....

HARRY O. ANDREE
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Feb 18th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 8 1917 to Feb 14 1917, that I saw him alive on Feb 14 1917, and that death occurred, on the date stated above, at 2,30 Pm.

The CAUSE OF DEATH* was as follows:

Mural insufficiency

unknown (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Asthma, Nephritis

unknown (Duration) ....yrs. ....mos. ....ds.

(Signed) Wilbur F. Morgan M. D.

....., 191... (Address) 345 N. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL, 2/21, 191.7.

20-UNDERTAKER: Henry W. Maas & Son

ADDRESS 1035 N. Eutaw St.

Spec.—5-19-13—M. & T.—500 Bks.

D 2586

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2586

CERTIFICATE OF DEATH.

41

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 Madison Ave ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Frank Calder

(Residence in Baltimore: No. 1701 Madison Ave (Plymouth Hall) St.; 50 yrs. 11 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.)
Male	White	Divorced

6-DATE OF BIRTH, March 8, 1866
(Month) (Day) (Year)

7-AGE, 50 yrs. 11 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Theatrical Manager
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, William Calder

11-BIRTHPLACE OF FATHER (State or Country), Baltimore?

12-MAIDEN NAME OF MOTHER Sarah A. Norris

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jeanette A. Calder

(Address) Plymouth Hall apt.

15-Filed FEB 20 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 19, 1917
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from July 9 1916, to February 19 1917, that I saw him alive on February 19 1917, and that death occurred, on the date stated above, at 1.25 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum with metastases to Liver, Colon and Lungs (Clinical & Operation)

(Duration) 1 yrs. 3 mos. ? ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia (none)

(Duration) 0 yrs. 0 mos. 7 ds.

(Signed) Charles Judd M. D.

Feb 19, 1917. (Address) 1701 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cemetery	Feb. 22, 1917
20-UNDERTAKER	**ADDRESS**
H. E. Hughes	175 S. Broadway

B 2587

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 2587

1 PLACE OF DEATH — REGISTERED No. C. 1491

CITY OF BALTIMORE: (No. 509 Mosher St. 14 WARD)

2-FULL NAME Eliza Burgess

(Residence in Baltimore: No. 509 Mosher St.; 58 yrs. nos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. ...)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Unknown (Month) (Day), 1850 (Year)

7-AGE: 67 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Kate Taylor

(Address) 509 Mosher St.

15- Filed FEB 20 1917

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb 17, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 8, 1917, to, Feb 17 1917, that I saw h Er alive on Feb 17 1917, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

Unknown (Duration) yrs mos. 11 ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) H. S. McCard M. D.

2/19, 1917 [Address] 2005 E Hillsdale

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Ind Laurel Cemetery — DATE OF BURIAL: Feb. 20 1917

20-UNDERTAKER: Jno. A. Bishop — ADDRESS 1107 517 Robert St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2588 HEALTH DEPARTMENT—CITY OF BALTIMORE D 2588

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2031 E. North Ave ST.; WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Bennett

(Residence in Baltimore: No. 2031 E North Ave St.; 44 yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH May 15, 1856 (Month) (Day) (Year)

7-AGE. 60 yrs. 9 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sugar Cane Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Store

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Bennett

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Elizabeth Faith

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carline C. Bennett

(Address) 2031 E. North Ave

15- Filed FEB 20 1917, 191.. HARRY C. ANDREWS Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 17, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 15 1917, to Feb 17 1917, that I saw him alive on Feb 15 1917, and that death occurred, on the date stated above, at 8:15 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) ? yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

(Signed) John S. Fant M. D.

Feb 19, 1917 (Address) 1234 Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: Feb 20, 1917

20-UNDERTAKER Robt. J. Turner — ADDRESS 1442 Pa Ave

Spec.—8-24-14—M. & T.—2000 Bks. Elwood Richardson

D 2589

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2589

CERTIFICATE OF DEATH.

X108

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elwood Richardson.

(Residence in Baltimore: No. University Hospital St.; ..... yrs., ... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Negro.	Single

6-DATE OF BIRTH, Unknown, ... (Month) ..... (Day) 1892 (Year)

7-AGE,	If LESS than 1 day,
25 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waterman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jos. Richardson.

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Cade

(Address) 1400 Mosher St

15- FEB 20 1917 Filed ....., 191.... HARRY C. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 20, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2/19 1917, to 2/20 1917, that I saw h[e] alive on Feb 20 1917, and that death occurred, on the date stated above, at 1.30 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis and General Peritonitis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pyorrhoea Alveolaris

..... (Duration) 1 yr. ..... mos. 6 ds.

(Signed) Kenneth Cain M.D.

2 p.m., 1917 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Cook Hall, Md

19-PLACE OF BURIAL OR REMOVAL, Westerlow Md — DATE OF BURIAL, Feb 21, 1917

20-UNDERTAKER Sam'l H. Clowes & Son — ADDRESS 1400 Mosher

Spec.—8-24-14—M. & T.—2000 Bks.

D 2590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2590

8

91

1-PLACE OF DEATH St Josephs Hosp.

CITY OF BALTIMORE: (No. Carlton & Others ST. S 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane Perkins

(Residence in Baltimore: No. St Josephs Hospital Old Ladies Home St.; 76 yrs. 9 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, May 1, 1840 (Month) (Day) (Year)

7-AGE, 76 yrs. 9 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Records of

(Address) St Joseph's Hospital.

15- FEB 20 1917 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 18, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 17 1917, to Feb 18 1917, that I saw h alive on Feb 18 1917 and that death occurred, on the date stated above, at 1.35 p.m.

The CAUSE OF DEATH* was as follows:

Bronchus Pulmonary

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Congestion

(Duration) yrs. mos. ds.

(Signed) Henry Smith M. D.

....., 191... (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death 6 yrs. 6 mos. ds. In the State Life mos. ds.

Where was disease contracted, if not at place of death? Don't Know

Former or usual residence St Joseph Hospital

19-PLACE OF BURIAL OR REMOVAL. New Cathedral Cemetery

DATE OF BURIAL. February 21 1917

20-UNDERTAKER Henry Hoerle & Son

ADDRESS 1301 E Eager St

D 2591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

168 D 2591

REGISTERED No. C

1. PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital ST. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME John Love

(Residence in Baltimore: No. 1100 E Eager st St. 54 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) married

6-DATE OF BIRTH, Feb 22 1862, 1
(Month) (Day) (Year)

7-AGE, 54 yrs. 11 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Hack driver
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), London

PARENTS.

10-NAME OF FATHER, William Love

11-BIRTHPLACE OF FATHER (State or Country), London

12-MAIDEN NAME OF MOTHER Mary Creamer Jane Yund

13-BIRTHPLACE OF MOTHER (State or Country), London

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Creamer

(Address) 1317 N Eden st

15- Filed FEB 20 1917, 191. HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 19 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) found that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congestion of lungs

..... (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Inhalation of illuminating gas accidental (Duration) yrs. mos. ds.

(Signed) J Bart Dunkley M. D. (Coroner.)

....., 191. (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS). abur

At place of death yrs. mos. 1 ds. In the State 50 yrs. \ mos.) ds.

Where was disease contracted, if not at place of death? 1100 E Eager St

Former or usual residence 1100 Eager St

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery | DATE OF BURIAL, Feb 23, 1917

20-UNDERTAKER Henry Horch Son | ADDRESS 1301 E Eager st

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2592

CERTIFICATE OF DEATH.

81 D 2592

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1166 E North Ave ST.; 9 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Wellner Harnell

(Residence in Baltimore: No. 1166 E North Ave St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word) Married

6-DATE OF BIRTH, Nov 14, 1857 (Month) (Day) (Year)

7-AGE, 65 yrs. 3 mos. 6 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Bazil Wellner

11-BIRTHPLACE OF FATHER (State or Country) Balto City.

12-MAIDEN NAME OF MOTHER Elyabeth Letourneau

13-BIRTHPLACE OF MOTHER (State or Country) Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles W. Harnell

(Address) 1166 E North Ave

15-

Filed FEB 20 1917 191...

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 20, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 19 1917, to Feb 20 1917, that I saw h[er] alive on Feb. 20 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Acute Edema of Lungs

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis

(Duration) 10 yrs. ... mos. ... ds.

(Signed) E Brown M. D.

2/20, 1917 (Address) 1733 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet Cemetery	Feb 23, 1917
20-UNDERTAKER Albert E Fuller	ADDRESS 221 N Bradly

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 2593

CERTIFICATE OF DEATH.

79 D 2593

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1130 W North Av ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Auld Smith

(Residence in Baltimore: No. 1130 W. North av St.; 3 yrs., mos. ds.)

in Baltimore always

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH. February 8th, 1846
(Month) (Day) (Year)

7-AGE. 71 yrs. mos. 12 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Jacob Auld

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Christine Strohmeyer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo J Smith

(Address) 1006 W Fayette St

15- Filed FEB 20 1917, 191.... HARRY O. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 20th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1916, to Feb 20 1917, that I saw h[illegible] alive on Feb 19 1917, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Endocarditis, Arteriosclerosis
Myocarditis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Anemia

(Duration) yrs. 1 mos. 10 ds.

(Signed) Jos. H. Chichester M. D.

Feb 20, 1917. (Address) 1516 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St John Cemetery	Feb 23, 1917
20-UNDERTAKER	ADDRESS
Geo J Smith	1006 W Fayette St

Spec.—5-15-13—M. & T.—500 Bks.

D 2594 HEALTH DEPARTMENT—CITY OF BALTIMORE D 2594

91

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 8) W. Fulton Ave (St.) Franklin St. (Ward) 20

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Kone

(Residence in Baltimore: No. Home of the Aged St. Fulton Ave & Franklin St.) (Age: 86 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX F.

4-COLOR OR RACE, W.

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (Write the word.) Single

6-DATE OF BIRTH, Nov. (Month) 20 (Day), 1830 (Year)

7-AGE, 86 yrs. 2 mos. 30 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Daniel Kone

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Mary Work

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. E.K. Newshaw

(Address) Mt. E. Home for the Aged

15- FEB 20 1917 HENRY C. ANDREWS
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby. (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 15" 1917 to Feby 19" 1917, that I saw h[illegible] alive on Feby 19" 1917, and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis

(Duration) 2 yrs. mos. ds.

(Signed) C.N. Duvall M. D.

Feby 20, 1917 (Address) 1817 W. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 8 yrs. mos. ds. In the State 86 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, Feby. 22, 1917

20-UNDERTAKER George J. Smith ADDRESS 1520 E. Baltimore St.

D 2595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 D 2595

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 731 S. Glover ST. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Rose Horath

Residence in Baltimore: No. 731 S. Glover St.: 20 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Nov. 23, 1882 (Month) (Day) (Year)

7 AGE: 34 yrs. 2 mos. 26 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Poland

PARENTS

10 NAME OF FATHER: John Sebosci

11 BIRTHPLACE OF FATHER (State or country): Poland

12 MAIDEN NAME OF MOTHER: Anna Schmigelska

13 BIRTHPLACE OF MOTHER (State or country): Poland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Fred Horath

(Address) 731 S. Glover St

15 Filed FEB 20 1917, 191 ROBERT R. KRAUTZ Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb. (Month) 18 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1917, to Feb 18 1917, that I saw her alive on Feb. 18, 1917, and that death occurred, on the date stated above, at 2 P m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Frank A. Glantz M. D.

Feb. 20, 1917. (Address) 3244 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Carmel — DATE OF BURIAL: Feb 20, 1917

20 UNDERTAKER: Wendell Oppelt — ADDRESS: 878 N

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~D~~ 2596

CERTIFICATE OF DEATH.

104 D 2596

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 21 S Schroeder ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Reid

(Residence in Baltimore: No. 215 Schroeder St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Blk

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec (Month) 9th (Day) 1916 (Year)

7-AGE, ...yrs. 2 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Geo. Reid

11-BIRTHPLACE OF FATHER (State or Country), Macon Ga.

12-MAIDEN NAME OF MOTHER Gertrude Hobart

13-BIRTHPLACE OF MOTHER (State or Country), Washington D. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gertrude Reid

(Address) 215 Schroeder

15- Filed FEB 20 1917, 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby (Month) 20th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 19th 1917, to Feby 20th 1917, that I saw her alive on Feby 19th 1917, and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows:

Entero-Colitis

(Duration)....yrs....mos. 10 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration)....yrs....mos. two ds.

(Signed) A. L. Lascelle M. D.

Feby 20th, 1917. (Address) 1841 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, Feb 20 191.7

20-UNDERTAKER, L. L. Brown Sr.

ADDRESS 108 Monroe St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2597

X40 D 2597

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Protestant Infirmary REGISTERED NO. C

CITY OF BALTIMORE; (No. 1514 Division St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Aaron Jones Yorke

(Residence in Baltimore: No. Union Prot Infirmary St.: yrs., mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, September 22, 1841
(Month) (Day) (Year)

7-AGE, 50 yrs. 4 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Banker
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, A. Jones Yorke

11-BIRTHPLACE OF FATHER (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER Margaret Long

13-BIRTHPLACE OF MOTHER (State or Country), North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F. Yorke

(Address) Charlotte N.C.

15- FEB 20 1917 ROBERT R. KRAUTER
(Date Filed) Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 19, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 16 1917, to Feb 19 1917, that I saw him alive on Feb 19 1917, and that death occurred, on the date stated above, at 10:30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach
Operation - gastro enterostomy
Feb 17, 1917
(Duration) Unknown ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(Duration) yrs. mos. 1 ds.

(Signed) R. F. Kuppen M. D.

Feb 19, 1917 (Address) 1514 Division St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? At home

Former or usual residence Concord North Carolina

19-PLACE OF BURIAL, OR REMOVAL Concord N.C. DATE OF BURIAL, Feby 20 1917

20-UNDERTAKER E. W. Mitchell & Co ADDRESS 201 N. Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

D 2598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 D 2598

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2107 Essex ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Apolonia Krawinska

(Residence in Baltimore: No. 2107 Essex St.; 20 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Not. Known, 1862
(Month) (Day) (Year)

7-AGE, 55 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Not. Known

11-BIRTHPLACE OF FATHER (State or Country), Not. Known

12-MAIDEN NAME OF MOTHER Not. Known

13-BIRTHPLACE OF MOTHER (State or Country), Not. Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maciej Krawinski

(Address) 2107 Essex St.

FEB 20 1917

Filed....., 191.....

ROBERT R. KRAUTER
Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 19, 1917.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 1, 1917, to Feb. 18, 1917, that I saw h[illegible] alive on Feb 18, 1917, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Pancreatitis
Nephritis
(Duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis
(Duration) yrs. 6 mos. ds.

(Signed) Wm. J. Rydel M. D.

Feb. 19, 1917. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	Feb. 21, 1917
20-UNDERTAKER, William Gawronski	ADDRESS, 168 Eastern

D 2599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 D 2599
REGISTERED NO. C

1 PLACE OF DEATH
CITY OF BALTIMORE (No. 638 Hampden Ave ST. 12 WARD)
(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Sallie Brown

(Residence in Baltimore: No. 638 Hampden Ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: July 21, 1862 (Month) (Day) (Year)

7 AGE: 54 yrs. 6 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Maryland

PARENTS
10 NAME OF FATHER: Thomas Phillips
11 BIRTHPLACE OF FATHER (State or country): Maryland
12 MAIDEN NAME OF MOTHER: Harriet Appleby
13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. P. Miles
(Address) 638 Hampden Ave

15 Filed FEB 20 1917 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb, 18, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 1/22, 1917, to 2/18 1917, that I saw her alive on Feb 18, 1917, and that death occurred, on the date stated above, at 1 P m.
The CAUSE OF DEATH* was as follows:

Dilatation of Heart
(Duration) yrs. mos. 3 ds

Contributory (SECONDARY) Pulmonary Tuberculosis
(Duration) yrs. mos. 2 ds

(Signed) Dr. W. Krauter M. D.
, 191 (Address) 2020 N. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death? Mt. Airy.
Former or usual residence Mt Airy, Md.

19 PLACE OF BURIAL OR REMOVAL: Howard Chapel Cem — DATE OF BURIAL: Feb 21st, 1917

20 UNDERTAKER: E & B Hale — ADDRESS: 115 E West St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2600

CERTIFICATE OF DEATH.

1917 D 2600

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lizzie Bowser

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Jan 20 (Month) (Day), 1859 (Year)

7-AGE, 58 yrs. 1 mos. 0 ds.

If LESS than 1 day, ... hrs. or ..... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): ?

9-BIRTHPLACE, (State or Country), W Va

PARENTS.

10-NAME OF FATHER, Wm Hull

11-BIRTHPLACE OF FATHER (State or Country), W. Va.

12-MAIDEN NAME OF MOTHER, Mary ?

13-BIRTHPLACE OF MOTHER (State or Country), W. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Eutaw St

15- Filed FEB 20 1917, 191.... ROBERT B. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 20 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 13 1917, to Feb 20 1917, that I saw h[illegible] alive on Feb 20 1917, and that death occurred, on the date stated above, at 3.55 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Vascular Kg. Nephritis

Ver not known

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) ..... yrs. 5 mos. ..... ds.

(Signed) Edward D. Smith M. D.

Feb 20, 1917. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. 2 ds.

Where was disease contracted if not at place of death? East Bank W. Va

Former or usual residence East Bank W Va

19-PLACE OF BURIAL OR REMOVAL, East Bank W Va

DATE OF BURIAL, 2-20, 1917

20-UNDERTAKER Robt Brooks & Son

ADDRESS Oden + Hall

Spec.—8-24-14—M. & T.—2000 Blks.

Sarah Tanner

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2601

CERTIFICATE OF DEATH.

28 D 2601

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 N. Port St. E. or W. St.; 8 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah tanner

(Residence in Baltimore: No 1120 N port St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, April (Month) 10 (Day), 1900 (Year)

7-AGE, 16 yrs. 10 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Pd Accumulation

9-BIRTHPLACE, (State or Country), greenbury Via

PARENTS.

10-NAME OF FATHER, Jame Tanner

11-BIRTHPLACE OF FATHER (State or Country), Via

12-MAIDEN NAME OF MOTHER Ellen wilson

13-BIRTHPLACE OF MOTHER (State or Country), Via

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ellen Tanner

(Address) 1120 N port

FEB 20 1917 Filed....., 191.....

ROBERT R. KRAUTER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1917, to Feb 17 1917, that I saw him alive on Feb 17 1917, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) yrs. 3 mos. 20 ds.

CONTRIBUTORY (Secondary) Lungs TB

(Duration) yrs. 3 mos. 20 ds.

(Signed) Dr. Gus Bernard M. D.

Feb 20, 1917. (Address) 708 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Woodbury cemetery

DATE OF BURIAL, Feb 21 1917.

20-UNDERTAKER, Milton Davis

ADDRESS McElderry

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2602

CERTIFICATE OF DEATH.

170 D 2602

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 537 Mission Court St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Schweighauser

(Residence in Baltimore: No. 537 Mission Court St.; 7 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Single

6-DATE OF BIRTH, July 4 (Month) (Day), 1839 (Year)

7-AGE, 77 yrs. 7 mos. 15 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None.
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Switzerland

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (State or Country), Don't Know

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chester E. Sherman

(Address) 2034 Harlem Ave

Filed FEB 20 1917 191 ROBERT R. KRAUTER Register.

Burial Permit 01977

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Febry (Month) 19 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 18 191 7, to Feb 19 191 7, that I saw h~~e~~ alive on Feb 19 191 7, and that death occurred, on the date stated above, at 10 50 m.

The CAUSE OF DEATH* was as follows:

1. Chronic Pancreatitis
2. Nephritis

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) (Pneumonia)

(Duration) yrs. mos. ds.

(Signed) Paul Brown, M. D.

2/19 191 7 (Address) 1827 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, National Cemetery

DATE OF BURIAL, Feb 22 191 7

20-UNDERTAKER Geo. W. Little

ADDRESS 531 N Fremont Ave

SAFE
DARK

Spec. 24-14—M. & T.—2000 Bks.

D 2603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 2603

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 W. Lexington ST.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Toney Leny Kublus

(Residence in Baltimore: No. 711 W. Lexington St.; ..... yrs., 1 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... Dec. (Month) 15 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
.....yrs. 2 mos. 5 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Joseph Kublus

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Josie Motulas

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Kublus

(Address) 711 W. Lexington St.

15- FEB 21 1917 Filed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb. (Month) 20. (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 19, 1917, to Feb 20 1917, that I saw him alive on Feb. 19, 1917, and that death occurred, on the date stated above, at 11.00 a. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

..... (Duration) .....yrs. .....mos. 3 ds.

CONTRIBUTORY (Secondary) Unknown

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) J. G. Lenkauskas M. D.

Feb 20 1917. (Address) 818 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
St. Stanislowas	Feb. 21. 1917.
20-UNDERTAKER John Gelbliauskas	ADDRESS 502 S. Paca St

Spec.—8-24-14—M. & T.—2000 Bks.

D 2604

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2604

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 863 Lemmon St., 18 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gladys E. Clark

(Residence in Baltimore: No. 863 Lemmon St.: 1 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, June 20, 1915 (Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm Clark

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Bessie Bell

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Bell

(Address) 863 Lemmon St

15- Filed FEB 21 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 20, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 18 1917, to Feb. 20 1917, that I saw h[illegible] alive on Feb. 20 1917 and that death occurred, on the date stated above, at 1:30 p. m.

The CAUSE OF DEATH* was as follows:

Acute Broncho-Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) ....yrs. ....mos. ....ds.

(Signed) Thos. Norton M. D.

....., 191... (Address) 836 N. Long St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Feb. 22 191 7.
20-UNDERTAKER John J. Brown & Son	ADDRESS 901 Hollins St

Spec.—8-24-14—M. & T.—2000 Rks.

D 2605

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 2605

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1031 W Lexington ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Shipley

(Residence in Baltimore: No. 1031 W Lexington St.; Life (Yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, Unknown (Month), ... (Day), 1 (Year)

7-AGE, 61 yrs. mos. ds.

If LESS than 1 day, hrs. or mins.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lunch
(b) General nature of industry, business, or establishment in which employed (or employer): Stores

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, William Shipley

11-BIRTHPLACE OF FATHER (State or Country), Howard Co Md

12-MAIDEN NAME OF MOTHER Ella Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Howard Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J Corcoran

(Address) 901 Hollins St

15-

Filed FEB 21 1917, 191.. HARRY [illegible]

Burial Permit Issued

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 20 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 10 191.., to Feb 20 191.., that I saw h[illegible] alive on Feb 20 191.., and that death occurred, on the date stated above, at 3:30a m.

The CAUSE OF DEATH* was as follows:

1a Grippe

(Duration) .. yrs. .. mos. 8 ds.

CONTRIBUTORY (Secondary) Fatty Degeneration

(Duration) .. yrs. .. mos. 1 ds.

(Signed) H H Kerlin M. D.

Feb 20, 191.. (Address) 1131 N Calhoun

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death .. yrs. .. mos. .. ds. In the State .. yrs. .. mos. .. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, A Peters Cem | DATE OF BURIAL, Feb 22 .., 191..

20-UNDERTAKER John Forman & Co | ADDRESS 901 Hollins St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 2606

CERTIFICATE OF DEATH.

B 2606

79

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 522 Oxford ST. 17 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie M. Dandy

(Residence in Baltimore: No. 522 Oxford St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ... (Month) Unknown (Day) 1 (Year)

7-AGE, 70 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Home

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Levi Lowe

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Fannie Lomick

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Dandy

(Address) 522 Oxford St.

15- FEB 21 1917 HARRY C. ANDREWS
Filed ....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 18th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 12th 1917, to Feb. 18th 1917, that I saw h[illegible] alive on Feb. 17th, 1917, and that death occurred, on the date stated above, at 6 A.M. The CAUSE OF DEATH* was as follows:

Uraemic Acute Dist.
Edema (Medical supervision)

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Endocarditis Chronic

(Duration) 3 yrs. mos. ds.

(Signed) A. Lee Ellis M. D.

Feb. 18, 1917. (Address) 924 Woodbine

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, Feb. 21, 1917

20-UNDERTAKER Charles B. Jones — ADDRESS 2355 N. Pine

D 2607

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 2607

48

8

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 637 Sarah Ann St. 4 WARD)

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Annigton

(Residence in Baltimore: No. 637 Sarah Ann St.: 0 yrs. 7 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Married

6-DATE OF BIRTH Dec 26, 1885
(Month) (Day) (Year)

7-AGE 31 yrs. 1 mos. 24 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) any kind of work

9-BIRTHPLACE (State or country) Spartanburgh S.C.

PARENTS

10-NAME OF FATHER Wm Annington

11-BIRTHPLACE OF FATHER (State or country) S.C.

12-MAIDEN NAME OF MOTHER Mc X Milley

13-BIRTHPLACE OF MOTHER (State or country) S.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lillie Annington (Wife)

(Address) 637 Sarah Ann St

15- FEB 21 1917 HARRY C. ANDREWS

Filed ....., 191.... Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb 19, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1, 1917, to Feb 19 1917.

that I saw h[illegible] alive on Feb 18 1917.

and that death occurred, on the date stated above, at 9:5A m.,

The CAUSE OF DEATH* was as follows:

Multiple Articular Rheumatism

(Duration) 0 yrs. 3 mos. 1 ds

Contributory (SECONDARY) None

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R B Tennon M. D.

Feb 19, 1917 (Address) 422 N Greene

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mt Auburn Cemt

DATE OF BURIAL Feb 22 1917

20-UNDERTAKER Charles B Jones

ADDRESS 230 Sh Pine St

Spec.—8-24-14—M. & T.—2000

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2608

CERTIFICATE OF DEATH.

10 D 2608

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 N. Eliz. Court ST.; 4 WARD)

2-FULL NAME Lizzie Thompson

(Residence in Baltimore: No. 1105 N. Eliz. court St.; 45 yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, ... (Month), 1 (Day), ... (Year)

7-AGE, 45 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer) Private

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, John Torrington

11-BIRTHPLACE OF FATHER (State or Country), unk.

12-MAIDEN NAME OF MOTHER Fannie Small

13-BIRTHPLACE OF MOTHER (State or Country), unk.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Varnum Taylor

(Address) 1116 E. Federal St.

15- Filed Feb 21 1917 MARY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 18th, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1916, to Feb. 18th, 1917, that I saw h[illegible] alive on Feb. 16th, 1917, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis following an Attack of Influenza

(Duration) 3 mos.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. Lee Ellis M. D.

Feb. 19, 1917. (Address) 924 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Feb 21, 1917

20-UNDERTAKER Samuel J. Hemsley ADDRESS 378 W. Bway

Spec.—8-24-14—M. & T.—2000 Blks.

D 2609

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2609

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1525 Fairmount Ave St.; 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2-FULL NAME Melvin Warren Carpenter

(Residence in Baltimore: No. 1525 Fairmount Ave St.; 4 yrs. 6 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Color	✓

6-DATE OF BIRTH. June 20, 1907
(Month) (Day) (Year)

7-AGE. 9 yrs. 7 mos. 21 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. ✓
(b) General nature of industry, business, or establishment in which employed (or employer). ✓

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Warren Carpenter

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ida Bateman

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. Carpenter

(Address) 1525 Fairmount Ave

15- Filed FEB 21 1917, 191.... HARRY C. ANDREWS Registrar. Burial Permit issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 21, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 20, 191.., to Feb 21, 191.., that I saw h.. alive on Feb 20, 191.., and that death occurred, on the date stated above, at 8:55 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 1 yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) None

(Duration) .... yrs. .... mos. .... ds.

(Signed) Bernard L. Edmunds M. D.

Feb 21, 191.. (Address) 701 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Feb 23, 191..
20-UNDERTAKER Wilbut Brown	ADDRESS 306 N Mount St.

D 2610

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2610

CERTIFICATE OF DEATH.

5 79

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1009 N. Grant ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adolph W Cobaugh

Residence in Baltimore: No. 13-4 N. Day St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Widr

6-DATE OF BIRTH Oct 30, 1877
(Month) (Day) (Year)

7-AGE, 39 yrs. 3 mos. 19 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Trade

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Emil Cobaugh

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Bowman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emil Cobaugh

(Address) 13-27 N. Pulaski St

15- HARRY C. ANDRE

Filed FEB 21 1917 Burial Permit ... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 19, 191 7
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Valvular heart

(Duration) yrs. mos. ds.

(Signed) (Coroner.) M. D.

2 20 191 7 (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 mo. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon County	Feb 22 1917
20-UNDERTAKER Roth Bros	ADDRESS 1424 Bway

Spec.—8-24-14—M. & T.—2000 Bks.

D 2611

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2611

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 15 WARD)
REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Genevieve Schuh

(Residence in Baltimore: No. 1617 Ruxton Ave St.; 6 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Sing

6-DATE OF BIRTH, Oct 5 (Month) (Day), 1915 (Year)

7-AGE, 1 yrs. 4 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Chas. Schuh.

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Pearl V. Smith

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) F. Rhett

(Address) Johns Hopkins Hosp.

15- Filed FEB 21 1917 191.... HARRY [illegible] Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 19, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 16 1917, to Feb. 19 1917, that I saw h[illegible] alive on Feb 19 1917, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Acute myocarditis

(Duration) 0 yrs. 0 mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. 1 mos. 1 ds.

(Signed) Henry B. Conrad M. D.

Feb. 19 191.. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1617 Ruxton Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Olivet Cathedral	Feby. 21, 191.7
20-UNDERTAKER Robt. Skinner	ADDRESS 1442 Bway

Spec.—5-19-13—M. & T.—500 Bks.

D 2612

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2612

CERTIFICATE OF DEATH.

37

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1219 Greenmount St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George J. R. Welden

(Residence in Baltimore: No. 1219 Greenmount St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, 2. (Month) 26 (Day) 1917. (Year)

7-AGE, ...yrs. ....mos. 14 ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Geo Welden

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Gunning

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Welden

(Address) 1219 Greenmount

15- Issued FEB 21 1917, 191.... HARRY C. ANDREWS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2 (Month) 20 (Day) 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 6th 1917, to Feb 20th 1917, that I saw h— alive on Feb 19th 191, and that death occurred, on the date stated above, at 7.46 a.m.

The CAUSE OF DEATH* was as follows:

1. Lobar Pneumonia

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) Hereditary Tuber.

(Duration) ....yrs. ....mos. 14 ds.

(Signed) J. H. Phillips M. D.

Feb 20, 1917. (Address) 1201 Hollins St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cem.	Feb. 21st, 1917.
20-UNDERTAKER	ADDRESS
Wm. Crothers	2 N. Fulton Ave

D 2613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 175

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Johns Hopkins Hospital ST. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Milton F Higgins

(Residence in Baltimore: No. 2124 E Fayette st St. Yes mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	Single

6-DATE OF BIRTH, Oct 21 1891 (Month) (Day), 1 (Year)

7-AGE, 25 yrs. 3 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Stenographer

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, James Higgins

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Katie Rodley

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James H Higgins

(Address) 2124 E Fayette st

15- Filed FEB 21 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 18 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquest find that said deceased came to 11:45 death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism hit by automobile

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J Wm Hunter M. D. (Coroner.)

, 191... (Address) 20 E Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 12 ds. In the State 25 yrs. mos. ds.

Where was disease contracted, if not at place of death? Fayette & Caroline Sts

Former or usual residence 2126 Fayette St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cem'y	Feb 21, 1917
20-UNDERTAKER	ADDRESS
Albert E Fuller	111 N Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2614

CERTIFICATE OF DEATH.

8 79

REGISTERED NO. C.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 420 N. Bethel ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lester Gaithright

(Residence in Baltimore: No. 420 N. Bethel St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, Sept. 28, 1890. (Month) (Day) (Year)

7-AGE, 26 yrs. 4 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Henry Gaithright

11-BIRTHPLACE OF FATHER (State or Country) Va.

12-MAIDEN NAME OF MOTHER Mary Jones

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lettie Taylor

(Address) 420 N. Bethel St.

FEB 21 1917

Filed....., 191.....

HARRY O. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 20, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1917, to Feb. 19, 1917, that I saw him alive on Feb. 19, 1917, and that death occurred, on the date stated above, at 4:25 p.m.

The CAUSE OF DEATH was as follows:*

Mitral Regurgitation

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) Bronchial Asthma

(Duration) ....yrs. 6 mos. ....ds.

(Signed) Jno. C. Clemson M. D.

Feb. 20, 1917. (Address) 5206 Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount

DATE OF BURIAL, Feb. 21, 191...

20-UNDERTAKER E. Brown & Son

ADDRESS 1008 W. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

D 2615

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2615

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. Caroline & Aliceanna ST. & 8 WARD)

REGISTERED No. C 28

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Susie Brandt

(Residence in Baltimore: No. 1521 E Biddle St St.; 74 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. November (Month) 24 (Day), 1842 (Year)

7-AGE. 74 yrs. 2 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). at home

9-BIRTHPLACE, (State or Country). Harford County Md

PARENTS.

10-NAME OF FATHER. George Brandt

11-BIRTHPLACE OF FATHER (State or Country). Harford Co. Md

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Harford Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura E. Hedges

(Address) 1521 E. Biddle st

15- FEB 21 1917 HARRY C. ANDREWS

Filed....., 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb 20 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 17 1917, to Feb. 20 1917, that I saw h W alive on Feb. 20 1917, and that death occurred, on the date stated above, at 3.35 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonary

7

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Hypostatic Congestion

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Henry Mook M. D.

....., 191... (Address) 1 E Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State of Md ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Dont - Known

Former or usual residence 1521 E Biddle St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore cemetery	Feb. 22, 1917.
20-UNDERTAKER	**ADDRESS**
William Cook	502 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 2616 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 2616

CERTIFICATE OF DEATH.

92

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 43 E. Barney ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christopher Wolldenrich

(Residence in Baltimore: No. 43 E. Barney St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH. Sept 6 (Month), (Day), 1839 (Year).

7-AGE, 77 yrs. 5 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lena Lettengill

(Address) 43 E. Barney St.

15- Filed FEB 21 1917, 191... HARRY O. ANDREWS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month), 12 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Feb. 6 1917, to Feb. 12 1917, that I saw h... alive on Feb. 12 1917, and that death occurred, on the date stated above, at 5:50 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Gen. Arterio Sclerosis

(Duration) ... yrs. ... mos. 7 ds.

(Signed) Jas. F. Hollingsworth M. D.

2-20, 1917. (Address) 1 E. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, Feb. 22, 1917

20-UNDERTAKER Lowe & Cook ADDRESS 302 E. North Av.

D 2617

HEALTH DEPARTMENT---CITY OF BALTIMORE

1-PLACE OF DEATH

CERTIFICATE OF DEATH

120

D 2617

CITY OF BALTIMORE: (No. 342 S. Payson ST. 20 WARD) REGISTERED NO. C.....

2-FULL NAME James A. Willingham

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 342 S. Payson St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Mch 24 (Month) ..... (Day) 1889 (Year)

7-AGE: 28 yrs. 11 mos. 22 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore, Md

PARENTS

10-NAME OF FATHER: Winfield Scott Willingham

11-BIRTHPLACE OF FATHER (State or country): St. Louis, Mo.

12-MAIDEN NAME OF MOTHER: Alice V. Alexander

13-BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Amelia K. Sha...

(Address) 342 S Payson St.

FEB 21 1917
Filed ....., 191 HARRY ... Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. (Month) 18, (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1917, to, Feb. 18, 1917, that I saw him alive on Feb. 18, 1917, and that death occurred, on the date stated above, at 5:40 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

about (Duration) 2 yrs. mos. ds.

Contributory (SECONDARY) Cold and exposure

(Duration) ..... yrs. ..... mos. 14 ds.

(Signed), E. F. Dickey M. D.

Feb. 19, 1917. [Address] 14 W. Monroe St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem

DATE OF BURIAL: Feb 21, 1917

20-UNDERTAKER: F. Fickenscher

ADDRESS: Roman North

Spec.—8-24-14—M. & T.—2000 Bks.

D 2618

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2618

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 2829 Remington Ave (WARD) 17

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellison Giddens (Giddings)

(Residence in Baltimore: No. 2829 Remington Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Jan (Month) 10 (Day), 1866 (Year)

7-AGE, 51 yrs. 1 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Stanley Giddens

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Maud Smith

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fannie Diggs

(Address) 2829 Remington Ave

Filed FEB 21 1917, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 11 1917, to Feb. 19 1917, that I saw h[illegible] alive on Feb. 19 1917, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Bright's Disease

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) R. Garland Schmelz M. D.

Feb. 20, 1917. (Address) 1534 Druid Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cheritan Md Charles Mary — DATE OF BURIAL, Feb. 22, 1917

20-UNDERTAKER Charles B. Jones — ADDRESS 2355 W. Pine St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2619

CERTIFICATE OF DEATH.

28 ✓ D 2619

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 E. Kenwood Ave St. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna M Ryan

Residence in Baltimore: No. 10 E. Kenwood St. Lyes yrs.... mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept (Month) 3" (Day) 1901 (Year)

7-AGE, 15 yrs. 5 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, James J Ryan

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Mary C Horrigan

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James J Ryan

(Address) 10 E. Kenwood Ave

15- Filed FEB 21 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 9 1917, to Feb 19 1917, that I saw h[illegible] alive on Feb 18 1917, and that death occurred, on the date stated above, at 5.30 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas D Dillman M. D.

Feb 19, 1917 (Address) 2818 E Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Feb 22, 1917

20-UNDERTAKER Jno F. Fahey & Sons — ADDRESS 1318 Light St

Spec.—5-19-13—M. & T.—500 Bks.

D 2620

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 2620

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2252 Lindenau Av; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maurice J. Herford.

(Residence in Baltimore: No. 2252 Lindenau Av St. Lifetime mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb 18, 1874 (Month) (Day) (Year)

7-AGE, 43 yrs. 1 mos. 2 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Broker
(b) General nature of industry, business, or establishment in which employed (or employer): Stock

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Julius Herford

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Lizzette Brehm

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. M. V. Herford

(Address) 2252 Lindenau Av

15- Filed FEB 21 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH February 20, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 2 1917, to February 20 1917, that I saw h[illegible] alive on Feb 20 1917, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 1 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) — yrs. — mos. 3 ds.

(Signed) Julius Friedman M. D.

Feb 20 1917 (Address) 1073 A Chase

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Har Mem Co	2/22, 1917
20-UNDERTAKER J Ahrens & Co	ADDRESS 1611 Mad Av

D 2621

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

20

D 2621

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital St. 2 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Joshua W. Lynch

(Residence in Baltimore: No. 941 North Broadway St.: 57 yrs. 3 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6 DATE OF BIRTH: Nov. (Month) 3 (Day), 1859 (Year)

7 AGE: 57 yrs. 3 mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Auditor in
(b) General nature of industry, business, or establishment in which employed (or employer): Register of Wills Office

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Joseph S. Lynch

11 BIRTHPLACE OF FATHER (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Jane R. Emerson

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma V. Lynch

(Address) 942 N. Broadway

Filed FEB 21 1917, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb. (Month) 19th (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 17th, 1917, to Feb. 19th 1917, that I saw h— alive on Feb. 19th, 1917, and that death occurred, on the date stated above, at 9 P m.
The CAUSE OF DEATH* was as follows:

Septicaemia (Streptococcus)

(Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) Acute Dilatation 10 min

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Barker M. D.

Feb. 19, 1917 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. 2 ds.
Where was disease contracted, if not at place of death?
Former or usual residence 941 N Broadway

19 PLACE OF BURIAL OR REMOVAL: Druid Ridge — DATE OF BURIAL: Feb 22, 1917

20 UNDERTAKER: Pinkler & Pinkler — ADDRESS 1737 E. Eager

D 2622

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 2622

1 PLACE OF DEATH

REGISTERED No. C 1330

CITY OF BALTIMORE (No. 930 N. Fulton Ave St. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Charles August Schreiner

(Residence in Baltimore: No. 930 N. Fulton Ave St.: 63 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: July (Month) 30 (Day), 1836 (Year)

7 AGE: 80 yrs. 6 mos. 20 ds. | If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Merchant Tailor
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: John Georg Schreiner

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Barbara Meier

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rhoda C. Schreiner daughter

(Address) 930 N. Fulton Ave

15 Filed FEB 21 1917, 191 HARRY C. [illegible] Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb (Month) 20 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from ..., 191 5, to Feb 20 1917.
that I saw h[illegible] alive on Feb 19, 1917.
and that death occurred, on the date stated above, at 2 40 a.m.
The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(Duration) 3 yrs. mos. ds

Contributory (SECONDARY) Bronchio-Pneumonia

(Duration) yrs. mos. 4 ds.

(Signed) J. Lud S. Bayless M. D.

Feb. 20, 1917. (Address) 823 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. | In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Thurmont Frederick Co Md	Feby 23, 1917
20 UNDERTAKER: Chas. G. Black	ADDRESS: 120 Mulberry St

Spec.—8-24-14—M. & T.—2000 Bks.

D 2623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 2623

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2202 Cambridge ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Fredrick Wahlstade

(Residence in Baltimore: No. 2202 Cambridge St.; 50 yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, December 29, 1839
(Month) (Day) (Year)

7-AGE, 77 yrs. 1 mos. 2 da. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stevadore
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Germany.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marie C. Wahlstade

(Address) 2202 Cambridge St

Filed FEB 21 1917 191.... Registrar

BURIAL PERMIT ISSUED

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 20, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1916, to Feb. 20 1917, that I saw ~~him~~ alive on Feb. 19 1917, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Valvular Dis Heart

(Duration) yrs. 3 mos. ..... da.

CONTRIBUTORY (Secondary) Thrombosis

(Duration) yrs. 8 mos. ..... da.

(Signed) Chas Shee M. D.

2/20/17, 191... (Address) 1001 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Emmanuel Cemetery	Feb. 22, 1917

20-UNDERTAKER	ADDRESS
Louis Hermann	32 N. Gordon

Spec.—8-24-14—M. & T.—2000 Bks.

D 2624 HEALTH DEPARTMENT—CITY OF BALTIMORE D 2624

91

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 692 Columbia Ave. WARD 22) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Olga Eberle

(Residence in Baltimore: No. 692 Columbia Ave St.: 45 yrs., 6 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) widow

6-DATE OF BIRTH, Sept. 19, 1842 (Month) (Day) (Year)

7-AGE, 74 yrs. 5 mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Steinmetz

11-BIRTHPLACE OF FATHER (State or Country), Germ

12-MAIDEN NAME OF MOTHER Louisa Deimer

13-BIRTHPLACE OF MOTHER (State or Country), Germ

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Louisa Eberle

(Address)...692 Columbia Ave.

Filed FEB 21 1917 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 20, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 16 191.., to Feb 20 191.., that I saw h.. alive on Feb 20 191.., and that death occurred, on the date stated above, at 7 45 m.

The CAUSE OF DEATH* was as follows:

.....

.....

Cancer - Abdominal

..... (Duration).....yrs.....mos. 5 ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed). L. Lewis Gray M. D.

Feb 22, 191.. (Address) 502 Cathedral

*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, Feb 22, 1917

20-UNDERTAKER Jos Joerdens Son ADDRESS 217 S. Paca

D 2625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 2625

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 606 E 27 th st ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME B Frances Lyston

(Residence in Baltimore: No. 606 E 27th st St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
female	white	Married

6-DATE OF BIRTH, Feb 2 1841, 1 (Month) (Day) (Year)

7-AGE, 75 yrs. 17 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Irela nd

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Not K own

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katie Lyston

(Address) 606 E 27 th st

15- FEB 21 1917 ROBERT R. KRAUTER
Filed ....., 191.... Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 19 1917, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Wm. Insley (Coroner)

Feb 19 1917 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem DATE OF BURIAL, Feb 22, 1917

20-UNDERTAKER E. A. Hudefeld Jr. ADDRESS 213 Greenmount Ave

Spec.—48-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2626

CERTIFICATE OF DEATH.

61

D 2626

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Holley

(Residence in Baltimore: No. 641 N. Sterling St St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word)
Male	Black	Single

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, ...yrs. 4 mos.....ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Samuel Holly

11-BIRTHPLACE OF FATHER (State or Country).

12-MAIDEN NAME OF MOTHER Bessie ?

13-BIRTHPLACE OF MOTHER (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

Filed FEB 21 1917, 191.... MORRIS R. KRAUSE Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 17, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 6 1917 to February 17 1917, that I saw h... alive on February 17 1917, and that death occurred, on the date stated above, at 2 30 a m.

The CAUSE OF DEATH* was as follows:

Cerebro Spinal Meningitis (pneumococcus)

(Duration) 2 yrs. 0 mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Henry B. Conrad M. D.

Feb. 17, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 641 N. Sterling St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL FEB 19 1917

Commissioner Health.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2627

CERTIFICATE OF DEATH.

REGISTERED No. C 37 D 2627

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucille Kelley.

(Residence in Baltimore: No. 1732 Baker St. St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Sing

6-DATE OF BIRTH, Dec. (Month) 13 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 2 mos. 6 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Riley Kelley.

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Maggie Schmidt

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address) Johns Hopkins Hosp.

15- Filed FEB 21 1917, 191... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 18 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 17 1917, to Feb 18 1917, that I saw h... alive on Feb 18 1917, and that death occurred, on the date stated above, at 6 55 p. m.

The CAUSE OF DEATH* was as follows:
Gastro-intestinal indigestion.

(Duration) 0 yrs. 0 mos. 6 ds.

CONTRIBUTORY (Secondary) Syphilis Hereditary

(Duration) 0 yrs. 2 mos. 6 ds.

(Signed) Jno. A. Conrad M. D.

Feb 18, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death? L
Former or usual residence 1732 Baker St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	....., 191...
20-UNDERTAKER	ADDRESS

D 2628

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2628

CERTIFICATE OF DEATH.

REGISTERED No. C 15

PLACE OF DEATH

CITY OF BALTIMORE (No. 766 Broadway ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Douglas Griffith

(Residence in Baltimore: No. 766 Broadway St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Aug. 25, 1916
(Month) (Day) (Year)

7-AGE, 5 yrs. 6 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Andrew

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Elizabeth Jones

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ethel Parker

(Address) 766 Broadway

15- Filed FEB 21 1917, 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 20, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) UW Pneumonia

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner.)

Feb 20, 191.. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
JOHNS HOPKINS HOSPIT	FEB 21 1917
20-UNDERTAKER	ADDRESS

Commissioner of Health

D 2629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 2629

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 2026 Maryland Ave ST. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2 FULL NAME Mrs Mary E. Beach

(Residence in Baltimore: No. 2026 Maryland ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: May 20, (Month) (Day), 1842 (Year)

7 AGE: 74 yrs. 9 mos. ds. — If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Patrick Flanagan

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Dulany

13 BIRTHPLACE OF MOTHER (State or country): Delaware

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Florence G Beach

(Address) 2026 Maryland Ave

15 Filed FEB 21 1917 ROBERT B. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb 20th (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 20th, 1917, to Feb. 20th 1917, that I saw h~~e~~r alive on Feb 20th, 1917, and that death occurred, on the date stated above, at 9.30 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ds.

(Signed) H F Hill M. D.

Feb 21, 1917 (Address) 1201 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Feb. 22, 1917

20 UNDERTAKER: E Madison Mitchell & Co. — ADDRESS: 1201 W Fayette St.

D 2630

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 ✓ D 2630

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3113 W. North Ave ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine E. Behrens

(Residence in Baltimore: No. 3113 W. North Ave St.; 53 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH: Jan. 16, (Month) (Day), 1844 (Year)

7-AGE: 73 yrs. 1 mos. 4 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: John Porcher

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Mary Miller

13-BIRTHPLACE OF MOTHER (State or country): German

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Helen Doeberenner

(Address) 3113 W. North Ave

15- FEB 21 1917 ROBERT R. KRAUTER
Filed ..... 191 Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 19, 1916, to, Feb 20 1917, that I saw her alive on Feb 19 1917, and that death occurred, on the date stated above, at 5.15 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstetial Nephritis

(Duration) 2 yrs — mos. — ds.

Contributory (SECONDARY) Uraemia (Duration) — yrs 1 mos. — ds.

(Signed), H.K. Pelletier M. D.

Feb 21, 1917. [Address] 817 Hamilton Ter

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Feb. 23, 1917

20-UNDERTAKER: George F. Smith — ADDRESS: 1600 Fayette St

Spec.—8-24-14—M. & T.—2000 Blks.

Lewis Wilson

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2631

CERTIFICATE OF DEATH.

x 110

D 2631

REGISTERED No. C.....

1-PLACE OF DEATH Md. Gen. Hospital

CITY OF BALTIMORE: (No. Linden Ave & Madison ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis Wilson

Residence in Baltimore: No. Md Genl Hosp'l St.: ....yrs., mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Married

6-DATE OF BIRTH, ... June (Month) 15 (Day), 1852 (Year)

7-AGE.	If LESS than 1 day,
64 yrs. 8 mos. 4 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Farm

9-BIRTHPLACE, (State or Country), Batto co md

PARENTS.

10-NAME OF FATHER, Samuel wilson

11-BIRTHPLACE OF FATHER (State or Country), Batto Co Md

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lewis wilson

(Address) Reisterstown Md

Filed FEB 21 1917 191.... ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... February (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 14 1917, to Feb 19 1917, that I saw h in alive on Feb. 19 1917, and that death occurred, on the date stated above, at 5:55 A m.

The CAUSE OF DEATH* was as follows:

Post Operative shock - Acute Cardiac Dilatation

..... (Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Prolapse of Rectum

..... (Duration) 5 yrs. ....mos. ....ds.

(Signed) Elmer Devonmen M. D.

2-19..., 1917. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 5 ds. In the State Md yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Reisterstown Md

19-PLACE OF BURIAL OR REMOVAL, St Lukes Cemetery — DATE OF BURIAL, Feb 22, 1917

20-UNDERTAKER J F Elsire — ADDRESS Reisterstown Md

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2632

CERTIFICATE OF DEATH.

92 D 2632

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1024 Brentwood St.; 10 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James J. Murnane

(Residence in Baltimore: No. 1024 Brentwood Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 17, 1872 (Month) (Day) (Year)

7-AGE, 44 yrs. 11 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): Stationary

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, James Murnane

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Cath. Madigan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J. Murnane

(Address) 1024 Brentwood Ave

Filed FEB 21 1917 191.. ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 20, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 16 1917, to Feb 20 1917, that I saw h.. alive on Feb 19 1917, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) ....yrs. ....mos. 7 ds.

(Signed) James N. McKeever M. D.

Feb 24 191.7 (Address) 704 E. Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross DATE OF BURIAL, Feb 22, 191.7

20-UNDERTAKER H. C. Wedefeld ADDRESS 914 Gramont Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 2633

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2633

CERTIFICATE OF DEATH.

92

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry C. Newman.

(Residence in Baltimore: No. 417 E. Lexington St. St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown Dec 2 ....., 1883
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
34 yrs. 2 mos. 19 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Electrician
(b) General nature of industry, business, or establishment in which employed (or employer)..... Helper

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Charles Snyder

(Address) Johns Hopkins Hospital.

FEB 21 1917 ROBERT R. KRAUTER

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 21, 1917.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb. 19 1917, to Feb. 21 1917, that I saw him alive on Feb. 21 1917, and that death occurred, on the date stated above, at 2 05 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration).....yrs.....mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) W. B. Marlin, M. D.

Feb. 21, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 2 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 417 E. Lexington St.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
New Market Md	Dec 22, 1917

20-UNDERTAKER	ADDRESS
W. M. Gaukrodger	1624 Mc Kean Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 2634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+137 D 2634

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2-FULL NAME Lucille Robinson

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs., ... mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word.) Single

6-DATE OF BIRTH, Jan. 14, 1888 (Month) (Day) (Year)

7-AGE, 29 yrs. 1 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housemaid
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thomas Robinson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Clara Hand

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Head Mercy Hosp

(Address) Mount St

Filed FEB 22 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 21, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 10 1917, to Feb 21 1917, that I saw her alive on Feb 21 1917, and that death occurred, on the date stated above, at 7.50 P. m.

The CAUSE OF DEATH* was as follows:

Ulcerative Inflammation Pelvic Cellular Tissue

Chronic Nephritis

(Duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (Secondary) Gen'l Septicaemia

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) Edward P Smith M. D.

Feb 26, 1917 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 11 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Belair Md

Former or usual residence Belair Md

19-PLACE OF BURIAL OR REMOVAL, Bel-Air Md — DATE OF BURIAL, Feby 22, 1917

20-UNDERTAKER Stewart & Mowen Co — ADDRESS 108 N. North Ave

D 26635

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 26635

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 211 N. Mosher ST., 14 WARD)

2-FULL NAME Lindsey Cole Negro.

(Residence in Baltimore: No. 211 N. Mosher

REGISTERED No. C 64

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St[illegible] yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June 1, 1848
(Month) (Day) (Year)

7-AGE, 69 yrs. 1 mos. 21 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Josh Cole

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Drew

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Son

(Address) 211 N. Mosher

15-

Filed. FEB 22 1917 19[illegible] HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 21, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) [illegible] M. D.
(Coroner.)

, 191... (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....da. In the State 69 yrs. 1 mos. — da.

Where was disease contracted, if not at place of death?

Former or usual residence 211 N. Mosher

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Greenmount Cemetery	Feb. 23, 1917
20-UNDERTAKER	ADDRESS
George J. Smith	Fayette St

FILMED

Spec.—8-24-14—M. & T.—2000 Bks.

D 2636

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2636

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 N. Collington Ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anthony Stecher

(Residence in Baltimore: No. 901 N. Collington St.; 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Not Known, 1 ..... (Month) (Day) (Year)

7-AGE, 44 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Anthony Stecher

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Stecher

(Address) 901 N. Collington Ave

15- FEB 22 1917 Filed....., 191.... HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 21, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 26 1917, to Feb 21 1917, that I saw h[illegible] alive on Feb 21 1917, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Laryngeal tuberculosis

(Duration) ..... yrs. 6 mos. ..... ds.

(Signed) J. A. Renzella M. D.

Feb 22, 1917. (Address) 604 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Feb 24, 1917.
20-UNDERTAKER	ADDRESS
Francis Crack Son	906 Eastlord

S·A·F·E·T·Y

D 2637

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 2637

167

REGISTERED NO. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1627 Gough St. 3 WARD)

2-FULL NAME Mieczyslaw Handzlik

(Residence in Baltimore: No. 162 D Gough St.: 1 yrs. 11 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: March 3, 1915 (Month) (Day) (Year)

7-AGE: 1 yrs. 11 mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland.

PARENTS

10-NAME OF FATHER: Franz Handzlik

11-BIRTHPLACE OF FATHER (State or country): Austria

12-MAIDEN NAME OF MOTHER: Sophie Pziwell

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Franz Handzlik
(Address): 162 D Gough St

FEB 22 1917
Filed ..... 191 .....

HARRY U. ANDREWS
REGISTRAR
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February, 21, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1917, to Feb. 21, 1917, that I saw h[illegible] alive on Feb. 21, 1917, and that death occurred, on the date stated above, at 4.30 p.m.
The CAUSE OF DEATH* was as follows:

Accidental Scalding by falling in bath of hot water

(Duration) ..... yrs. ..... mos. 4 ds

Contributory (SECONDARY): Convulsions

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) David Brandlin M. D.

2/21/, 1917. (Address) 122 W Lee St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

	yrs.	mos.	ds.		yrs.	mos.	ds.
At place of death				In the State			

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Rosary. DATE OF BURIAL: Feb 23 1917

20-UNDERTAKER: Wm Galkowski ADDRESS: 161 Eastern Ave.

K O D A K

Spec.—8-24-14—M. & T.—2000 Blks.

D 2638 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 2638

CERTIFICATE OF DEATH. 113

1-PLACE OF DEATH REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Church Home Infirmary ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Fena Feberants

(Residence in Baltimore: No. 1017 Lemmon ave St.; 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1888 (Year)

7-AGE, 29 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Hyman —

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Kate —

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E Baltimore

15- FEB 22 1917 HARRY C. ADDISON

Filed....., 191..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 21, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 13 1917, to Feb 21 1917, that I saw her alive on Feb 21 1917, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A M Harrison M. D.

2-21, 1917 (Address) Church Home Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State 25 yrs. mos. ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence Steelton Pa

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship Cem

DATE OF BURIAL, 2.22., 1917.

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E Baltimore

D 2639

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

D 2639

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital ST. 3 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Jesse Freyer

(Residence in Baltimore: No. 1008 E. Pratt - St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: December —, 1916 (Month) (Day) (Year)

7 AGE: 1 yrs. 2 mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Md -

PARENTS

10 NAME OF FATHER: Joe Freyer

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: Sarah Abrams

13 BIRTHPLACE OF MOTHER (State or country): Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jack Leurs

(Address) 1411 E. Balto. St.

15 Filed FEB 22 1917, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb. (Month) 22 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1917, to Feb. 22 1917, that I saw h[illegible] alive on Feb. 22, 1917, and that death occurred, on the date stated above, at 12.30 A m.
The CAUSE OF DEATH* was as follows:

Tabes Pneumonia & Emphysema

(Duration) yrs. 1 mos. 7 ds

Contributory (SECONDARY) Post-Operative Edema of Lungs + Cardiac dilatation

(Duration) yrs. mos. 3 ds.

(Signed) Israel J. Feinglos M. D.

Feb. 22, 1917 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. 1 mos. 1 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? at residence

Former or usual residence 1008 E Pratt

19 PLACE OF BURIAL OR REMOVAL: Hebrew Rosedale

DATE OF BURIAL: 2/22 191 7

20 UNDERTAKER: Jack Leurs

ADDRESS: 1411 E. Balto. St

D 2640

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175

D 2640

1-PLACE OF DEATH — CITY OF BALTIMORE (No. Ohio Ave near West St. ST. 23 WARD) — REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian V.Ferguson.

(Residence in Baltimore: No. 166 W.West St. St.; 12 Yrs., 8 Mos., 11 Ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White.	Single.

6-DATE OF BIRTH, June 9th. 1904., 1 (Month) (Day) (Year)

7-AGE, 12 yrs. 8 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Theadore Ferguson.

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md.

12-MAIDEN NAME OF MOTHER Estelle Willenghan.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Theadore Ferguson.(father)
(Address) 166 W.West St.

15-
Filed FEB 22 1917 HARRY C. ANDREWS
Burial Permit Issued by

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 20th. 1917., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Struck and run over by B.& O.Engine # 1452 Accidental death.
Arm fractured and cut about the head.
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Shock.
(Duration) ....yrs. ....mos. ....ds.

(Signed) Hal M Kennard M. D. (Coroner.)
Feb,21,1917. (Address) 1017 S.Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem — DATE OF BURIAL, Feb. 22, 1917

20-UNDERTAKER, Wm. J. E. Evans & Son — ADDRESS 1425 & 1426 Charles St

D 2641

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

91

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 836 Calverton Rd. ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Wm Shurley

(Residence in Baltimore: No. 836 Calv. Rd. St.; yrs. 3 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: Oct. (Month) 30th (Day) 1915 (Year)

7-AGE: yrs. 3 mos. 22 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Adam Shurley

11-BIRTHPLACE OF FATHER (State or country): Penna.

12-MAIDEN NAME OF MOTHER: Mabel Phelan

13-BIRTHPLACE OF MOTHER (State or country): Balto. Md.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE

(Informant) Harry Wm Phelan

(Address) 836 Calverton Rd

15- FILED FEB 22 1917, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 2 (Month) 21 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2/14, 1917, to, 2/21, 1917, that I saw h.m alive on 2/21, 1917, and that death occurred, on the date stated above, at 4.15 m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia
(Primary Cause)

(Duration) ... yrs ... mos. 7 ds.

Contributory (SECONDARY) Cardiac Insufficiency

(Duration) ... yrs ... mos. 2 ds.

(Signed) Wm E Bryant M. D.

2/22, 1917 [Address] 2108 E Baltimore

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park. DATE OF BURIAL: Feb 22 1917.

20-UNDERTAKER: Josiah Leyer Sons ADDRESS: Near North Ave

Spec.—5-19-13—M. & T.—500 Bks.

D 2642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

D 2642

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 N. William ST.; 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Garman

(Residence in Baltimore: No. 1714 N. William St.; 26 yrs., 10 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, April 5, 1890 (Month) (Day) (Year)

7-AGE, 26 yrs. 10 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Fredreck Koch

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Maria Wengert

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Koch

(Address) 1714 William St.

Filed FEB 22 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 21, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 29 1917, to Feb. 21 1917, that I saw her alive on Feb 14 1917, and that death occurred, on the date stated above, at 12 6 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Peritoneum

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) ....yrs. 6 mos. ....ds.

(Signed) J. Fostar Symmes M. D.

2 26, 1917. (Address) 1 E. Read St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, Feb. 23, 1917

20-UNDERTAKER P & M. G. Flynn ADDRESS 1422 Light St

Spec.—5-19-13—M. & T.—500 Bks.

D 2643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154 D 2643

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) 1703 Marston St.; (or WARD) 38

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia A Schaffe

(Residence in Baltimore: No.) 1703 Marshall St.; 75 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, (Month) Most Known (Day) (Year)

7-AGE, 75 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER, Patrick Frisby

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Neal

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. F. Schaffe

(Address) 1703 Marshall

Filed FEB 22 1917, 191.. HARRY [illegible]
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 20, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 6 1917, to Feb 20 1917, that I saw h[illegible] alive on Feb 19 1917, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Inflammation of Bowels

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 7 ds.

(Signed) R. L. Campbell M. D.

Feb 20, 191 7 (Address) 1644 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery DATE OF BURIAL, Feb 23, 191 7

20-UNDERTAKER P. J. & M. G. Flynn ADDRESS 1422 Light

Spec.—8-24-14—M. & T.—2000 Blks.

D 2644

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2644

CERTIFICATE OF DEATH.

REGISTERED No. C 64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ira B. Aylesworth

(Residence in Baltimore: No. 2531 Penna. Ave St.; ..... yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... (Month) Nov (Day) 11 (Year) 1855

7-AGE, 62 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Woodworker
(b) General nature of industry, business, or establishment in which employed (or employer) "

9-BIRTHPLACE, (State or Country), Canada

PARENTS.

10-NAME OF FATHER, Bowen Aylesworth

11-BIRTHPLACE OF FATHER (State or Country), Canada

12-MAIDEN NAME OF MOTHER Alice Decker

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gertrude Kraft

(Address) 2531 Pennsylvania Ave

Filed FEB 22 1917, 191.... HARRY C. ANDREWS, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 21 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 11 1917, to Feb 21 1917, that I saw h[er] alive on Feb 21 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Duration 1 hr

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 3 yrs. mos. 4 ds.

(Signed) Edward A. Faust M. D.

2/21, 191.7 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. 4 ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? 2531 Penna Ave

Former or usual residence 2531 Penna Ave

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem't

DATE OF BURIAL, Feb 25, 1917

20-UNDERTAKER Wm Cook

ADDRESS 532 E North Ave

D-2645

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D-2645

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 N. Rose ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Beatley

(Residence in Baltimore: No. 505 N. Rose St. St.; 15 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Widower

6-DATE OF BIRTH: May (Month) 12 (Day), 1849 (Year)

7-AGE: 67 yrs. 9 mos. 9 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) Car Copper

9-BIRTHPLACE (State or country) Balto. Md.

PARENTS

10-NAME OF FATHER: Wm. J. Beatley

11-BIRTHPLACE OF FATHER (State or country): Dorchester Co. Md.

12-MAIDEN NAME OF MOTHER: Mary J. Bishop

13-BIRTHPLACE OF MOTHER (State or country): Baltimore - Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Fannie M. Steinberg

(Address) 505 N. Rose St.

15- FEB 22 1917 Filed ....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 2 (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10 1917, to, Feb 21 1917, that I saw h.. alive on Feb. 20 1917, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. 7 mos. ..... ds.

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry E. Adlers M. D.

Feb 21 1917 [Address] 203 W. Pratt St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt. Carmel

DATE OF BURIAL: Feb. 25 1917

20-UNDERTAKER: Wm. Cook

ADDRESS: 502 E. North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 2646 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 2646

CERTIFICATE OF DEATH. 138

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta Crowley

(Residence in Baltimore: No. 414 E. Fluvial St St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, ... Unknown (Month) ..... (Day), 1880 (Year)

7-AGE, ... 37 ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Home-wife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (State or Country), Don't Know

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country). Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. L. Chaput

(Address) Mercy Hospital

Filed FEB 22 1917, 191.... HARRY C. ANDREWS Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 14 1917, to Feb. 21 1917, that I saw h[er] alive on Feb. 21 1917, and that death occurred, on the date stated above, at 8:45 p.m.

The CAUSE OF DEATH* was as follows:

Child birth (at term)

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Eclampsia

..... (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Thos. L. Jackson M. D.

Feb. 21, 1917. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. 7 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 414 E. Fluvial St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Feb. 24, 1917.

20-UNDERTAKER Lowe Cook — ADDRESS 507 E North

Spec.—8-24-14—M. & T.—2000 Bks.

D 2647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2647

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital ST.) 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Standsbery.

(Residence in Baltimore: No. 1457 Wards St. Carrollton, S. Balto. Md.) 3 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, ~~White~~ Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April 19, 1913
(Month) (Day) (Year)

7-AGE, 3 yrs. 10 mos. 2 ds.

If LESS than 1 day, ~~hrs.~~ or ~~min.~~?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Standsbery

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Frances Page

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Charles Snyder

(Address) Johns Hopkins Hospital.

Filed FEB 22 1917 191 HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 21, 1917.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb. 17 1917, to Feb. 21 1917, that I saw h[illegible] alive on Feb. 21 1917, and that death occurred, on the date stated above, at 5 15 a. m.

The CAUSE OF DEATH* was as follows:

Generalized Tuberculosis

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Henry B. Conrad M. D.

Feb. 21, 1917. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death — yrs. — mos. 4 ds. In the State 2 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1457 Wards St. Balto Md

19-PLACE OF BURIAL OR REMOVAL Int Greenmount Cemetery

DATE OF BURIAL, Feb. 24, 1917.

20-UNDERTAKER Wm H Hooker

ADDRESS 409 Little Pratt

Spec.—8-24-14—M. & T.—2000 Bks.

D 2648

HEALTH DEPARTMENT—CITY OF BALTIMORE

151 D 2648

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 W Lee ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Taylor

(Residence in Baltimore: No. 504 W Lee St St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) —

6-DATE OF BIRTH, Feb 21, 1917
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 4 hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), md.

PARENTS.

10-NAME OF FATHER, Harry Taylor

11-BIRTHPLACE OF FATHER (State or Country), md.

12-MAIDEN NAME OF MOTHER Lilly Rawlins

13-BIRTHPLACE OF MOTHER (State or Country), md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Rawlings

(Address) 504 W Lee St

15- FEB 22 1917 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 21, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 21 191 7, to Feb 21 191 7, that I saw her alive on Feb 21 191 7, and that death occurred, on the date stated above, at 10 1/2 m.

The CAUSE OF DEATH* was as follows:

..... Prematurity

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm R Lehman M. D.

2-21, 191.. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Prematurity

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemty	Feb 23, 191..
20-UNDERTAKER	ADDRESS
Geo H Hooper	60 Little Pac

Spec.—8-24-14—M. & T.—2000 Bks.

D 2649

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2649

CERTIFICATE OF DEATH.

109

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2902 Orleans St. ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Thr. Ginn

(Residence in Baltimore: No. 2902 Orleans St. St.; 40 yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ... (Month) Unknown (Day) ....., 1833 (Year)

7-AGE, 83 yrs. ..... mos. ..... da.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... at Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Mc. Ginn

(Address) 440 N. Rose

Filed FEB 22 1917, 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10 1917, to Feb 21 1917, that I saw her alive on Feb 20 1917, and that death occurred, on the date stated above, at 11:45 A m.

The CAUSE OF DEATH* was as follows:

Strangulated Hernia

Contusions

(Duration) ..... yrs. ..... mos. 7 da.

CONTRIBUTORY (Secondary) Strangulated Hernia

(Duration) ..... yrs. ..... mos. 11 da.

(Signed) Geo. Hellen M. D.

2-22-17, 191.. (Address) 1937 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross — DATE OF BURIAL, Feb. 23, 191..

20-UNDERTAKER Jos. J. Neer — ADDRESS 154 N. Fulton Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 2650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 ✓ D 2650

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1915 Homewood Ave St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A Kelly

(Residence in Baltimore: No. 1915 Homewood ave St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb 23 1843
(Month) (Day) (Year)

7-AGE. 73 yrs. 11 mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, Patrick Mooney

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margaret Timmons

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Kelly

(Address) 1915 Homewood ave

FEB 22 1917

Filed ....., 191.... Burial Permit Clerk

HARRY O. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 19th, 1917.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from February 4th 1917, to February 19 1917, that I saw h alive on February 19 1917, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia
(Secondary)
(Duration) yrs. mos. 6 ds.

CONTRIBUTORY Exhaustion
(Secondary)
(Duration) yrs. mos. 2 ds.

(Signed) F E Fell M. D.

Feb 21st, 191 7. (Address) 1 W Eutaw Gar

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenbatheldalben — DATE OF BURIAL, Feb 23, 191 7

20-UNDERTAKER John A Inman — ADDRESS Bankstown

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 26851 — B 26851 — 152

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 926, Ridgely, St. ... ST.: 21 ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Marie Wilson.

(Residence in Baltimore: No. 926 Ridgely, St. ... St.; ... yrs. ... mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
female	white	single

6-DATE OF BIRTH: Feb. (Month) 20th, (Day) 1917 (Year)

7-AGE: - yrs. - mos. 2 ds. — If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Louis G. Wilson,

11-BIRTHPLACE OF FATHER (State or country): Canada,

12-MAIDEN NAME OF MOTHER: Emma M. Reinhardt,

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louis G. Wilson,

(Address) 926, Ridgely, St. Balto. Md.

15- Filed FEB 22 1917, 191... HARRY C. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February, (Month) 22nd, (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 20th., 1917, to, Feb. 22nd., 1917, that I saw her alive on Feb. 22nd, 1917, and that death occurred, on the date stated above, at 10-A. m.

The CAUSE OF DEATH* was as follows:

Brain pressure, from birth,

(Duration) ... yrs ... mos. 2 ds.

Contributory (SECONDARY): Convulsions.

(Duration) ... yrs ... mos. one ds.

(Signed), J. Boyden Green M. D.

Feb. 22nd., 1917 [Address] Towson, Md.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence?

19-PLACE OF BURIAL OR REMOVAL: Druid Hill Park — DATE OF BURIAL: Feb 22 1917

20-UNDERTAKER: Wm J. Tickner & Sons — ADDRESS: B't Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 2652 HEALTH DEPARTMENT—CITY OF BALTIMORE D 2652

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Powhatan ave & Hilton St. 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa H. Richardson

(Residence in Baltimore: No. Powhatan ave & Hilton St.; ~ yrs. ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
female	White	Married

6-DATE OF BIRTH, Oct (Month) 13 (Day), 1848 (Year)

7-AGE.	If LESS than 1 day,
68 yrs. 4 mos. 7 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Kent Co. Md.

PARENTS.

10-NAME OF FATHER, Edward B Harris

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Elizabeth Collins

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard T. Richardson

(Address) Powhatan Ave. & Hilton St.

15- FEB 22 1917 HARRY C. ANDREWS
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 22 1916, to Feb 21 1917, that I saw her alive on Feb 21 1917, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Arteio - Sclerosis - Multiple

Hemiplegia -

(Duration) ~ yrs. 8 mos. ~ ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John J. Young M. D.

Feb 22, 1917. (Address) 1425 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore Cemetery	Feb. 23 1917

20-UNDERTAKER	ADDRESS
E. Madison Mitchell & Co	1201 W. Fayette St.

Spec.—5-19-13—M. & T.—500 Bks.

B 2653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152

B 2653

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2724 N Charles St.; 17 WARD)

2-FULL NAME Baby unnamed. F (Hyderman)

(Residence in Baltimore: No. Builder - Silliman Court, St.; yrs., mos. 22 ds.)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word) single.

6-DATE OF BIRTH, ... Jan. (Month) 31st. (Day), 1917 (Year)

7-AGE, ... yrs. ..... mos. 22 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), City

PARENTS:

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER Ida Hyderman

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos. H. Haynes

(Address) 576 E. Eager St.

Filed FEB 22 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 22 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from June 21 1917, to July 22 1917, that I saw h— alive on July 22 1917, and that death occurred, on the date stated above, at 4.1. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Injury at birth

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. H. Haynes M. D.

July 22 1917. (Address) 576 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 22 ds. In the State ..... yrs. ..... mos. 22 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Trinity — DATE OF BURIAL, July 22 1917

20-UNDERTAKER Randall Offutt — ADDRESS 875 N

Spec.—5-19-13—M. & T.—500 Bks.

D 2654

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2654

CERTIFICATE OF DEATH.

92

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1501 Penn. Ave ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Mae Schwaterbeck

(Residence in Baltimore: No. 1501 Penn. Ave St.: 36 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	married

6-DATE OF BIRTH, Unknown, 1881.. (Month) (Day) (Year)

7-AGE, 36 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John E. Bowers

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Elmira Brown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. L. Schwaterbeck

(Address) 1501 Penn. ave

Filed FEB 22 1917, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 21, 1917.. (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 12th 1917, to Feb. 21 1917, that I saw her alive on Feb. 21 1917, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Labor Pneumonia

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) 6 yrs. mos. ds.

(Signed) T. H. Phillips M. D.

2-22-, 1917. (Address) 1701 Hollins st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	Feb. 25 1917.
20-UNDERTAKER	ADDRESS
Martin Ladyo & Son	616 Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2855

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John H. Aldridge

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs., ... mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Oct. 12, 1866
(Month) (Day) (Year)

7-AGE, 50 yrs. 4 mos. 5 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... "

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, J. K. Aldridge

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Laura Rogers

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ward Mercy Hosp.

(Address) Calvert St

15 FEB 23 1917 191.... HARRY O. ANDREWS Registrar

Buried ..... Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 22, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 9 1917, to Feb 22 1917, that I saw h[illegible] alive on Feb 22 1917, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Acute

(Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward L. Smith M. D.

Feb 22, 1917. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 13 ds. In the State ..... yrs. 1 mos. ..... ds.

Where was disease contracted, if not at place of death? Chesterton Md

Former or usual residence Chesterton Md

19-PLACE OF BURIAL, OR REMOVAL, Chesterton Md — DATE OF BURIAL, Feb 23, 191.7

20-UNDERTAKER Stewart & Moore Co — ADDRESS 138 W. North Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2656 91 D 2656

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 E Eager ST.; 10 WARD)

2-FULL NAME Patrick Johnston

(Residence in Baltimore: No. 502 E Eager St.; — yrs. — mos. — ds.)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	widower

6-DATE OF BIRTH, March (Month), 18 (Day), 48 (Year)

7-AGE, 68 yrs. 11 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Johnston

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary McElroy

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nellie Beckwith

(Address) 407 E Preston

15- FEB 23 1917 Filed, 191

HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 18 1917, to Feb 20 1917, that I saw h— alive on Feb 20 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

Bronchitis (Duration) 5 yrs. mos. ¼ ds.

(Signed) James M Fenton M. D.

Feb 24 1917 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Feby 24, 1917

20-UNDERTAKER E. A. Tyrne

ADDRESS 302 Gay St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2657

HEALTH DEPARTMENT—CITY OF BALTIMORE

92

CERTIFICATE OF DEATH.

D 2657

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 N. Patterson Park ave ST.; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kate Sturm

(Residence in Baltimore: No. 124 N. Patterson Park ave St.; 49 yrs., 9 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, May 11, 1867
(Month) (Day) (Year)

7-AGE, 49 yrs. 9 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country), Balt City

10-NAME OF FATHER, John F. Smith

11-BIRTHPLACE OF FATHER (State or Country) Balto City

12-MAIDEN NAME OF MOTHER Linda Hoyt

13-BIRTHPLACE OF MOTHER (State or Country), Balt City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wilbur F. Sturm

(Address) 124 N Patterson Park Ave

Filed FEB 23 1917 191.. HARRY C. ANDREWS Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 21, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 11, 1917, to February 21, 1917, that I saw h[illegible] alive on February 21, 1917, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Pleuro Pneumonia

(Duration) ....yrs....mos. 10 ds.

CONTRIBUTORY (Secondary) Respiratory failure

Effusion (Duration) ....yrs....mos. 1 ds.

(Signed) E. E. Rank M. D.

Feb. 22, 191.. (Address) 2008 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....dr. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cemy — DATE OF BURIAL. Feb. 24 191.7

20-UNDERTAKER Hilbert E Fuller — ADDRESS 221 N Broady

D 2658

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2658

CERTIFICATE OF DEATH.

28

PLACE OF DEATH

CITY OF BALTIMORE (No. 918 Peach Alley. ST.: 23 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME Luther Hargrove.(C)

(Residence in Baltimore: No. 918 Peach Alley St.; yrs., 9 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	Colored.	Single.

6-DATE OF BIRTH, July 4th. 1883., 1 (Month) (Day) (Year)

7-AGE, 33 yrs. 7 mos. 17 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fireman
(b) General nature of industry, business, or establishment in which employed (or employer): Stationery Engine.

9-BIRTHPLACE, (State or Country), Florida.

PARENTS.

10-NAME OF FATHER: William Hargrove.(C)

11-BIRTHPLACE OF FATHER (State or Country): Florida.

12-MAIDEN NAME OF MOTHER: Margaret.---------(C)

13-BIRTHPLACE OF MOTHER (State or Country): Florida.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant): Rosie Bland.(C)
(Address): 918 Paach Alley.

15- Filed FEB 23 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 21st. 1917., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmpnary Tuberculosis.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Rennhardt M. D.
(Corner)
Feb, 21, 1917. (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	Feb 24, 1917
20-UNDERTAKER	ADDRESS
Mrs R F Elliott	504 East Pr

Spec.—8-24-14—M. & T.—2000 Bks.

D 2659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

REGISTERED No. C

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 East ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME Robert Downs

(Residence in Baltimore: No. 208 East St.; Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX. Male

4—COLOR OR RACE. Colored

5—SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) Single

6—DATE OF BIRTH, ... (Month) ..... (Day) 1891 (Year)

7—AGE. 26 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.

8—OCCUPATION:
(a) Trade, profession, or particular kind of work. Labor Day
(b) General nature of industry, business, or establishment in which employed (or employer).

9—BIRTHPLACE, (State or Country), Baltimore

10—NAME OF FATHER, Unknown

11—BIRTHPLACE OF FATHER (State or Country), Unknown

12—MAIDEN NAME OF MOTHER Ida Downs

13—BIRTHPLACE OF MOTHER (State or Country), Unknown

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dudley Downs

(Address) 208 East St.

FEB 23 1917

Filed ....., 191.... HARRY C. ANDREWS

FEB 23 1917 Burial Permit ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, Feb. (Month) 20 (Day), 1917 (Year)

17— I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1917, to Feb. 20 1917, that I saw him alive on Feb. 20 1917, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Labor Pneumonia

(Duration) ..... yrs. ..... mos. 24 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Robert J. Brem M. D.

Feb. 22, 1917. (Address) 120½ Aisquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19—PLACE OF BURIAL OR REMOVAL. Loudon Cemetery — DATE OF BURIAL, Feb. 23, 1917

20—UNDERTAKER Mrs H. C. Elliott — ADDRESS 511 East

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2660 — 120 — D 2660

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 Harford Ave St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lilly May McKay

(Residence in Baltimore: No. 920 Harford Ave St.; 38 yrs., 1 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH. Jan 8th (Month) (Day), 1879 (Year)

7-AGE. 60 yrs. 1 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Bernard Byrne

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Annie Bodenmott

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank McKay

(Address) 920 Harford Ave

Filed FEB 23 1917, 191. HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 22, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 19 1917, to Feb 21 1917, that I saw h[illegible] alive on Feb 21 1917, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Uraemic Coma

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(Duration) ....yrs. 3 mos. 1 ds.

(Signed) D. O. Faunestock M. D.

Feb 22, 1917. (Address) 712 E. Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
New Cathedral Cemetery	February 24 1917
20-UNDERTAKER Henry Hoeck & Son	ADDRESS 1301 E Fayette St

Spec.—8-24-14—M. & T. 5000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 22661

CERTIFICATE OF DEATH.

109 D 22661

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1030 N. Central Ave St.; 10 WARD)

REGISTERED No. C

2-FULL NAME Catherine E. Fragesser

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1030 N. Central Ave St.; 27 yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Aug (Month) 10 (Day), 1867 (Year)

7-AGE, 49 yrs. 6 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Hanover, Pa.

PARENTS:
10-NAME OF FATHER, Laurence Heil
11-BIRTHPLACE OF FATHER (State or Country), Not Known
12-MAIDEN NAME OF MOTHER Amelia Hoose
13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Wm. Martin J. Fragesser
(Address) 1030 N. Central Ave

15- FEB 23 1917 Filed....., 191.... HARRY C. ANDREWS Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 22nd, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 19th 1917 to February 22nd 1917, that I saw her alive on February 22nd 1917, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

3 hours
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion
2
(Duration) yrs. mos. ds.

(Signed) Wade H. A. Meyer M. D.
Feby. 22nd, 1917. (Address) 1031 N. Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer Cemetery	February 24, 1917
20-UNDERTAKER	ADDRESS
Henry Hoeck & Son	1301 E. Eager St.

D 2662

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 2662

1-PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 405 N Green St. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosalia Donna

(Residence in Baltimore: No. 405 N Greene St.: 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

6-DATE OF BIRTH: — — , 1840 (Month) (Day) (Year)

7-AGE: 77 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Italy

PARENTS

10-NAME OF FATHER: Samuel Fertitta

11-BIRTHPLACE OF FATHER (State or country): Italy

12-MAIDEN NAME OF MOTHER: Santa Lalotta

13-BIRTHPLACE OF MOTHER (State or country): Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Pietro Donna

(Address) 405 N Greene St

FEB 23 1917 Filed ..., 191...

HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 2 (Month) — 21 (Day) —, 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2-15, 1917, to 2-21, 1917, that I saw h[illegible] alive on 2-21, 1917, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

old age cardiac
MS - pleurisy

(Duration) 2 yrs. ... mos. ... ds

Contributory (SECONDARY) Hypostatic Pneumonia (Influenza)

(Duration) ... yrs. ... mos. 6 ds.

(Signed) S Donnaro M. D.

2-23, 1917 (Address) 1604 Gilmor

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Catholic Cem — DATE OF BURIAL: Feb 23, 1917

20-UNDERTAKER: [illegible] — ADDRESS: 3 N Liberty St

D 2663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150 ✓

D 2663

PLACE OF DEATH

CITY OF BALTIMORE (No.) 160 Mulberry ST. 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME Irvington N. Dawkes

(Residence in Baltimore: No. 760 Mulberry St

St.: yrs., 9 mon. 27 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col	Single

6-DATE OF BIRTH, April 26, 1916
(Month) (Day) (Year)

7-AGE, 9 yrs. 27 mos. ..... da.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ——
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, William H Dawkes

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Clara Brown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clara Dawks

(Address) 760 W Mulberry St

15- FEB 23 1917 Filed ....., 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 22, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and, from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Convulsions due to Congenital Cardiac Malformation

(Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... da.

(Signed) Albert L Driscoll M. D.
(Coroner)

Febry 23, 1917 (Address) 312 N Carrollton ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	Feb 23, 1917
20-UNDERTAKER, Saml S Hensley	ADDRESS 5 S Paca

Spec.—8-24-14—M. & T.—2000 Bks.

D 2664

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2661

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Marlborough Apartments.
CITY OF BALTIMORE: (No. Eutaw Place & Wilson St. ST.; 14 WARD) REGISTERED NO. C 64

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Kemper.
(Residence in Baltimore: No. Eutaw Place & Wilson St. St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow,

6-DATE OF BIRTH, August 17th. 1833
(Month) (Day) (Year)

7-AGE 83 yrs. 6 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Isaac Gump.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
Leon Kemper.
(Informant)
Eutaw Place & Wilson St.
(Address)

Filed FEB 23 1917, 191... HARRY C. ANDREWS Registrar
Burial Permit Issued by

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 22nd. 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1917, to Feb 22 1917, that I saw h[e] alive on Feb 22 1917, and that death occurred, on the date stated above, at 5H m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

(Duration) yrs. mos. 2/ ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) 10 yrs. mos. ds.

(Signed) Jacob Tome Jr. M. D.

Feb 22, 1917 (Address) 10 E. 23rd St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Har Sinai DATE OF BURIAL, Feb 23, 1917

20-UNDERTAKER David Sondheim ADDRESS 1810 W. Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

D 2665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1320 D 2665

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 St. Monroe ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2-FULL NAME Mrs Martha E. Mask.

(Residence in Baltimore: No. 914 St. Monroe. St.: 50 yrs., ✓ mos. ✓ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, March (Month) 8 (Day), 1842 (Year)

7-AGE, 74 yrs. 11 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Co. Md.

10-NAME OF FATHER, Wm. Stanley.

11-BIRTHPLACE OF FATHER (State or Country), England.

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), England.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. H. Mask.

(Address) 914 N. Monroe St.

HARRY [illegible]

Filed FEB 23 1917 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Febry (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Febry 20 1917, to Febry 21 1917, that I saw her alive on February 20 1917, and that death occurred, on the date stated above, at 10.30 p m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(Duration) ....yrs. ....mos. Abt ds.

CONTRIBUTORY (Secondary) St. Phlebitis Chronic

(Duration) 2 yrs. 5 mos. 4 ds.

(Signed) George E. Shannon M. D.

Febry 21 191 7 (Address) 700 Fulton ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet — DATE OF BURIAL, Feb. 24 1917

20-UNDERTAKER Robt S. Little — ADDRESS 531 N Fremont Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 2666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

D 2666

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hosp ST.: 13 WARD)
REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emilie D. Johnson
(Residence in Baltimore: No. 716 Pennington Ave St.: 47 yrs., 2 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH. December 11 (Month) (Day), 1869 (Year)

7-AGE. 47 yrs. 2 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country). Maryland

10-NAME OF FATHER. Thos. F. Snow

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER. Olivia Cuthrell

13-BIRTHPLACE OF MOTHER (State or Country). Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Lewis F. Johnson
(Address) 716 Pennington Ave

FEB 23 1917

Filed FEB 23 1917 HARRY C. ANDREWS Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb 20 (Month) (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Feb 18 1917, to Feb 20 1917, that I saw h er alive on Feb 20 1917, and that death occurred, on the date stated above, at 8 45 p.m.

The CAUSE OF DEATH* was as follows:

1. Fibroma of uterus and
Dermoid cyst of ovary (left)
(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Pulmonary embolism
(Duration) yrs. mos. 1 ds.

(Signed) G. Hawden, M. D.
2-20-, 1917 (Address) 701 Gen Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 2 ds. In the State 47 yrs. 2 mos. 9 ds.
Where was disease contracted, if not at place of death?
Former or usual residence 716 Pennington Ave.

19-PLACE OF BURIAL OR REMOVAL. Loudon Park City — DATE OF BURIAL. July 23, 1917

20-UNDERTAKER Stewart & Mowen Co — ADDRESS 108 W. Mulberry

over

D 2667

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

58

D 2667

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1100 N. Mount St. 16 WARD)

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard Hynson Suter

(Residence in Baltimore: No. 1100 N. Mount St St.; 26 yrs. 8 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: June - 18th, 1890 (Month) (Day) (Year)

7-AGE: 26 yrs. 8 mos. 7 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Clerk in
(b) General nature of industry, business, or establishment in which employed (or employer): grocery store

9-BIRTHPLACE (State or country): Balto.

PARENTS

10-NAME OF FATHER: Rufus W Suter

11-BIRTHPLACE OF FATHER (State or country): Hagerstown Md

12-MAIDEN NAME OF MOTHER: Mary Beck

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rufus W. Suter

(Address) 1100 N. Mount St

15-FEB 23 1917

Filed ....., 191 ..... Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February - 21, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from October 7 -, 1916, to Feb. 21 1917.

that I saw him alive on Feb. - 15 .191 7.

and that death occurred, on the date stated above, at 7.40 P. m.

The CAUSE OF DEATH* was as follows:

Phthisis.

(Duration) 2 yrs. + mos. ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Victor P. Starkey M. D.

Feb. 22, 1917 (Address) 647 N. Calhoun St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet Roslyn

DATE OF BURIAL: Feb 23 1917

20-UNDERTAKER: Jos D Cook

ADDRESS: 1003 W Balto St

Spec.—24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2668 — 79 — D 2668

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2826 Hudson ST.; 1 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Edwards

(Residence in Baltimore: No. 2826 Hudson St.; 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July 21st, 1846 (Month) (Day) (Year)

7-AGE, 70 yrs. 7 mos. 18 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Veterinary Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 16 years

9-BIRTHPLACE, (State or Country): Washington D.C.

PARENTS.

10-NAME OF FATHER, George Edwards

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Margaret Hall

13-BIRTHPLACE OF MOTHER (State or Country), New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hattie Edwards

(Address) 2826 Hudson St

Filed FEB 23 1917, 191 HARRY C. ANDREWS Registrar.

Burial Permit No. Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 20, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 30 1916, to Feb. 20 1917, that I saw h[illegible] alive on Feb 19 1917, and that death occurred, on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Aortic Insufficiency

(Duration) 3 yrs. mos. ds.

(Signed) W. J. McAvoy M. D.

Feb 21, 191 7. (Address) 823 S. Ellwood Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Feb 23, 191 7

20-UNDERTAKER J. Vander Sons ADDRESS 1710 Pratt St

Spec.—8-24-14—M. & T.—2000 Bks.

D 2669

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

79

D 2669

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 763 George st ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugene H. Bauntz

(Residence in Baltimore: No. 763 George St.; 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, Feb (Month) 15 (Day), 1835 (Year)

7-AGE, 82 yrs. mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Gideon Bauntz

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Hartman

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Anna Bauntz

(Address) 753 George St

Filed FEB 23 1917, 191.. HARRY C. ANDREWS Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 25 1916, to Feb 22 1917, that I saw him alive on Feb 21 1917, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

a Cardiac Dilatation

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

Senility (Duration) yrs. 15 mos. ds.

(Signed) A. B. Lemmon M. D.

Feb 22, 191.. (Address) 18 N Pulaski St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cemetery — DATE OF BURIAL, Feb 25 1917

20-UNDERTAKER N McCoustra — ADDRESS 23 S Greene

D 2670

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Zoo & Patterson Park Ave St.: 1 WARD)

REGISTERED No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Elizabeth Regan

(Residence in Baltimore: No. 200 E Patterson Park Ave St.: 69 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH November 2, 1848
(Month) (Day) (Year)

7-AGE 68 yrs. 3 mos. 19 ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: house work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE (State or country) Germany

PARENTS

10-NAME OF FATHER Unknown

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Elizabeth Schriver

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Richard Regan

(Address) 200 E Patterson Park Ave

15- FEB 25 1917 Filed 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH February 21, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 16, 1917, to Feb 21 1917, that I saw h.. alive on Feb 20, 1917, and that death occurred, on the date stated above, at 10:45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Gt. Nephritis

Unknown (Duration) yrs. mos. ds

Contributory (SECONDARY) Cardiac Hypertrophy

(Duration) yrs. 1 mos. ds.

(Signed) E H Matthews M. D.

Feb. 21, 1917. (Address) 1911 E Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	February 25, 1917

20-UNDERTAKER	ADDRESS
A E Hughes	17 S Broadway

FILE

Spec.—8-24-14—M. & T.—2000 Blks.

D 2671

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 2671

CERTIFICATE OF DEATH.

× 81

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. ✓ WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bennett Powell

(Residence in Baltimore: No. University Hospital St.; yrs., mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Widower

6-DATE OF BIRTH, ... (Month) Unknown (Day) ..... (Year) 1830

7-AGE, 87 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Gardener
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Retired

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Bennett Powell

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Rose Carstin

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edw. J. Butler

(Address) Towson

Filed FEB 23 1917 191... HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 22nd (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 8 1917, to Feb 22nd 1917, that I saw him alive on Feb 22nd 1917, and that death occurred, on the date stated above, at 7 00 A m.

The CAUSE OF DEATH* was as follows:

Concussion of Descending Aorta

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. E. Evans M. D.

Feb. 22nd, 1917. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 14 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Lutherville, Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. John's Cemetery Byers Co. Md.	Feb. 24, 1917.
20-UNDERTAKER John Burns Sons	ADDRESS Towson

over

Spec.—8-24-14—M. & T.—2000 Bks.

B 2672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 45 6 Dr. B 2672

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. The Harvard a. Kelly Hosp. ST.; ..... WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Cornetet

(Residence in Baltimore: No. 1418 Eutaw Place St.; ..... yrs. ..... mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 3 (Day), 1863 (Year)

7-AGE, 53 yrs. 9 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), New York —

PARENTS.

10-NAME OF FATHER, Murry.

11-BIRTHPLACE OF FATHER (State or Country), Ireland —

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland —

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carl A. L. Cornetet

(Address) Plattsburg N.Y. (Clinton)

Filed FEB 23 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 6 1917, to Feb 23 1917, that I saw h.. alive on Feb 23 1917, and that death occurred, on the date stated above, at 3.30 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder.
(Pathological)
Several weeks.
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion
....., (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Balthasar Hirschberg M. D.

Feb 23, 1917. (Address) 1418 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 17 ds. In the State ..... yrs. ..... mos. 18 ds.

Where was disease contracted, if not at place of death? dont know.

Former or usual residence New York State. Plattsburg

19-PLACE OF BURIAL OR REMOVAL, Plattsburg N.Y. DATE OF BURIAL, Feb. 23 1917

20-UNDERTAKER Chas. G. Black ADDRESS 1201 W Madison St

Spec.—8-24-14—M. & T.—2000 Blks.

D 2673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST. ..... WARD)

REGISTERED NO. C 1579

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr. Benjamin Kramer

(Residence in Baltimore: No. Church Home and Infirmary St.; — yrs., — mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) single

6-DATE OF BIRTH, ... Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, ... 20 yrs. — mos. 1 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Russia.

PARENTS.

10-NAME OF FATHER, Morris Kramer

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Mollie Lotz

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Wolf Friedman .....

(Address) ..... 2202 E Pratt St .....

Filed ..... FEB 23 1917 ....., 191.... HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb ..... 22, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 24 1917, to Feb 23 1917, that I saw h.im alive on Feb 22 1917, and that death occurred, on the date stated above, at 3.45 a.m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency,
Angina
.....
..... (Duration) not known yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac decompensation
..... (Duration) not known yrs. mos. ds.

(Signed) C. M. Harrison M. D.

Feb 23rd, 1917. (Address) Church Home Infirmary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. 1 mos. — ds. In the State — yrs. 1 mos. — ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 220 W Chase St Jacksonville Fla

19-PLACE OF BURIAL OR REMOVAL, Herring Run Phila. DATE OF BURIAL, Feb 25, 1917.

20-UNDERTAKER, L. Levenson & Bro ADDRESS 1107 E. Mulberry St

Spec.—8-24-14—M. & T.—2000 Blks.

D 2674

HEALTH DEPARTMENT—CITY OF BALTIMORE

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D 2674

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Barnes

(Residence in Baltimore: No. 36 S. Fremont ave St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	White	Married

6-DATE OF BIRTH, August (Month) 30 (Day), 1840 (Year)

7-AGE, 76 yrs. 5 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fruit Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Barnes

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Julia Wilkinson

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Barnes

(Address) 36 S. Fremont ave

15- Filed FEB 23 1917 191.. HARRY C. ANDREWS Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 8 1917, to Feb. 22 1917, that I saw him alive on Feb 22 1917, and that death occurred, on the date stated above, at 8.10 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Neck

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) General Septicaemia

(Duration) 6 yrs. mos. ds.

(Signed) W. Wesley M. D.

Feb. 22 191.7 (Address) Univ. Hospital, Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 14 ds. In the State ....yrs. Life ds.

Where was disease contracted, if not at place of death?

Former or usual residence 36 S. Fremont ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Louden Park	Feb. 25, 191.7
20-UNDERTAKER	**ADDRESS**
J. Ahrens & Co	1611 Madison

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2675 81 D 2675

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C

CITY OF BALTIMORE: (No. ..... ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Day

(Residence in Baltimore: No. Little Sisters of the Poor St.; ..... yrs., ... mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... May ..... 1 ....., 1839
(Month) (Day) (Year)

7-AGE, [redacted] yrs. 9 mon. 22 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... House .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Leonard

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Sarah Leonard

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

FEB 23 1917 HARRY C. ANDREWS
Filed ....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... February 22d, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from As record 191 , to ..... 191 ,
that I saw her alive on Feby 21 191 7 ,
and that death occurred, on the date stated above, at 11 a.m.
The CAUSE OF DEATH* was as follows:

..... Arteriosclerosis
..... (Duration) unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY ..... (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. A. Warner M. D.
Feb 22, 191 7 (Address) 1133 Valley St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 Weeks In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Elliott City Md

19-PLACE OF BURIAL OR REMOVAL, St. Marys Cem. Co Howard — DATE OF BURIAL, Feb. 24 1917

20-UNDERTAKER Easton Sons — ADDRESS Elliott City Md

D 2676

HEALTH DEPARTMENT—CITY OF BALTIMORE

1 PLACE OF DEATH

CERTIFICATE OF DEATH

91

D 2676

CITY OF BALTIMORE (No. 1245 Edward St.; 5 Ward)

REGISTERED No. C

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emerille Ellis

(Residence in Baltimore: No. 1245 Edward St.; yrs. 6 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	colored	Single

6-DATE OF BIRTH: Aug 17, 1906 (Month) (Day) (Year)

7-AGE: 6 yrs. 6 mos. 3 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Alex. Ellis

11-BIRTHPLACE OF FATHER (State or country): Balto Md.

12-MAIDEN NAME OF MOTHER: Amelia Hunter Russ

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lillie M Ellis

(Address) 1245 Edward St

FEB 23 1917

Filed ....., 191.... HARRY C. ANDREWS

Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb 22, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1917, to Feb 22, 1917, that I saw h[illegible] alive on Feb 21, 1917, and that death occurred, on the date stated above, at 3:30 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

3 wks. (Duration)

Contributory (SECONDARY) Heart failure (Duration) yrs. mos. ds.

(Signed) Edward Bishop M. D.

Feb 22, 1917. (Address) 1612 E Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Asbury Cemetary

DATE OF BURIAL: Feb 24, 1917

20-UNDERTAKER: Chas. G. Bailey

ADDRESS: 142 Hillsdale

Spec.—8-24-14—M. & T.—3000 Blks.

D 2677

HEALTH DEPARTMENT—CITY OF BALTIMORE

81

D 2677

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1319 N. Eden ST.; 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry D. Rice

(Residence in Baltimore: No. 1319 N. Eden St.; 89 yrs., 1 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, January 2nd, 1828. (Month) (Day) (Year)

7-AGE, 89 yrs. 1 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Grainer.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

10-NAME OF FATHER, Henry D. Rice Sr

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Co Md

12-MAIDEN NAME OF MOTHER Eliza Pritchard

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Sarah E Heron

(Address) 1319 N Eden st

Filed FEB 24 1917, 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 22, 1917. (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from February 6, 191 7, to February 22, 191 7, that I saw h[illegible] alive on February 21, 191 7, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Contributory Pulmonary Edema

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Senility

(Duration) 9 yrs. 11 mos. 1 ds.

(Signed) Geo. H. Hartman M. D.

Feb 22, 191 7 (Address) 1126 E Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, Feb 24, 191...

20-UNDERTAKER George Schilling & Sons — ADDRESS 1126 E Monument St

D 2678

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

10

D 2678

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1026 Brantley Av ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Ann E. Taylor

(Residence in Baltimore: No. 1026 Brantley Ave ST.; 15 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: January 29, 1833 (Month) (Day) (Year)

7 AGE: 84 yrs. mos. 23 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Wm C. Taylor

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Ellen Smythe

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Sarah Bean

(Address) 1026 Brantley Ave

15. FEB 24 1917 ROBERT R. KRAUTER Burial Permit Issued REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: February 22nd, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1917, to Feb. 22, 1917, that I saw h[er] alive on Feb 21, 1917, and that death occurred, on the date stated above, at 4 a, m. The CAUSE OF DEATH* was as follows:

La Grippe

(Duration) yrs. mos. 12 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) W. F. Smith M. D.

Feb. 23, 1917 (Address) 1182 Calhoun St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Piney Point Md — DATE OF BURIAL: Feb 24, 1917

20 UNDERTAKER: Chas. E. Branch — ADDRESS: 802 Madison Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2679

CERTIFICATE OF DEATH.

REGISTERED NO. C D 2679

1—PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 10 WARD)

2—FULL NAME Sister Mary Regina Frazier

(Residence in Baltimore: No. St. Frances Convent St.; yrs., mos., ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX. Female

4—COLOR OR RACE. Black

5—SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6—DATE OF BIRTH, Nov. 1, 1874 (Month) (Day) (Year)

7—AGE, 42 yrs. 3 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.

8—OCCUPATION:
(a) Trade, profession, or particular kind of work: Religious
(b) General nature of industry, business, or establishment in which employed (or employer):

9—BIRTHPLACE, (State or Country), Maryland

PARENTS.

10—NAME OF FATHER, Edward Frazier

11—BIRTHPLACE OF FATHER (State or Country), Maryland

12—MAIDEN NAME OF MOTHER, Kate Hamilton

13—BIRTHPLACE OF MOTHER (State or Country), Maryland

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother M. Frances O.S.P.

(Address) St. Frances Convent Caton Ave. & Font

Feb. 24, 1917 ROBERT B. KRAUTER 191

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, Feb. 22, 1917 (Month) (Day) (Year)

17—I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1917, to Feb. 22, 1917, that I saw her alive on Feb. 22, 1917, and that death occurred, on the date stated above, at 7:45 a.m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Collateral Bronchitis

(Duration) 12 hours yrs. mos. ds.

(Signed) Edward I. Lynch M. D.

Feb. 22, 1917. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. 3 ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? St. Frances Convent

Former or usual residence St. Frances Convent

19—PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Feb. 24, 1917.

20—UNDERTAKER Robt. B. Pyle ADDRESS 102 Edmondson

Spec.—8-24-14—M. & T.—2000 Bks.

D 2680

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2680

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 733 Dolphin ST.; 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel D. Spriggs

(Residence in Baltimore: No. 733 Dolphin St.)

St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, Married WIDOWED, OR DIVORCED, (Write the word.)

6-DATE OF BIRTH, April 17, 1853 (Month) (Day) (Year)

7-AGE, 63 yrs. 10 mos. 5 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Night Mngr.
(b) General nature of industry, business, or establishment in which employed (or employer): Postal Tel. Co.

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Samuel D. Spriggs

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Brunette Mullinix

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillie V. Spriggs

(Address) 733 Dolphin St.

FEB 24 1917 191 ROBERT R. KRAUTER

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 22, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby. 17 1917, to Feby. 22 1917, that I saw him alive on Feby. 22 1917, and that death occurred, on the date stated above, at 1-30 P.M.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Grip

(Duration) yrs. mos. 7 ds.

(Signed) J. C. Thurwell M. D.

Feb. 25, 1917. (Address) 2226 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Feb. 25, 1917

20-UNDERTAKER, E. W. Mitchell & Co — ADDRESS 201 N. Fayette St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

D 2681

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1417 John ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Hodges Teackle

(Residence in Baltimore: No. 1417 John St. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~, (Write the word.) Widow

6-DATE OF BIRTH, July (Month) 14 (Day), 1851 (Year)

7-AGE, 65 yrs. 7 mos. 6 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Lady .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... at Home .....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, James Hodges

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Josephine Bash

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Josephine Flournoy

(Address) 1417 John St.

FEB 24 1917, 191.. ROBERT B. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 22 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 15 1917, to Feb 22 1917, that I saw h~~e~~r alive on Feb 22 1917, and that death occurred, on the date stated above, at 12.20 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) —

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Evans M. D.

2/23, 1917. (Address) 502 Franklin Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, Feby 24..., 1917.

20-UNDERTAKER Henry W Fruchtnicht Sons Co ADDRESS Mt Pellon & Richard

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2682

29

D 2682

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH Garrett Hospital

CITY OF BALTIMORE: (No. 27 N. Carey ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maurice Wolf.

(Residence in Baltimore: No. 256 N. Exeter St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ....., 1 (Day) ..... (Year)

7-AGE, ...yrs. 10 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Lottie Wolf

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. Abrams

(Address) 141 Madison Ave

FEB 24 1917

Filed....., 191.....

ROBERT R. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 23rd 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1/22 1917, to 2/23 1917, that I saw him alive on 2/23 1917, and that death occurred, on the date stated above, at 1 A.M.

The CAUSE OF DEATH* was as follows:

acute Miliary Tuberculosis

..... (Duration) ....yrs. ....mos. 1½ ds.

CONTRIBUTORY (Secondary) Malnutrition

..... (Duration) ....yrs. 2 mos. ....ds.

(Signed) Frank S. Hundley M. D.

....., 191... (Address) 27 N. Carey St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 256 N Exeter St.

Former or usual residence City.

19-PLACE OF BURIAL OR REMOVAL, Balto Hebrew Cem

DATE OF BURIAL, Feb. 25, 1917.

20-UNDERTAKER J Abrams Sons

ADDRESS 141 Madison Ave

Spec.—5-19-13—M. & T.—500 Bks.

D 2683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2683

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 420 Sanders ST.; 24 WARD)

REGISTERED NO. C 130

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Gallagher

(Residence in Baltimore: No. 420 Sanders St.; 28 yrs., 6 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July 31, 1888 (Month) (Day) (Year)

7-AGE, 28 yrs. 6 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, John Thomas

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. L. Gallagher

(Address) 420 Sanders St.

FEB 24 1917 ROBERT R. KRAUTER
Filed....., 191.... Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 23, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 2 1917, to Feb 23 1917, that I saw h alive on Feb 23 1917, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Indefinite (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. 2 ds.

(Signed) R. L. Campbell M. D.

Feb 23 1917 (Address) 164 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Feb 25, 1917

20-UNDERTAKER D & M A Flynn

ADDRESS 1422 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

D 2684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 Beverly ST.; 24 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fred McGee

Residence in Baltimore: No. 109 Beverly St.; yrs., 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb ....., 1889
(Month) (Day) (Year)

7-AGE, 28 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Painters
(b) General nature of industry, business, or establishment in which employed (or employer) House

9-BIRTHPLACE, (State or Country), Dorchester Co Md

PARENTS.

10-NAME OF FATHER, Fred McGee

11-BIRTHPLACE OF FATHER (State or Country) Carroll Co Md

12-MAIDEN NAME OF MOTHER Maria Morgan

13-BIRTHPLACE OF MOTHER (State or Country), Carroll Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ruth McGee

(Address) 109 Beverly st

Filed FEB 24 1917 191.. ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 22, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 22 191 7, to Feb 22 191 7, that I saw him alive on Feb 22 191 7, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

not known

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Paul Stuffle M. D.

Feb 22, 191 7 (Address) 1219 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill — DATE OF BURIAL, Feb 24, 1917.

20-UNDERTAKER Wm Cook — ADDRESS 502 E North Ave.

D 2685

Margaret A. Staff

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 ✓ D 2685

REGISTERED NO. C

PLACE OF DEATH

CITY OF BALTIMORE (No. 334 S Pulaski ST.: 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME Margaret A. Staff

(Residence in Baltimore: No. 334 S. Pulaski

St.; yrs., 4/12 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Nov (Month) 21 (Day), 1916 (Year)

7-AGE. yrs. 3 mos. 2 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country): Balto Maryland

PARENTS.

10-NAME OF FATHER: Herman Stoff

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Julia Brown

13-BIRTHPLACE OF MOTHER (State or Country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herman Stoff

(Address) 334 S Pulaski

15 FEB 24 1917 ROBERT R. KRAUTER
Filed ....., 191.....
Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Congestion of Lungs

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchorhea

(Duration) yrs. mos. 2 ds.

(Signed) Jno. A. M. Fenton M. D.
(Coroner.)

Feb. 23., 1917. (Address) 700 E. Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Lauden Park

DATE OF BURIAL, Feb. 26., 1917

20-UNDERTAKER Wm. Brook

ADDRESS 502 E. North Ave

Spec.—6-24-14—M. & T.—2000 Blks.

D 2686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

D 2686

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 30 S. Calhoun ST.; 19 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susie Rosele

(Residence in Baltimore: No. 30 S. Calhoun St.; 77 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, July (Month) 1st (Day), 1839 (Year)

7-AGE, 77 yrs. 7 mos. 20 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Howard Co Md

PARENTS

10-NAME OF FATHER, Abram Rider

11-BIRTHPLACE OF FATHER (State or Country), Howard Co Md

12-MAIDEN NAME OF MOTHER Leah Kelly

13-BIRTHPLACE OF MOTHER (State or Country), Howard Co Md

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Leah Bluemner

(Address) 30 S. Calhoun St

FEB 24 1917

Filed....., 191.... ROBERT R. KRAUSE

Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 21st (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 2nd 1917, to Feb 21st 1917, that I saw her alive on Feb 21st 1917, and that death occurred, on the date stated above, at 2.15 P m.

The CAUSE OF DEATH* was as follows:

Pl. Coma

Chronic Interstitial Nephritis

(Duration) 1 yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Senile Debility

(Duration) 7 yrs. mos. 15 ds.

(Signed) Wm. F. C. Bloss M. D.

Feb 24th, 1917. (Address) 110 S. Calhoun St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem

DATE OF BURIAL, 2-24, 1917

20-UNDERTAKER Robert Brooks & Son

ADDRESS 17 S. Calhoun St

Spec.—8-24-14—M. & T.—2000 Bks.

D 26687

HEALTH DEPARTMENT—CITY OF BALTIMORE

28

D 26687

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3419 Chestnut Ave. St.; 13 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles A. Jones

Residence in Baltimore: No. 3419 Chestnut Ave, St.; 23 yrs. 6 mos. 6 (ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Aug. (Month) 16 (Day), 1893 (Year)

7-AGE, 23 yrs. 6 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. City

10-NAME OF FATHER, Alex. W. Jones

11-BIRTHPLACE OF FATHER (State or Country), Howard Co. Md.

12-MAIDEN NAME OF MOTHER Sarah Day

13-BIRTHPLACE OF MOTHER (State or Country), Howard Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Sarah Jones

(Address) 3419 Chestnut Ave.

FEB 24 1917

ROBERT P. KRAUTER

ROBERT P. KRAUTER

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 4th 1916, to Feb 22 1917, that I saw h~~im~~ alive on Feb 21 1917, and that death occurred, on the date stated above, at 2.10 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) ~~1 yrs. 3~~ mos. ds.

(Signed) E. R. Shelby M.D.

Feb. 22, 1917. (Address) 3.3.39 Roland Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St, Mary Cemetry Hampden	Feb. 24, 1917

20-UNDERTAKER	ADDRESS
A.S. Marshall	3539 Falls Road

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 2688 — 40 113 — D 2688

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1305 Bannum Ave WARD 9)

2-FULL NAME Eunice E Baynes

(Residence in Baltimore: No. 1305 Bannum Ave St.) 54 yrs., 7 mos. 13 ds.)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 29, 1862 (Month) (Day) (Year)

7-AGE, 54 yrs. 7 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

10-NAME OF FATHER, Albert E Saver

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Elizabeth Eaton

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Baynes

(Address) 1305 Bannum Ave

FEB 24 1917 ROBERT R. KRAUTER

Filed....., 191. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Feb 22, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 22 1917, to Feb 22 1917, that I saw h[illegible] alive on Feb. 22 1917, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of the Liver

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John W Bowdoin M. D.

Feb 23 1917. (Address) 714 N Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Feb. 25, 1917

20-UNDERTAKER H C Wedefeld — ADDRESS 914 Greenmount Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2689 D 2689

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 Gough ST.; 3 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maryana Jasinska

(Residence in Baltimore: No. 1609 Gough St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	married

6-DATE OF BIRTH, Sept. (Month) 3" (Day), 1887 (Year)

7-AGE,	If LESS than 1 day,
45 yrs. 5 mos. 19 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Poland

10-NAME OF FATHER, Josef Strauz

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Catherine

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Jasinski

(Address) 1609 Gough St.

FEB 24 1917

ROBERT R. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 22" (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1916, to Feb. 22" 1917, that I saw h- alive on Feb. 21st 1917, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Aortic and Mitral Regurgitation
Nephritis

about 4 (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Pneumonia Cystitis

(Duration) yrs. 6 mos. ds.

(Signed) G F Ris M. D.

Feb 23, 1917. (Address) 24 S Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	Feb. 24", 1917

20-UNDERTAKER	ADDRESS
Stephen J. Kalkowski	1019 S. Kenwood Ave

D 2690

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159 D 2690

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 936 S. Kenwood Ave ST.) (WARD)

2-FULL NAME Radyjan [Clarke] Kopanzick

(Residence in Baltimore: No. 935 S. Kenwood Ave

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs., 2 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Nov. 11, 1892
(Month) (Day) (Year)

7-AGE, 24 yrs. 3 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Alex

(Address) 935 S. Kenwood Ave

15. Filed FEB 24 1917, 191.... ROBERT R. KRAUTH Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH Feb. 21, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Stabbing with Heart

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) H. Leroy Ryan (Coroner.) M. D.

2/23, 191.7. (Address) 16 10 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Schwartz's Cem	Feb. 24, 1917
20-UNDERTAKER	ADDRESS
Stephen J. Fialkowski	1019 S. Kenwood

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2691

CERTIFICATE OF DEATH.

4°

D 2691

REGISTERED No. C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Universite Hospital 16 St., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Daniel Parker

(Residence in Baltimore: No. 901 Dukeland ave St.; 44 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, March 15, 1859 (Month) (Day) (Year)

7-AGE, 57 yrs. 11 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundry
(b) General nature of industry, business, or establishment in which employed (or employer): Maker

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER, Campbell Parker

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ellen Curry

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Mary Parker

(Address) 901 Dukeland

Filed FEB 24 1917, 191.. ROBERT R. KRAUTER

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 23, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 14 1917, to Feb 23 1917, that I saw h[illegible] alive on Feb 23 1917, and that death occurred, on the date stated above, at 2-30 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Peritonitis

(Duration) yrs. mos. 12 hrs ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis

(Duration) yrs. 7 mos. ds.

(Signed) H. Barry Ford M. D.

2-23, 1917 (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 9 ds. In the State 44 yrs. mos. ds.

Where was disease contracted, if not at place of death? former residence

Former or usual residence 901 Dukeland ave

19-PLACE OF BURIAL OR REMOVAL, Western Cem DATE OF BURIAL, Feb 26, 1917

20-UNDERTAKER W. M. Cook ADDRESS 302 E North Ave

Spec.—8-24-14—M. & T.—2000 Blks.

Wm G. Honey

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

2692

CERTIFICATE OF DEATH.

62 D 2692

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1401 N Lakewood ave ST.; 6 WARD)

REGISTERED NO. C

2-FULL NAME Wm G Honey

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Residence in Baltimore: No. 140 N Lakewood ave St.; ..... yrs.. 7 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct 10th, 1854
(Month) (Day) (Year)

7-AGE, 62 yrs. 4 mos. 12 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Meat cutter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Thomas Honey

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Mary Holton

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

I HEREBY CERTIFY, THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Holton

(Address) 140 N Lakewood ave

FEB 24 1917 [redacted] R. KRAUTER
Filed ..... 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2/22, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1/15 191.., to 2/22 191.., that I saw h[illegible] alive on 2/22 191.., and that death occurred, on the date stated above, at 12.30 A m.

The CAUSE OF DEATH* was as follows:

Paralysis Cerebral
accidental Asphyxiation
(Duration) .. yrs. 1 mos. .. ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus
(Duration) 9 yrs. .. mos. .. ds.

(Signed) G. J. Holmes MD M. D.
2/23, 191.. (Address) 3408 E Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem — DATE OF BURIAL, Feb. 24, 1917.

20-UNDERTAKER John A. Moran — ADDRESS 3 on E Balto St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2693

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2693

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1631 Division ST.; 14 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Wesley

(Residence in Baltimore: No. 1631 Division St.; ...yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Don't Know, 1872.
(Month) (Day) (Year)

7-AGE, 45
...yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

10-NAME OF FATHER, Peter Wesley

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Cornelia Billings

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Georgiana Wesley

(Address) 1631 Division St

FEB 24 1917 filed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2 (Month) 21 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb. 12 1917, to Feb. 20 1917, that I saw him alive on Feb. 20 1917, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Paralysis (Cerebral Hemorrhage)

(Duration) ...yrs. ...mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) R. Garland Churchill M. D.

Feb. 21, 1917 (Address) 1534 E. Hoffman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mont Auburn

DATE OF BURIAL, Feb. 24, 1917

20-UNDERTAKER John H. Owens

ADDRESS 538 Dolphin St

Spec.—8-24-14—M. & T.—2000 Blks.

D 2694

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 2694

CERTIFICATE OF DEATH.

151 ✓

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2127 E Pratt ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Wesley Johnson

(Residence in Baltimore: No. 2127 E. Pratt St.; ... yrs., ... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, 2 (Month) 22 (Day) 1917 (Year)

7-AGE,	If LESS than 1 day,
...yrs. ...mos. 1 ds.	...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Born
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto, Md

PARENTS.

10-NAME OF FATHER, Walter Johnson

11-BIRTHPLACE OF FATHER (State or Country), Balto, Md

12-MAIDEN NAME OF MOTHER Irvin Bowers

13-BIRTHPLACE OF MOTHER (State or Country), Balto, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Johnson

(Address) 2127 E. Pratt St.

FEB 24 1917

ed ..., 191...

HARRY C. ANDREWS
Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2 (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2-22 191 7, to 2-23 191 7, that I saw h[illegible] alive on 2-23 191 7, and that death occurred, on the date stated above, at 6.50 P m.

The CAUSE OF DEATH* was as follows:

Premature birth - Gastric atelectasis

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Heart failure

(Duration) ... yrs. ... mos. 1 ds.

(Signed) Thos. D. Mitchell M. D.

2-23, 191 7. (Address) 1621 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Carmel Cem.	Feby. 24, 191 7.
20-UNDERTAKER	**ADDRESS**
W. F. Sadowski.	405 S. Caroline St.

D 2695

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2695

1-PLACE OF DEATH
CITY OF BALTIMORE (No. ~~1~~ 314 Ringgold ST.: 21 WARD) 79

REGISTERED No. C...

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sopha Brown

(Residence in Baltimore: No. 314 Ringgold

S. ~~1~~ 46 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown, 1
(Month) (Day) (Year)

7-AGE, 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home

9-BIRTHPLACE, (State or Country) Baltimore Md.

PARENTS.

10-NAME OF FATHER, Moses Brown

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rufus Brown

(Address) 314 Ringgold

FEB 24 1917

Filed....., 191.... HARRY C. ADKINS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 23, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Albert L. Driscoll M. D.
(Coroner.)

Feby 23 1917 (Address) 3179 Carrollton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem

DATE OF BURIAL, Feb 26 1917

20-UNDERTAKER Daniel Easton

ADDRESS 716 Lanvale ave

D 2696

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79

D 2696

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. M.E. Home Fulton and Franklin St. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma A. Downs

(Residence in Baltimore: No. M.E. Home Fulton and Franklin St. Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: July (Month) 21 (Day), 1838 (Year)

7-AGE: 78 yrs. 7 mos. 2 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Nun
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore City

PARENTS

10-NAME OF FATHER: Frederick M Zeigler

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Mary Bollmann

13-BIRTHPLACE OF MOTHER (State or country): Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E R Menshaw

(Address) Methodist Home for the Aged

15. FEB 24 1917 191 HARRY C. ANDREWS Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February (Month) 23 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from February 17, 191 , to Feby 23 191 ; that I saw h[er] alive on Feby 22 , 191 ; and that death occurred, on the date stated above, at 12 Noon m. The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) — yrs. — mos. 6 ds

Contributory (SECONDARY) Mitral Regurgitation

Probably (Duration) 1 yrs. mos. ds.

(Signed) D. H. Duvall, M. D.

Feby 23, 191 (Address) 181 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death 10 yrs. mos. ds. In the State M.E. Home Fulton & Franklin Sts 2 yrs. mos. ds.

Where was disease contracted, if not at place of death? At the Home

former or usual residence M.E. Home Fulton & Franklin Sts

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Feb 26 1917

20-UNDERTAKER: George J Smith — ADDRESS: 1000 W Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

B 2697

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 2697

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 102 W. Lombard ST.; 4 WARD)
REGISTERED No. C .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Olga Belas
(Residence in Baltimore: No. 102 W Lombard St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, August 8, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 6 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Md.

10-NAME OF FATHER, Rendas Belas

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Petrone Snels

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Rendas Belas
(Address) 702 701 S Lombard St.

FEB 24 1917
ed....., 191.... HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 23, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 18 1917, to Feb 23 1917, that I saw h.. alive on Feb 20 1917, and that death occurred, on the date stated above, at ....m.
The CAUSE OF DEATH* was as follows:
Broncho Pneumonia
Pneumonia
(Duration) ....yrs. ....mos. 6 ds.
CONTRIBUTORY (Secondary) (None)
(Duration) ....yrs. ....mos. ....ds.
(Signed) J. Wenton M. D.
Feb, 191.7 (Address) 16 E Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Feb 25, 1917.
20-UNDERTAKER John Grebliunas — ADDRESS 500 S Paca St

D 2698

HEALTH DEPARTMENT--CITY OF BALTIMORE

91

CERTIFICATE OF DEATH

D 2698

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1601 N. Regester street, ST. 8 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helena Abresch,

Residence in Baltimore: No. 1601 N. Regester street, St.; 33 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female,

4-COLOR OR RACE: White,

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (*Write* the word): Widowed,

6-DATE OF BIRTH: December 13th, (Month) (Day) 1849. (Year)

7-AGE: 67 yrs. 2 mos. 9 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany,

PARENTS

10-NAME OF FATHER: ? ? ? Scheidt,

11-BIRTHPLACE OF FATHER (State or country): Germany,

12-MAIDEN NAME OF MOTHER: Unknown,

13-BIRTHPLACE OF MOTHER (State or country): Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Deceased's marriage certif-

(Address) icate.

15. Filed FEB 24 1917

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February (Month) 22nd (Day) 1917. (Year)

17. I HEREBY CERTIFY, That I attended deceased from February 19, 1917, to February 22 1917, that I saw her alive on February 21st, 1917, and that death occurred, on the date stated above, at 7.30 a.m. The CAUSE OF DEATH* was as follows:

Bronchopneumonia et pulmonary oedema,

(Duration) ..... yrs. ..... mos. 4 ds

Contributory (SECONDARY) Cardiac insufficiency,

(Duration) ? yrs. ? mos. ? ds.

(Signed) J. Frederick Hempel, M. D.

Feb. 22nd, 1917. (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Immanuels Cemetery — DATE OF BURIAL: Feb. 25, 1917

20-UNDERTAKER: Louis Heumann — ADDRESS: 32 S Broadway

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2699 ✓ 29 D 2699

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 Shields Alley 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Barnton

(Residence in Baltimore: No. 1511 Shields Alley St.; 18 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Aug 7, 1897 (Month) (Day) (Year)

7-AGE, 19 yrs. 6 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

10-NAME OF FATHER, Henry Garrison

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Amelia Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md

PARENTS.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Garrison

(Address) 1011 Bruce St.

Rec'd FEB 24 1917, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 22, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 29 191 7 Feb. 22 191 7 that I saw h[illegible] alive on Feb. 16 191 7 and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH* was as follows:

Ac. Pulmonary Tuberculosis (Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Asthenia (Duration) yrs. 2 mos. ds.

(Signed) W. J. Carey Jr. M. D.

Feb 23, 191... (Address) 515 Mosher St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Hill Cemetery DATE OF BURIAL, Feb. 24 191 7

20-UNDERTAKER Edmondson Ave. ADDRESS 1364 Mary

D 2700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 175

REGISTERED No. C

D 2700

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Hopkins Hospital St.: 7 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry E Grauer

(Residence in Baltimore: No. ~~Gardenville~~ John S Hopkins Hospital St. yrs. — mos. — 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word)
Male	white	boy

6-DATE OF BIRTH, Nov (Month) 28 (Day) 1910 (Year)

7-AGE, 6 yrs. 2 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Elmer Grauer

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Josephine Beckman

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Elmer Grauer
(Address) Gardenville

15- Filed FEB 24 1917, 191.... HARRY O. ANDREWS Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 22 (Day) 1917 (Year), 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Traumatism hit by automobile

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. Wm Lucke (Coroner) M. D.

Feb 24 19.. (Address) N. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 1 ds. In the State 6 yrs. 2 mos. 24 ds.
Where was disease contracted, if not at place of death? Belaid Rd Near Southern Ave
Former or usual residence Gardenville Balto Co Md

19-PLACE OF BURIAL OR REMOVAL, Jerusalem Cemetery — DATE OF BURIAL, Feb 25, 1917

20-UNDERTAKER Frederick Lassahn & Sons — ADDRESS Fullerton Md

D 2701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2701

REGISTERED No. C 729

PLACE OF DEATH

CITY OF BALTIMORE (No. 610 E. Pratt ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Sebastian Marks

Residence in Baltimore: No. Main St. Mt. Winans Md St.; yrs. 29 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Divorced

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 48 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wakeing Hotel
(b) General nature of industry, business, or establishment in which employed (or employer): Baker

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Hans Marks

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Marks

(Address) Main St. Mt Winans Md

15-

Filed FEB 24 1917 191 HARRY C. ANDREWS Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 21, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to. his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valv. Aortic Heart

Sudden (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. T. Tilley (Coroner.) M. D.

Feb 23, 1917. (Address) 1637 Bradley

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem — DATE OF BURIAL, Feb 27, 1917

20-UNDERTAKER Joseph L. Cook — ADDRESS 1003 W. Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2702 — 79 — D 2702

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE: (No. Home for the aged of the M. E. Church ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Susanna G. Hugg

(Residence in Baltimore: No. S. W. Cor Fulton and Franklin St.; 2 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 13, 1847 (Month) (Day) (Year)

7-AGE, 69 yrs. 11 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

10-NAME OF FATHER, Morton Tucker

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Elizabeth Ruth

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob R. Tucker

(Address) 1723 N. Caroline

FEB 24 1917 HARRY C. ANDREWS

ed....., 191... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Febry 22, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1916, to Febry 1917, that I saw h[er] alive on Febry 20 1917, and that death occurred, on the date stated above, at 8.30 A a.m. p.m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Marasmus

(Duration) 5 yrs. 5 mos. 5 ds.

(Signed) George C. Shannon M. D.

Febry 22, 1917. (Address) 700 Fulton ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 3 yrs. mos. ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Home for the Aged M E Church

Former or usual residence Home for the Aged M E Church

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem — DATE OF BURIAL, Febry 24, 1917.

20-UNDERTAKER John Hennig & Co — ADDRESS 200 Orleans

[illegible]—5-16-15—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

2703

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 W Baar ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME Harry Wederhake

(Residence in Baltimore: No. 920 W Baar—

St.; 29 yrs., 5 mos. [illegible] ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX, Male

4—COLOR OR RACE, White

5—SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6—DATE OF BIRTH, Sept 22, 1887
(Month) (Day) (Year)

7—AGE, 29 yrs. 5 mos. [illegible] ds.

If LESS than 1 day, [illegible] hrs. or [illegible] min.

8—OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9—BIRTHPLACE, (State or Country), Baltimore Md

10—NAME OF FATHER. Henry Wederhacke

11—BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12—MAIDEN NAME OF MOTHER Minnie Heise

13—BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herman Wederhacke

(Address) 920 W Baar

Mar 24 1917, 191[illegible] HARRY C. ANDREWS (Clerk)
Burial Permit [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, Feb 22, 1917
(Month) (Day) (Year)

17—I HEREBY CERTIFY, That I attended deceased from Feb 21 1917, to Feb 22 1917, that I saw h[illegible] alive on Feb 21 1917, and that death occurred, on the date stated above, at 3:30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. 0 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) Edw[illegible] M. D.

Feb 22, 191[illegible] (Address) 517 Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19—PLACE OF BURIAL OR REMOVAL, Loudon Park Cem

DATE OF BURIAL, Mch 24, 191[illegible]

20—UNDERTAKER John Hess & Co

ADDRESS 2008 Aliceanna

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2704

CERTIFICATE OF DEATH.

91

D 2704

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 650 W Mulberry ST.; 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Lawton

(Residence in Baltimore: No. 650 W Mulberry St.; 2 yrs., 5 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Sgl

6-DATE OF BIRTH: Sept 5, 1914 (Month) (Day) (Year)

7-AGE: 2 yrs. 5 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto.

10-NAME OF FATHER: John Lawton

11-BIRTHPLACE OF FATHER (State or Country): Va. Va.

12-MAIDEN NAME OF MOTHER: Eva Jones

13-BIRTHPLACE OF MOTHER (State or Country): Richmond Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): John Lawton

(Address): 650 W Mulberry

Filed FEB 24 1917 HARRY C. [illegible] 191.. Burial Permit Clerk

FEB 24 1917 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 22, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10 1917, to Feb 22 1917, that I saw h[e] alive on Feb 21 1917 and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis Contributory Chronic Tonsilitis

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) yrs. mos. 1 ds.

(Signed) Jas W Pennington M.D.

(Address) 100 Hartland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem | DATE OF BURIAL, Feb 24/1917

20-UNDERTAKER Charles B Jones | ADDRESS 234 N Pine St

Spec.—8-24-14—M. & T.—2000 Bks.

D 2705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 2705

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 737 Eastern Ave ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest Perry

(Residence in Baltimore: No. 737 Eastern Ave St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb 20, 1916
(Month) (Day) (Year)

7-AGE, 1 yrs. 3 mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ...
(b) General nature of industry, business, or establishment in which employed (or employer) None.

9-BIRTHPLACE, (State or Country), Maryland

10-NAME OF FATHER, Ernest Perry

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Lou Bonds

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ernest Perry

(Address) 737 Eastern Ave

15-DATE OF BURIAL, FEB. 24. 1917

101 Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 23, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 22 191 7, to Feb 23 191 7, that I saw h[illegible] alive on Feb 23 191 7, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

Inflammation of bowels
With Hemorrhage 7 d.
(Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Malnutrition
(Duration) ... yrs. ... mos. ... ds.

(Signed) W. H. Billingsley M. D.

2-23, 191 7. (Address) 812 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem
DATE OF BURIAL, Feb 24 191 7

20-UNDERTAKER Charles B. Jones
ADDRESS 2345 Pine

DEATHS · A · F · E · T

Spec.—8 24 14—M. & T.—2000 Eks.

D 2706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 2706

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1318 Homewood Ave ST. 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Boms

(Residence in Baltimore: No. 1318 Homewood Ave St.: 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, November 8, 1886 (Month) (Day) (Year)

7-AGE, 30 yrs. 3 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work Stenographer (b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

10-NAME OF FATHER, Wm Joseph Boms

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary R. McDonell

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isabelle Boms

(Address) 1318 Homewood Ave

FEB 24 1917 HARRY O. ANDREWS Burial Permit Clerk. Registrar.

Dr C J Pearson

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 23, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 1916, to February 23 1917, that I saw h[illegible] alive on February 22 1917, and that death occurred, on the date stated above, at 6:30 p m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Laryngeal

Tuberculosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas D Thomson M. D.

Feb 23, 1917. (Address) 5 E Read St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Marys Cemetery (Govans) DATE OF BURIAL, Feb 26, 1917.

20-UNDERTAKER H C Weidefeld 914 Druemmond Ave ADDRESS

D 2707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 918 Argyle Ave St. 17 WARD)

2 FULL NAME Walter Howard

Residence in Baltimore: No. 918 Argyle Ave, St. (If 1 yrs. — mos. — ds.)

REGISTERED No. C 1320

D 2707

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Married

6 DATE OF BIRTH Feb. 28, 1878
(Month) (Day) (Year)

7 AGE 39 yrs. 11 mos. 24 ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Cook
(b) General nature of industry, business, or establishment in which employed (or employer) Hotel cook

9 BIRTHPLACE (State or country) Baltimore

PARENTS

10 NAME OF FATHER not Known

11 BIRTHPLACE OF FATHER (State or country) not Known

12 MAIDEN NAME OF MOTHER not-Known

13 BIRTHPLACE OF MOTHER (State or country) not Known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Susan Howard (by)
(Address) 918 Argyle Ave

15 HARRY C. ANDREWS
Filed FEB 24 1917 Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 21, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 9, 1917, to Feb 21 1917.
that I saw h in alive on Feb 20 1917.
and that death occurred, on the date stated above, at 8:50 A m.
The CAUSE OF DEATH* was as follows:

Brights Disease

(Duration) 0 yrs. 1 mos. 26 ds

Contributory (SECONDARY) None

(Duration) 0 yrs. 0 mos. 0 ds.

(Signed) R B Kempson M. D.
Feb 22, 1917 (Address) 422 N Greene

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Mt Auburn Cem — DATE OF BURIAL Feb 25, 1917

20 UNDERTAKER Samuel Hemsley — ADDRESS 518 N Bdle

Spec.—8-24-14—M. & T.—2000 Blks.

D 2708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

D 2708

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1027 Park Ave ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nesalie Blackwell

(Residence in Baltimore: No. 1027 Park Ave St.; — yrs., 1 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... Jan 8 (Month), ... (Day), 1917 (Year)

7-AGE, ... yrs. 1 mos. 15 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

10-NAME OF FATHER, Wavely Blackwell

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mary Chapel

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wavely Blackwell

(Address) 1027 Park Ave

FEB 24 1917, 191.... HARRY C. ANDREWS Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 8 1917, to Feb 22 1917, that I saw her alive on Feb 22 1917, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Congenital debility

..... (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) R. Garland Schmidt M. D.

Feb 24, 1917. (Address) 1534 O'Donnell

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, Feb 24, 1917

20-UNDERTAKER James F. Hemsley — ADDRESS 578 Wilkens Ave

Spec.—6-24-14—M. & T.—2000 Bks.

D 2709

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2709

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 8) Franklin Sq. Hosp (ST.; 24 WARD)
REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME H. H. Harrison

(Residence in Baltimore: No. 203 E. Hamburg St St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov 7, 1877.
(Month) (Day) (Year)

7-AGE, 37 yrs. 3 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ship Carpenter.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Calvert Co Md

10-NAME OF FATHER, Louis H Harrison

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Hardesty

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Owen L Farey

(Address) 203 E Hamburg

Filed FEB 24 1917, 191.... HARRY C. ANDREWS Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 23, 1917.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feby 20 1917, to Feby 23 1917, that I saw him alive on Feby 23 1917, and that death occurred, on the date stated above, at 2054 M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) ....yrs. ....mos. ....ds.

(Signed) D. H. Mohr M. D.

2-23..., 1917. (Address) 2932 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 3 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Residence

Former or usual residence 203 E. Hamburg St

19-PLACE OF BURIAL OR REMOVAL, Owings Station Calvert Co Md DATE OF BURIAL, FEB 25 1917

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

D 2710

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2710

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 12 E. Henrietta St. St.; 22 WARD) 79

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah J. Davis.

(Residence in Baltimore: No. 12 E. Henrietta St. St.; 14 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female.	White.	Married.

6-DATE OF BIRTH, April 23rd. 1860., / (Month) (Day) (Year)

7-AGE, 56 yrs. 10 mos. -- ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Washington Co. Md.

PARENTS.

10-NAME OF FATHER, Benjamin Wachtel.

11-BIRTHPLACE OF FATHER (State or Country), Washington Co. Md.

12-MAIDEN NAME OF MOTHER Harriet Curley.

13-BIRTHPLACE OF MOTHER (State or Country), Washington Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
Elmer E. Davis. (Son)
(Informant)
(Address) 12 E. Henrietta St.

15- Filed FEB 24 1917 Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 23rd. 1917., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Otto M. Diamond M.D. M. D.
(Coroner)

Feb, 24, 1917 (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hagerstown Md. DATE OF BURIAL, FEB 25 1917

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

Spec.—5-19-13—M. & T.—500 Bks.

D 2711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2711

24 151

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1608 Marshall ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Mr & Mrs Charles A. Althoff

(Residence in Baltimore: No. 1608 Marshall St.; ..... yrs., ... mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Sing

6-DATE OF BIRTH, ... Feb (Month) 19 (Day), 1917 (Year)

7-AGE, ... yrs. ..... mos. 4 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

10-NAME OF FATHER, Charles Althoff

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Mary E Lowery

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs C Althoff

(Address) 1608 Marshall

FEB 24 1917 191.. HARRY C. ANDREWS

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 19 1917, to Feb 23 1917, that I saw h/ alive on Feb 22 1917, and that death occurred, on the date stated above, at 10A m.

The CAUSE OF DEATH* was as follows:

Premature Birth

Mis. Uterogestation

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) R. L. Compton M. D.

Feb 23 191.7 (Address) 1644 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holly Cross A.R.	Feb 24 1917
20-UNDERTAKER	ADDRESS
Wm. J. T. Evans & Son	1429 E. Chase St.

Spec.—8-24-14—M. & T.—2000 Bl.

D 2712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 2712

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 610. Christmuhill ave; 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander J Munro.

(Residence in Baltimore: No. 610 Christmuhill ave. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct 17th, 1890 (Month) (Day) (Year)

7-AGE, 26 yrs. 4 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Astoria Ore.

10-NAME OF FATHER, Robt. E. Munro.

11-BIRTHPLACE OF FATHER (State or Country) England

12-MAIDEN NAME OF MOTHER Janet L Wilson

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt E. Munro.

(Address) C/O Christmuhill ave.

Filed FEB 24 1917, 191.... HARRY O. ANDREWS Registrar.

Burial Permit Issued

w C.D. Steinken 4005 Greenmount ave.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 23, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1915, to Feb 23, 1917, that I saw him alive on Feb. 21, 1917, and that death occurred, on the date stated above, at 12-50 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C D Steinken M. D.

Feb 23, 1917. (Address) 4005 Greenmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet — DATE OF BURIAL, 2/26, 1917.

20-UNDERTAKER Garrett & Walker — ADDRESS 7 & 309 E. Fa.

Spec.--8-24-14—M. & T.—2000 Bks.

D 2713

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2713

1-PLACE OF DEATH Esplanade Apt. 13

CITY OF BALTIMORE: (No. 8 ST.; 12 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Jennie Ottenheimer

(Residence in Baltimore: No. Esplanade Apts. St. Live yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, June 26 (Month) (Day), 1878 (Year)

7-AGE, 38 yrs. 7 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

10-NAME OF FATHER, Gustav Frankfurth

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Rosa Wechsler

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leon Frankfurth

(Address) 3046 Linden Ave

FEB 24 1917, 191 HARRY O. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 23 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan 27 1917, to Feb 23 1917, that I saw her alive on Feb 23 1917, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Carcinoma (Breast)

(Duration) 5 yrs. mos. ds.

(Signed) Albert Ottenheimer M. D.

Feb 24, 1917. (Address) 1406 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Harmina Cemetery — DATE OF BURIAL, Feb. 25, 1917

20-UNDERTAKER J. Thens & Co — ADDRESS 1614 Madison

over

D 2714

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 2714

1 PLACE OF DEATH

REGISTERED NO. C 28

CITY OF BALTIMORE (No. Hebrew Hospital St. 5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mrs. Anna Deets

(Residence in Baltimore: No. 1117 Hillen Street St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 COLOR OR RACE: white | 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Aug. (Month) 26 (Day), 1869 (Year)

7 AGE: 47 yrs. 5 mos. 27 ds. | If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto. County, Md.

PARENTS

10 NAME OF FATHER: Adam White

11 BIRTHPLACE OF FATHER (State or country): Balto. Co. Md.

12 MAIDEN NAME OF MOTHER: Catherine Hoover

13 BIRTHPLACE OF MOTHER (State or country): Baltimore City

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Charles H. Deets
(Address) 677 Fenwick St

15. FEB 24 1917 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb. (Month) 23 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 3 - 1917, to Feb. 23 1917.
that I saw h e alive on Feb. 23 1917.
and that death occurred, on the date stated above, at 11 00 A m.
The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

(Duration) 13 yrs. mos. ds.
Contributory (SECONDARY) Secondary Anemia resulting from bleeding Ulcer of Stomach
(Duration) yrs. 1 mos. ds.
(Signed) M. H. Rose M. D.
Feb. 23, 1917 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death: yrs. mos. 20 ds. In the State: Life yrs. mos. ds.
Where was disease contracted, if not at place of death? Not known
Former or usual residence: 1117 Hillen St.

19 PLACE OF ~~BURIAL~~ OR REMOVAL: New Freedom Cemetery
DATE OF BURIAL: 2/25 1917

20 UNDERTAKER: William Cook
ADDRESS: 507 East North Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2715

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2715

REGISTERED NO. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2002 N. Monroe ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and all out No. 18.)

2-FULL NAME Kate Brighman

(Residence in Baltimore: No. 2002 N. Monroe St.; life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept (Month) 25 (Day), 1861 (Year)

7-AGE. 55 yrs. mos. dys.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City

10-NAME OF FATHER, John Ward

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margaret Bradley

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clarence Hahn

(Address) 2002 N Monroe.

FEB 24 1917

Filed ....., 191...

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 24 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 22 1917, to Feb 24 1917, that I saw h[illegible] alive on Feb 24 1917, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Uraemic Poison

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 4 yrs. mos. ds.

(Signed) E. Sterling McFadden M. D.

Feb 24, 1917 (Address) 2129 W North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery

DATE OF BURIAL, 2/27, 1917

20-UNDERTAKER William Cook

ADDRESS 507 E North

2129 W North Ave the Wheeler

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2716

CERTIFICATE OF DEATH.

96 D 2716

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 Vine St ST.; 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie Gettings

(Residence in Baltimore: No. 811 Vine St.; 30 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Fem

4-COLOR OR RACE, Colrd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Wid

6-DATE OF BIRTH, Unknown, 1876
(Month) (Day) (Year)

7-AGE, 41 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or Country) Hotchkamptn Va

PARENTS.

10-NAME OF FATHER, Lewis Savage

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mahala Bettings

13-BIRTHPLACE OF MOTHER (State or Country), Md

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Aloys Gettings

(Address) 811 Vine St

FEB 24 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 22, 1917
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 15 191 7, to Feb 22 191 7, that I saw h alive on Feb 22 191 7, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
Asthma
Cardiac Dilatation
(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema
(Duration) yrs. mos. 1 ds.

(Signed) W. H. Woodward M. D.

Feb 23, 191 7 (Address) 1537 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, Feb 25, 191 7.

20-UNDERTAKER George H. Holland — ADDRESS 512 Roberts St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2717

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles F Connolly

(Residence in Baltimore: No. 5227 Main St.; — yrs., — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Dec 28, 1895
(Month) (Day) (Year)

7-AGE, 21 yrs. 2 mos. 0 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) ?

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Charles Connolly

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Florence Katherine Clark

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mercy Hospital

(Address) Calvert St

FEB 24 1917

Filed....., 191.....

HARRY C. ANDREWS
Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 23, 1917
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 7 1917, to Feb 23 1917, that I saw him alive on Feb 23 1917, and that death occurred, on the date stated above, at 4:15 p. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

about

(Duration) ...yrs. 1 mos. ...ds.

CONTRIBUTORY (Secondary)

Cystitis (Duration) 2 yrs. mos. ds.

(Signed) Howard A. Kelly M. D.

Feb 23, 1917. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 16 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted if not at place of death? 5227 Main St

Former or usual residence 5227 Main St

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemy

DATE OF BURIAL, 2/24, 1917

20-UNDERTAKER Edwin A. Evans & Son

ADDRESS 805 N. Calvert St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2718

D 2718

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 2100 E Hoffman St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian J. Steinmann

(Residence in Baltimore: No. 2100 E Hoffman St.; 17 yrs., 5 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word) Single

6-DATE OF BIRTH, Aug. 25, 1899
(Month) (Day) (Year)

7-AGE, 17 yrs. 5 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dressing
(b) General nature of industry, business, or establishment in which employed (or employer): Children Dresses

9-BIRTHPLACE, (State or Country), Baltimore

10-NAME OF FATHER, Frederick Steinmann

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Lillian Read

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillian Steinmann

(Address) 2100 E Hoffman St

Filed FEB 24 1917 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 23, 1917
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan 23 191.., to Feb 23 191.., that I saw h.. alive on Feb 22 191.., and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Intestinal Tuberculosis

(Duration) yrs. mos. 2 ds.

(Signed) Edward Cook M. D.

2/23, 191.. (Address) 412 N. Washington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Feb 26th, 191..

20-UNDERTAKER Christian Müller — ADDRESS 2334 Jefferson St

2719

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

2719

1-PLACE OF DEATH — REGISTERED No. C 91

CITY OF BALTIMORE (No. 2211 Ashton St. 20 WARD)

2-FULL NAME Julian Hartsick

(Residence in Baltimore: No. 2211 Ashton St

St.: — yrs. — mos. 2 ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Feb (Month) 16 (Day), 1837 (Year)

7-AGE: 80 yrs. — mos. 7 ds. — If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Houswife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Austria

PARENTS

10-NAME OF FATHER: Not-Known

11-BIRTHPLACE OF FATHER (State or country): Not-Known

12-MAIDEN NAME OF MOTHER: Not-Known

13-BIRTHPLACE OF MOTHER (State or country): Not-Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Henry Grath

(Address) 2211 Ashton St.

15-Filed FEB 24 1917, 19...

HARRY C. ANDREWS
Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. (Month) 23 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1917. to. Feb 23 1917.
that I saw h[er] alive on Feb. 22, 1917.
and that death occurred, on the date stated above, at 9a. m.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia
(No history)

(Duration) ... yrs. ... mos. 7 ds.

Contributory (SECONDARY) Heart failure

(Duration) ... yrs. ... mos. ... ds.

(Signed) Harry Goldberg M.D.
2-23, 1917 (Address) 2031 W Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: Feb. 26, 1917

20-UNDERTAKER: Robt. T. Turner — ADDRESS: Broadway & Oldtown

D 2720

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

D 2720

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1810 N. Calvert ST.: 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Pletcher

(Residence in Baltimore: No. 1810 N. Calvert St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	widower

6-DATE OF BIRTH, Feb (Month) 6" (Day), 1844 (Year)

7-AGE, 73 yrs. mos. 17 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Hardware

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Chas. Pletcher

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. H. Pletcher

(Address) 1810 N. Calvert

15- Filed FEB 24 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 23 (Month) (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Short time (Duration) yrs. mos. ds.

CONTRIBUTORY [redacted] (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. D. Reich M. D. (Coroner.)

Feb 24, 191 7 (Address) 1637 Druid

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Bolton Cemetery	Feb 25, 1917
20-UNDERTAKER Robt. L. Turner	ADDRESS Broadway & Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

D 2721

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2721

92

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 829 Bevan ST.; 23 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Taylor

(Residence in Baltimore: No. 829 Bevan St. St.; 2 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. June 15, 1878. (Month) (Day) (Year)

7-AGE. 38 yrs. 8 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Day

9-BIRTHPLACE, (State or Country), Va.

10-NAME OF FATHER, John Taylor

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Hattie Taylor

(Address)..... Elkton Md R.F.D.

Feb 25 1917 191.... Burial Permit Oder HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 23, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 22 191 7, to Jan 22 191 7, that I saw h.. alive on Jan 22 191 7, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration).....yrs.....mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) F. Edwood Speigel M. D.

Feb 23, 191 7 (Address) 710 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Early Light a a co DATE OF BURIAL. Feb 25, 191 7.

20-UNDERTAKER Joseph A. Farrell ADDRESS 2019 Division

Spec.—8-24-14—M. & T.—2000 Bks.

D 2722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2722

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 130 S Exeter ST.; 3 WARD) REGISTERED No. C

2-FULL NAME Kate Kennes

(Residence in Baltimore: No. 130 S Exeter St.; 30 yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	white	widow

6-DATE OF BIRTH. Feb 24 1887.
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
50 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: house wife
(b) General nature of industry, business, or establishment in which employed (or employer): General housework

9-BIRTHPLACE, (State or Country), Russia

10-NAME OF FATHER, Simon Kennes

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Rachel Cohen

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis L Kennes

(Address) 130 S. Exeter St.

FEB 25 1917

....., 191... HARRY C. ANDREWS
Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 24, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 12 1917, to Feb. 24 1917, that I saw h[illegible] alive on Feb 23 1917, and that death occurred, on the date stated above, at 4.30 a.m.

The CAUSE OF DEATH* was as follows: Valvular Dis. of Heart. Congestion of Lungs. Edema.

(Duration) 6m 2 mos. ds.

CONTRIBUTORY (Secondary) Asphyxiation

(Duration) yrs. mos. ds.

(Signed) A. A. Wilck M. D.

Feb. 24, 1917. (Address) 607 N Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Hebrew Rodef Sholom

DATE OF BURIAL. Feb. 26, 191.7.

20-UNDERTAKER May Levin & Son

ADDRESS 1107 E Balto St

Spec.—5-19-13—M. & T.—500 Bks.

D 2723

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 D 2723

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 909 McDonough ST.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Burley

(Residence in Baltimore: No. 909 McDonough St.; ..... yrs., mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Infant

6-DATE OF BIRTH, Feb (Month) 9 (Day), 1917 (Year)

7-AGE, ... yrs. ..... mos. 14 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

10-NAME OF FATHER, Robt. Burley

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Zelia Brown

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Zelia Burley

(Address) 909 Mc Donough St

FEB 25 1917, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATH OF DEATH, Feb (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2/24 191 , to 2/25 191 , that I saw him alive on 2/25 191 , and that death occurred, on the date stated above, at 2 m.

The CAUSE OF DEATH* was as follows:

Acute Convulsions

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Malnutrition

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

2-25, 191 . (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem

DATE OF BURIAL, Feb 25, 1917.

20-UNDERTAKER Harry A. Vodery

ADDRESS 1711 Orleans St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1016 N Wolfe ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Smith

(Residence in Baltimore: No. 1016 N Woolfe St.; Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec (Month) 5 (Day), 1915 (Year)

7-AGE, 1 yrs. 7 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto City Md

10-NAME OF FATHER, Philander Smith

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Kate Quichley

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kate Smith

(Address) 1016 N. Wolfe St.

15-FEB 25 1917, 191.... HARRY C. [illegible]
Burial Permit Given
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 22 1917, to July 23 1917, that I saw h[illegible] alive on July 22 1917, and that death occurred, on the date stated above, at 9 30 A m.

The CAUSE OF DEATH* was as follows:

Pertussis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) yrs. mos. 7 ds.

(Signed) Wally W. Watts M. D.

July 23, 1917. (Address) 1111 N. Gilmor.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Auburn Cem. DATE OF BURIAL, Feb 25, 1917.

20-UNDERTAKER Harry A. Doleny ADDRESS 1725 Orleans St

D 2725

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 2725

1-PLACE OF DEATH

REGISTERED No. C 105

CITY OF BALTIMORE (No. Hebrew Hospital St.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wolf Baert

(Residence in Baltimore: No. 153 W. High St.: 7 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month) (Day), 1852 (Year)

7-AGE: 65 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): mens clothing

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: ?

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: ?

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Lewis

(Address) 1411 E Balto St

15 FEB 25 1917

Filed ....., 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 24 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 23, 1917, to Feb 24 1917, that I saw h[illegible]alive on Feb 24, 1917, and that death occurred, on the date stated above, at 3.50 P. m.

The CAUSE OF DEATH* was as follows:

Rupture of Duodenum

(Duration) yrs. mos. 3 ds

Contributory (SECONDARY) Hypostatic Pneumonia

(Duration) yrs. mos. 1 ds.

(Signed) Bernard Jacobson M. D.

Feb 24, 1917 (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 153 W. High St.

19-PLACE OF BURIAL OR REMOVAL: Hebrew Rosedale

DATE OF BURIAL: 2/25 1917

20-UNDERTAKER: Jack Lewis

ADDRESS: 1411 E Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

D 2726

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2726

CERTIFICATE OF DEATH.

92

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1036 Edmondson Ave; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Hancock

(Residence in Baltimore: No. 1036 Edmondson Ave St.; 14 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, April (Month) 18 (Day) 1859 (Year)

7-AGE, 77 yrs. 10 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Virginia

10-NAME OF FATHER, John McMaller

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Martha McMaller

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm H Carter

(Address) 1036 Edmondson

Filed FEB 25 1917 1917 HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 24. (Day) 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 18 1917, to Feb. 24, 1917, that I saw her alive on Feb. 24, 1917, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Old age

(Duration) yrs. mos. ds.

(Signed) J. L. [illegible] M. D.

Feb 24 1917. (Address) 818 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Jackson Creek Wheeling W Va

DATE OF BURIAL, FEB 25 1917

20-UNDERTAKER Wilbur H Shriver

ADDRESS 1056 Edmondson Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 137 Hanberry St. ST.: 23 WARD)
REGISTERED NO. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Jane Hall

(Residence in Baltimore: No. 137 Hanberry St St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	Colrd	widow

6-DATE OF BIRTH, unk (Month) unk (Day), 1unk (Year)

7-AGE, 71 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), md

10-NAME OF FATHER, Daniel Queen

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER unk

13-BIRTHPLACE OF MOTHER (State or Country), md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hannah A Wright

(Address) Catonsville Md

Filed FEB 25 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 28 1916, to Feb 23 1917, that I saw her alive on Feb 20 1917, and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Senile Dementia

(Duration) 3 yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) ...yrs. ...mos. ...ds.

(Signed) Marshall B Hurst M. D.

Feb 23, 1917. (Address) Catonsville Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.
Where was disease contracted, if not at place of death?
Former or usual residence Crownville State Hospt

19-PLACE OF BURIAL OR REMOVAL: Holy Cross Cemetery, Brooklyn | DATE OF BURIAL: Feb 26 1917

20-UNDERTAKER: J. A. Krause | ADDRESS 703 Hanover

D 2728

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 2728

40

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2025 Bank St ST. 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Stefan Koral

(Residence in Baltimore: No. 2025 Bank st St.: 27 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: ..... (Month) April (Day) 1 (Year) .....

7 AGE: 46 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer Day
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Austria

PARENTS

10 NAME OF FATHER: Cordian Karf

11 BIRTHPLACE OF FATHER (State or country): Austria

12 MAIDEN NAME OF MOTHER: Mat Kuran

13 BIRTHPLACE OF MOTHER (State or country): Austria

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dora Koral

(Address) 2025 Bank st

15 Filed FEB 25 1917 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb (Month) 23 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 10, 1916, to, Feb 23 1917, that I saw h im alive on Feb 22, 1917, and that death occurred, on the date stated above, at 5 a m.
The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach
(Clinical) (Duration) yrs. 10 mos. 13 ds

Contributory (SECONDARY) Cardiac Exhaustion (Duration) yrs. mos. 2 ds.

(Signed) A L Trantham M. D.

Feb 23, 1917 (Address) 2013 Bank st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: H L Stineham

DATE OF BURIAL: Feb 26, 1917

20 UNDERTAKER: Frank Evans & Son

ADDRESS: 1906 Eutaw

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

2729 40 2729

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1301 Hanover ST.; 23 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stephen Balbo

(Residence in Baltimore: No. 1301 Hanover St.; 4 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Nov. (Month) 24 (Day), 1856 (Year)

7-AGE,	If LESS than 1 day,
60 yrs. 3 mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cabinet Maker.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Italy

10-NAME OF FATHER, Tony Balbo

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Forcis Francisca

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Atanasio Balbo

(Address) 1301 S. Hanover St.

15-FEB 25 1917 HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1917, to ... 191..., that I saw h.. alive on July 23 1917, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

(Clinical) I. Carcinoma of Liver

(Duration) ... yrs. 2 mos. ... ds.

CONTRIBUTORY (Secondary) Peritonitis

(Duration) ... yrs. ... mos. 1 d.

(Signed) J. Wallis Hl. M. D.

July 24, 1917. (Address) 1101 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Vincents — DATE OF BURIAL, FEB 25 1917

20-UNDERTAKER ARMSTRONG-DENNY CO. — ADDRESS 715 Light

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

No 2730

REGISTERED No. C 174

No 2730

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1624 N. Calvert St. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James R. Brown

(Residence in Baltimore: No. 1624 N. Calvert St. Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: March 17, 1831 (Month) (Day) (Year)

7-AGE: 85 yrs. 11 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired (Wholesale
(b) General nature of industry, business, or establishment in which employed (or employer): Tobacco Dealer)

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: James Brown

11-BIRTHPLACE OF FATHER (State or country): Ireland.

12-MAIDEN NAME OF MOTHER: Lydia Merkel

13-BIRTHPLACE OF MOTHER (State or country): Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James R Brown Jr

(Address) 1633 N. Calvert St

15- Filed FEB 25 1917, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb 24, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 5, 1917, to Feb 24 1917, that I saw him alive on Feb 23, 1917, and that death occurred, on the date stated above, at 30 m.

The CAUSE OF DEATH* was as follows:

Infirmities of Age

(Duration) yrs. mos. ds.

Contributory (SECONDARY) Cystitis

(Duration) yrs. 4 mos. ds.

(Signed) Joseph T. Hennig M. D.

Feb 25, 1917 (Address) 1621 E Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Green Mount DATE OF BURIAL: Feb 26, 1917

20-UNDERTAKER: Ellis Mitchell ADDRESS: 1520 N. Fayette St

Spec.—8-24-14—M. & T.—2000 Blks.

D 2731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 ✓ D 2231

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 930 N Payson ST., 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis J Schroeder

(Residence in Baltimore: No. 930 N Payson St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Nov (Month) 5th (Day) 1916 (Year)

7-AGE, yrs. 3 mos. 20 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), City

10-NAME OF FATHER, Louis J Schroeder

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Minnie R Gill

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis J Schroeder

(Address) 930 N Payson

FEB 25 1917, 191.. HARRY C. ANDREWS Registrar.

Burial Permit Clerk

H Dalchoff

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 25th (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jany 24th 1917, to Feby 25th 1917, that I saw him alive on Feby 25th 1917, and that death occurred, on the date stated above, at 5.30 a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Pericardial Effusion

(Duration) yrs. 1 mos. ds.

(Signed) Howard Sutherland M. D.

Feby 25, 191.7 (Address) 921 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oaklawn — DATE OF BURIAL, Feb 26, 1917.

20-UNDERTAKER Graham F. Walker — ADDRESS 723 Whoyle Ave

Spec.—8-24-14—M. & T.—2000 Eks.

Mr Reuben

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2732

CERTIFICATE OF DEATH.

50 b 2732

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2020 Cecil Ave ST.; 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David F. Samm

(Residence in Baltimore: No. 2020 Cecil Ave St.; 21 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept 12 (Month) (Day), 1849 (Year)

7-AGE, 67 yrs. 5 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Marble Contractor
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country) Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country). Dont Know

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth L. Samm.

(Address) 2020 Cecil Ave

FEB 25 1917 HARRY C. ANDREWS
....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, FEB 24 1917 (Month) (Day), 191... (Year)

17. I HEREBY CERTIFY, That I attended deceased from JAN 27 1917 191..., to FEB 23 1917 191..., that I saw him alive on FEB 23 1917 191..., and that death occurred, on the date stated above, at 8.30 A. m.

The CAUSE OF DEATH* was as follows:

Diabetic Coma

(Duration) X yrs. X mos. 1 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(Duration) 7 yrs. X mos. X ds.

(Signed) Otto H. Dukard D.

FEB 24 1917 (Address) 928 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem

DATE OF BURIAL, Feb 26 1917

20-UNDERTAKER Mill Creek

ADDRESS, 1021 Hanover

Spec.—8-24-14—M. & T.—2000 Bks.

D 2733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2733

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2014 N. Bulankey ST.; 8 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Thelma Cressy

(Residence in Baltimore: No. 2014 N. Bulankey St.) (Age 1 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. January (Month) 1 (Day) 1917 (Year)

7-AGE. yrs. 1 mos. 24 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore Md.

10-NAME OF FATHER. Edward Cressy

11-BIRTHPLACE OF FATHER (State or Country) Balto Md

12-MAIDEN NAME OF MOTHER Katie Elara Ritter

13-BIRTHPLACE OF MOTHER (State or Country) Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Cressy

(Address) 2014 N. Bulankey

FEB 25 1917 HARRY C. ANGELIS

....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 17 191 7, to Feb. 24 191 7, that I saw h[illegible] alive on Feb. 24 191 7, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Simple Meningitis

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. None ds.

(Signed) Wm. Grant M. D.

Feb 24., 191 7. (Address) 1925 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. | DATE OF BURIAL, Feb. 27, 1917

20-UNDERTAKER Wm. Cook | ADDRESS 707 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bkr.

D 2734 D 2731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

34

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Smith

(Residence in Baltimore: No. 3011 Garrison Ave. St.; 65 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widowed

6-DATE OF BIRTH, May (Month) 11 (Day), 1848 (Year)

7-AGE, 76 yrs. 9 mos. 12 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ireland

10-NAME OF FATHER, Jerome Dignan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Leonard

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Dignan

(Address) 1000 S. Placa St

15-FEB 25 1917 HARRY C. ANDREWS Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 20 1916, to Feb 23, 1917, that I saw h[illegible] alive on Feb 23, 1917, and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of right elbow joint.

(Duration) yrs. 4 mos. 10 ds.

CONTRIBUTORY (Secondary) Senile debility

(Duration) yrs. 4 mos. 12 ds.

(Signed) G. A. Cowden M. D.

2-23, 1917. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 4 mos. 3 ds. In the State 65 yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 3011 Garrison Av.

19-PLACE OF BURIAL OR REMOVAL, New Cathedral cemetery. DATE OF BURIAL, Feb 26 1917.

20-UNDERTAKER James Dignan & Son ADDRESS 1000 S. Placa St

Spec.—9-24-14—M. & T.—2000 Blks.

D 2735 HEALTH DEPARTMENT—CITY OF BALTIMORE D 2735

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Josephs Hospital REGISTERED NO. C 92

CITY OF BALTIMORE: (No. Caroline & Orleans ST. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Nellie Kennedy

(Residence in Baltimore: No. 415 Whitridge Ave St.; 35 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April (Month) 10 (Day), 1881 (Year)

7-AGE, 35 yrs. 10 mos. 12 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at Home

9-BIRTHPLACE, (State or Country), Ireland

10-NAME OF FATHER, John Carlan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catharine Farrell

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F Kennedy

(Address) 415 Whitridge Ave

FEB 25 1917

Filed ....., 191...

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 22 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 21 1917, to Feb 22 1917, that I saw h alive on Feb 22 1917, and that death occurred, on the date stated above, at 5 10 m.

The CAUSE OF DEATH* was as follows:

Coma; Cerebral Hem

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Hypostatic Congestion; Cardiac failure

(Duration) yrs. mos. ds.

(Signed) Henry Merkel M. D.

, 191... (Address) St J. Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Dont Know

Former or usual residence 415 Whitridge Ave

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, Feb 24, 1917

20-UNDERTAKER James Dogan & Son — ADDRESS 1000 S Bond St

Spec.—8-24-14—M. & T.—2000 Bks.

D 2736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2736

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; WARD)

REGISTERED No. C 120

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Burroughs

(Residence in Baltimore: No. 13 days in Hospital St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, August 18, 1871
(Month) (Day) (Year)

7-AGE, 45 yrs. 6 mos. 6 ds.

If LESS than 1 day, ...hrs. or...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va.

10-NAME OF FATHER, Thomas B. Burroughs

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER —— Bond

13-BIRTHPLACE OF MOTHER (State or Country), Va.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter C. Snyder

(Address) Johns Hopkins Hospital

HENRY A. ATKINSON

FEB 25 1917, 191 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 24, 1917
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb. 11 1917, to Feb 24 1917, that I saw him alive on Feb. 24 1917, and that death occurred, on the date stated above, at 9 05 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Myocardial Insufficiency

(Duration) 3? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia - Septicaemia

(Duration) yrs. mos. 3 ds.

(Signed) W. B. Martin M. D.

Feb. 25, 1917. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 13 ds. In the State — yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Moneta, Va

19-PLACE OF BURIAL OR REMOVAL, Moneta Va

DATE OF BURIAL, Feb. 25, 1917

20-UNDERTAKER Hebert & Fuller

ADDRESS 221 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2737 — 170 — D 2737

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 316 S. Ann St., ST.; (WARD) 2 (Fisher)) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Rybarczik

(Residence in Baltimore: No. 316 S. Ann St., St.; 14 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) — (Day) 1857 (Year)

7-AGE, 59 yrs. 7 mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Painter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

10-NAME OF FATHER, Andrew Rybarczik.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Victoria Korczykowska

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Rybarczik

(Address) 316 S. Ann St.

Filed FEB 25 1917 191...

HARRY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 23 (Day) 1917 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 1 191.., to Feb. 23 191..

that I saw h.. alive on Feb. 23 191..

and that death occurred, on the date stated above, at 11.45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) Will J. Goans M. D.

Feb. 24 191.. (Address) 1201 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, Feby 27. 1917.

20-UNDERTAKER M. F. Sadowski. ADDRESS 705 S. Ann St.

Spec.—8-24-14—M. & T.—2000 Blks.

D 2738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2738

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1533 Lesley ST.; 15 WARD)

REGISTERED NO. C.....

2-FULL NAME Evan Duncan

(Residence in Baltimore: No. 1533 Lesley (Leslie St) St.; ... yrs., ... mos. ... ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Child

6-DATE OF BIRTH, July 25 (Month) (Day), 1908 (Year)

7-AGE, 8 yrs. 6 mos. 30 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), North Carolina

10-NAME OF FATHER, B. Duncan

11-BIRTHPLACE OF FATHER (State or Country), South

12-MAIDEN NAME OF MOTHER, Maggie McCardell

13-BIRTHPLACE OF MOTHER (State or Country), South

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) B. Duncan

(Address) 1533 Lesley St.

FEB 25 1917 HENRY C. ANDREWS

d....., 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2 24 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2/ 191..., to 2/24 1917, that I saw h.. alive on 2/23 1917, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration)..... yrs. 2 mos..... ds.

CONTRIBUTORY (Secondary) Convulsions

..... (Duration)..... yrs..... mos. 1 ds.

(Signed) Bro Rhodes M. D.

2/24, 1917 (Address) 2130 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, Feb 26, 1917.

20-UNDERTAKER Edward Ringgold

ADDRESS 1403 Pierce St.

FILED

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 2739 ✓ b 2739

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 523 N Gilmor ST.; 19 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Crowley

(Residence in Baltimore: No. 523 N Gilmor St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH. March 4, 1833
(Month) (Day) (Year)

7-AGE. 83 yrs. 11 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country). Phila. Pa

10-NAME OF FATHER. Jas. Quigg

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Elizabeth Conway

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Crowley

(Address) 523 N Gilmor St.

FEB 25 1917

d....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feby 22, 1917.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feby 17 1917, to Feby 22 1917, that I saw h Er alive on Feby 22 1917, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Acute bronchitis

3 Days (Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

2 Days (Duration) ...yrs. ...mos. ...ds.

(Signed) [illegible] M. D.

Feby 25, 191.. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Loudon Park

DATE OF BURIAL. Feby 26, 191.7

20-UNDERTAKER W. J. Sumwalt Sons

ADDRESS [illegible]

Spec.—8-24-14—M. & T.—2000 Blks.

D 2740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2740

REGISTERED NO. C 113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 Forrest St ST. 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank W Reinhardt

(Residence in Baltimore: No. 600 Forrest St St.; 52 yrs., 4 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, October 13, 1864, 1
(Month) (Day) (Year)

7-AGE, 52 yrs., 4 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bottler in Brewery
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore Md

10-NAME OF FATHER, John Reinhardt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Regina Stiegel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr George W Reinhardt

(Address) 2623 N Calvert St

FEB 25 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 23, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October, 191 , to February 22 191 , that I saw h[illegible] alive on February 22 191 , and that death occurred, on the date stated above, at 8:[illegible] p.m.

The CAUSE OF DEATH* was as follows:

Locomotor Ataxia

(Duration) 5 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Dr George W Reinhardt M. D.

Feb 23rd, 1917. (Address) 2623 N Calvert St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem — DATE OF BURIAL, Feb. 26 1917.

20-UNDERTAKER, Wm J. Ecleme & Sons — ADDRESS N & P. ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 2741

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2741

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1320 E. Lanvale st. ST.; 8 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Schmidt

(Residence in Baltimore: No. 1320 E. Lanvale st St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, August 6th (Month) (Day), 1842 (Year)

7-AGE, 74 yrs. 6 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany.

10-NAME OF FATHER, John Lyles

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Anna Lyles

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. A. Schmidt

(Address) 1601 Lamont ave.

FEB 25 1917 HARRY C. ANDREWS Burial Permit Clerk

d....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 22 (Day), 1917. (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 1917, to Feb 22 1917, that I saw h.. alive on Feb 22 1917, and that death occurred, on the date stated above, at 11.35 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 25 yrs. ....mos. ....ds.

(Signed) Harry J. Green M. D.

Feb 23, 1917. (Address) 120½ Argyle st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Redeemer Cemetery	Feb 26, 1917.
20-UNDERTAKER George J. Reith	ADDRESS 735 Harford

Clerk.

Spec.—8-24-14—M. & T.—2000 Blks.

A 2742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2742

92

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. 2713 Fenwick Av St.; 9 WARD)
REGISTERED NO. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Harvey Welty Jr

(Residence in Baltimore: No. 2713 Fenbrick Av St.; life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, JULY 22, 1916
(Month) (Day) (Year)

7-AGE, X X yrs. 7 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: X None
(b) General nature of industry, business, or establishment in which employed (or employer): X

9-BIRTHPLACE, (State or Country), Baltimore Md

10-NAME OF FATHER, John H Welty

11-BIRTHPLACE OF FATHER (State or Country) Gettysburg Penna

12-MAIDEN NAME OF MOTHER, Elizabeth C Yeagy

13-BIRTHPLACE OF MOTHER (State or Country) Gettysburg Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H. Welty

(Address) 2713 Fenwick Ave.

FEB 25 1917, 191 HARRY C. ANDERS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, FEB 28 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from FEB 12 1917 191..., to FEB 28 1917 191..., that I saw h.M. alive on FEB 28 1917 191..., and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Peritoneal Toxemia

(Duration) X yrs. X mos. 4 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) 7 yrs. X mos. 11 ds.

(Signed) Otto H Decker M. D.

FEB 24 1917, 191... (Address) 928 E. Mount St. Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Gettysburg Cemetery. DATE OF BURIAL, Feb 26. 1917

20-UNDERTAKER George J. Ruth. ADDRESS 735 Hayford Av.

D 2743

HEALTH DEPARTMENT--CITY OF BALTIMORE

28

CERTIFICATE OF DEATH

D 2743

1 PLACE OF DEATH

REGISTERED NO. C .....

CITY OF BALTIMORE (No. 3625 Springdale Ave. or 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Stuart Sublett

(Residence in Baltimore: No. 3625 Springdale St.; 1 yrs. mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH Sept 11, 1891 (Month) (Day) (Year)

7-AGE 25 yrs. 5 mos. 13 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Stenographer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Va.

PARENTS

10-NAME OF FATHER Geo Burnett Sublett

11-BIRTHPLACE OF FATHER (State or country) Va.

12-MAIDEN NAME OF MOTHER Virginia L. Emmitt

13-BIRTHPLACE OF MOTHER (State or country) Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert L. Emmitt

(Address) 3625 Springdale Ave

15-FEB 25 1917 HARRY C. ANDREWS

Filed ..... 191 ..... Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb. 24, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 4, 1917, to Feb 24, 1917, that I saw h- alive on Feb 21, 1917, and that death occurred on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Interstitial Laryngitis

(Duration) 2 yrs. mos. ds

Contributory (SECONDARY) Toxic Exanthem

(Duration) yrs. mos. ds.

(Signed) John A Evans M. D.

....., 191.... (Address) 101 N. Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Richmond Va — DATE OF BURIAL Feb 26 1917

20-UNDERTAKER Bottom & Tose — ADDRESS 1723 W Lafayette Ave

D 2744

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

61

D 2744

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. South Baltimore Hospital ST. 22 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Huff.

(Residence in Baltimore: No. 108 W. Conway St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH ..... (Month) ....., 1 (Day) ..... (Year)

7-AGE abt 30 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Cigar Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country) Virginia

PARENTS

10-NAME OF FATHER William Huff

11-BIRTHPLACE OF FATHER (State or country) Virginia

12-MAIDEN NAME OF MOTHER Louise Billings

13-BIRTHPLACE OF MOTHER (State or country) Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John B Huff

(Address) 109 W Conway St

15. Filed FEB 26 1917 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb. 25 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1917, to Feb. 25 1917, that I saw h[illegible] alive on Feb. 24, 1917, and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:

Meningitis - not epidemic form ?

(Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY) Abscess of Brain ?

(Duration) — yrs. — mos. — ds.

(Signed) D. T. Henderson M. D.

Feb. 25, 1917 (Address) 1213 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 108 W. Conway St.

Former or usual residence 108 W. Conway St.

19-PLACE OF BURIAL OR REMOVAL Danville Va | DATE OF BURIAL 2/26/26 1917

20-UNDERTAKER Armstrong Denny Co | ADDRESS 715 Light St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2745

120

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 Norris Alley ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Hammond

(Residence in Baltimore: No. 510 Norris Al St.; 5 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 11 (Day), 1860 (Year)

7-AGE, 57 yrs. 7 mos. 13 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Elliotts City Howard Co.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (State or Country), Howard Co.

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Howard Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Hammond

(Address) 510 N. Norris St

FEB 26 1917 ROBERT R. KRAUTER

....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) 2 (Day) 24 (Year) 1917

17-I HEREBY CERTIFY, That I attended deceased from Feby. 10th 1917, to Feby 23 1917, that I saw h-im alive on Feby 22nd 1917, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

1 Broncho Pneumonia

(Duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Bright's Disease

(Duration) yrs. mos. 21 ds.

(Signed) C W Barker M. D.

Feby 24, 191 7 (Address) 1403 W Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn cemetery

DATE OF BURIAL, ..., 191...

20-UNDERTAKER Geo H Harper

ADDRESS 109 Little Pratt

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 2740

CERTIFICATE OF DEATH.

10 ✓

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 S Bond ST.; ✓ WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Rachel Fine

(Residence in Baltimore: No. 128 S. Bond St.; 35 yrs., ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown 1
(Month) (Day) (Year)

7-AGE, 60 yrs. ~ mos. ~ ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

10-NAME OF FATHER, Jos Caplan

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Rachel Caplan

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Moses Fine

(Address) 128 S Bond St

d....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 25th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Febry 17 1917, to Feb 25 1917, that I saw her alive on Feb 25th 1917, and that death occurred, on the date stated above, at 6a m.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary) Pulmonary Congestion

(Duration) ....yrs. ....mos. ....ds.

(Signed) M. Edelsohn M. D.

2/25, 191.7 (Address) 716 N. High St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Hebrew Herring Run — DATE OF BURIAL, Feb. 25, 1917

20-UNDERTAKER Mor Levinson & Sons — ADDRESS 1107 E Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

D 3747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47

D 3747

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 Ward St ST.; 21 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara Elizabeth Gutridge

(Residence in Baltimore: No. 1108 Ward St. St.; ..... yrs. ..... mos. ..... ds.)

Mat 2/2

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Mard

6-DATE OF BIRTH, Sept 6, 1887
(Month) (Day) (Year)

7-AGE, 29 yrs. 5 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Md

10-NAME OF FATHER, Albert A Smith

11-BIRTHPLACE OF FATHER (State or Country) Washington D C

12-MAIDEN NAME OF MOTHER Mary E Simms

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Gutridge

(Address) 1108 Ward Street

FEB 26 1917

ROBERT R. KRAUTER.

d....., 191.... Registrar.

Burial Permit ....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 24, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 10 191 , to Feb 24 191 , that I saw h i alive on Feb 24 191 , and that death occurred, on the date stated above, at 1 40 m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Rheumatism

(Duration) ..... yrs. 3 mos. ..... ds.

(Signed) Hubbard D'Arcy M. D.

Feb 25 191... (Address) 1127 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park	Feby. 27, 1917
20-UNDERTAKER Wm Cook	ADDRESS 502 E Balt

Spec.—8-24-14—M. & T.—2000 Bks.

D 2748

HEALTH DEPARTMENT—CITY OF BALTIMORE

92

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3012 McKay Ct. St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Tyrrell

(Residence in Baltimore: No. 3012 McKay Ct. St.; 30 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Dec. 12, 1887
(Month) (Day) (Year)

7-AGE, 29 yrs. 2 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) House Painter

9-BIRTHPLACE, (State or Country), Balto Md

10-NAME OF FATHER, Charles M. Tyrrell

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Nellie Kelly

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Charles M. Tyrrell

(Address) 3012 McKay Ct.

FEB 26 1917 ROBERT R. KRAUTER
....., 191.... Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 24, 1917
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb. 17 1917, to Feb 24 1917, that I saw h[illegible] alive on Feb 23 1917, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. J. McAvoy M. D.

Feb 25, 191.. (Address) 639 S. Ellwood Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, Feb 27, 1917

20-UNDERTAKER W. B. Cook

ADDRESS 502 E Balto

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH. CITY OF BALTIMORE. (No. Franklin Sq. Hosp. St.: 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Miss Harriet Blair

(Residence in Baltimore: No. 317 South Poppleton St.; yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept 7, 1898 (Month) (Day) (Year)

7-AGE, 18 yrs. 5 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Saleslady
(b) General nature of industry, business, or establishment in which employed (or employer): in Dept. Store

9-BIRTHPLACE, (State or Country), Trenton N. Jersey

10-NAME OF FATHER, James W. Blair

11-BIRTHPLACE OF FATHER, (State or Country), Trenton N. Jersey

12-MAIDEN NAME OF MOTHER, Harriet Murphy

13-BIRTHPLACE OF MOTHER (State or Country), Trenton N. Jersey

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James W. Blair

(Address) 317 S. Poppleton St.

FEB 26 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 24, 1917. (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 16 1917, to Feby 24 1917, that I saw her alive on Feby 24 1917, and that death occurred, on the date stated above, at 1130 a.m.

The CAUSE OF DEATH* was as follows:

General Peritonitis

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Appendicitis

(Duration) yrs. mos. 5 ds.

(Signed) Albert T. Chambers M. D.

Feb., 24, 1917. (Address) 1012 W. Lafayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. 8 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Residence

Former or usual residence 317 South Poppleton

19-PLACE OF BURIAL OR REMOVAL, Trenton N. Jersey

DATE OF BURIAL, Feby 26, 1917.

20-UNDERTAKER W. D. Cook

ADDRESS 502 E Natha

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

136

D 2750

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 737 N Kenwood av ST.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Kraus

(Residence in Baltimore: No. 737 N Kenwood av St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, August (Month) 15. (Day), 1888. (Year)

7-AGE, 28 yrs. 5 mos. 10 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

10-NAME OF FATHER, John Fasher

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Emma Dungeans

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Fasher

(Address) 2331 E Madison St

15-FEB 26 1917, 191.. ROBERT R. KRAUTER, Registrar

Burial Permit issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 25. (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 2 1917, to July 25 1917, that I saw her alive on July 24 1917, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Rupture of Uterus
(in 6 mos. before delivery)
(Duration) ..... yrs. ..... mos. 24 ds.

CONTRIBUTORY (Secondary) Pneumonia
(Duration) ..... yrs. ..... mos. 6 ds.

(Signed) Adolph C. Eisenberg M. D.

July 25, 191.. (Address) 2201-2203 Orleans

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, July 28, 1917.

20-UNDERTAKER W. M. Cook — ADDRESS 502 E Monument

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2751 — 40 — D 2751

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1501 Aisquith ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Healy

(Residence in Baltimore: No. 1501 Aisquith St.; 26 yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... Aug. (Month) 27 (Day), 1844 (Year)

7-AGE, 65 yrs. 5 mos. 27 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Druggist
(b) General nature of industry, business, or establishment in which employed (or employer)..... "

9-BIRTHPLACE, (State or Country), Virginia

10-NAME OF FATHER, Nathan Healy

11-BIRTHPLACE OF FATHER (State or Country) Virginia

12-MAIDEN NAME OF MOTHER, Mary M Bristol

13-BIRTHPLACE OF MOTHER (State or Country) Virginia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nathan Healy

(Address) 1501 Aisquith St

FEB 26 1917 ROBERT R. KRAUTER

d....., 191..... Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 25 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1917, to Feb 25, 1917, that I saw him alive on Feb 25, 1917, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

Clinical Diagnosis

(Duration) 1 yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) .....

(Duration) yrs. mos. ds.

(Signed) Edwin B. Fenby, M. D.

Feb 25, 1917. (Address) 1223 N. Carrollton Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL,
Loudon Park	1/28, 1917
20-UNDERTAKER	**ADDRESS**
Williams Corp	508 E North Ave

KE

Spec.—3-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2752 ✓ D 2752

CERTIFICATE OF DEATH.

REGISTERED NO. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1655 N. North Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Embree Dickinson

(Residence in Baltimore: No. 1655 N. North Ave St.; ....yrs. 1 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6-DATE OF BIRTH, January (Month) 11 (Day), 1837 (Year)

7-AGE, 80 yrs. 1 mos. 14 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Pennsylvania

10-NAME OF FATHER, Morris G. Tenbrell

11-BIRTHPLACE OF FATHER (State or Country). Pennsylvania

12-MAIDEN NAME OF MOTHER Eliza Lewis

13-BIRTHPLACE OF MOTHER (State or Country). Pennsylvania

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josephine Rogers

(Address) 1109 Market St. Phila.

FEB 26 1917

....., 191.... ROBERT R. KRAUTER

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 25th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 22 1917, to Feb. 25th 1917, that I saw her alive on Feb. 25th 1917, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ....yrs. 1 mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Isaac E. Dickinson M. D.

Feb. 25th, 1917 (Address) 30.55 N. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Philadelphia Pa.	Feby 26., 1917.
20-UNDERTAKER	
Henry H. Jenkins Sons Co	Forest Hall & Orchard Sts.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

128 D 2753

1-PLACE OF DEATH Womans Hospital

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST., 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Eva Sutran

(Residence in Baltimore: No. 723 Curtis Ave St.; 13 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	White	Married

6-DATE OF BIRTH, ... (Month) Not Known (Day) ..... (Year) 1881

7-AGE, 36 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Poland

10-NAME OF FATHER, Luczka Jawor

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Rozalia Luczka

13-BIRTHPLACE OF MOTHER (State or Country), Austria

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michal Emil Sutran

(Address) Curtis Bay.

Filed FEB 26 1917 191.. ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Feb (Day) 24th, (Year) 1917

17- I HEREBY CERTIFY, That I attended deceased from Feb 18 1917, to Feb 24th 1917, that I saw her alive on Feb 24th 1917, and that death occurred, on the date stated above, at 10 30 P.m.

The CAUSE OF DEATH* was as follows:

Tuberculer Pneumonia

..... (Duration) ..... yrs. ..... mos. 20 ds.

CONTRIBUTORY (Secondary) None

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Charles R. Brooke M. D.

Feb 24, 1917. (Address) Womans Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 6 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 723 Curtis Ave.

Former or usual residence 723 Curtis Ave

19-PLACE OF BURIAL OR REMOVAL, Holy Cross — DATE OF BURIAL, Feb 27, 1917

20-UNDERTAKER, William Fialkowski — ADDRESS 1611 Eastern ave.

D 2754

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

42 D 2754

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 1526 E Fairmount av ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Annie Jones

(Residence in Baltimore: No. 404 N Dallas St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female — 4 COLOR OR RACE: colored — 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: [illegible] (Month) ..., 1 (Day) ... (Year)

7 AGE: 55 yrs. — mos. — ds. — If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: George Bands

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Lish Griffin

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William Jones

(Address) 1526 Fairmount

15 Filed FEB 26 1917 ROBERT R. KRAUTER Burial Permit Officer

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb (Month) 23d (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 21, 1917, to Feb 22 1917, that I saw h[illegible] alive on Feb 22 1917, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cervix Uteri
(Clinical Diagnosis)

Indefinite (Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY) Pneumonia

(Duration) 7 yrs. 11 mos. ... ds.

(Signed) J Edward Fisher M. D.

Feb 23, 1917 (Address) 161 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel — DATE OF BURIAL: Feb 26, 1917

20 UNDERTAKER: John W Henderson — ADDRESS: 31 N Caroline

Spec.—8-24-14—M. & T.—2000 Bks.

D 2755

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2755

CERTIFICATE OF DEATH.

152

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1543 Covington ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph McGuire

(Residence in Baltimore: No. 1543 Covington St.; ....yrs.. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Feb 25, 1917. (Month) (Day) (Year)

7-AGE. ....yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or 5 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto, Md.

10-NAME OF FATHER, Frank McGuire

11-BIRTHPLACE OF FATHER (State or Country), Balto. Co, Md.

12-MAIDEN NAME OF MOTHER Catherine Halligan

13-BIRTHPLACE OF MOTHER (State or Country), Balto, Md.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph McGuire

(Address) Balto, Md.

FEB 26 1917 ROBERT R. KRAUTER

d....., 191.....

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 25, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 21 1917, to Feb 21 1917, that I saw h.. alive on Feb 21 1917, and that death occurred, on the date stated above, at 10.45 a.m.

The CAUSE OF DEATH* was as follows:

Puerperal Sepsis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Endocarditis Valvular

(Duration) ....yrs. ....mos. ....ds.

(Signed) F. F. Krauter M. D.

2-26, 191.7 (Address) 1543 Covington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Feb. 26. 191.7

20-UNDERTAKER H. F. M. H. Flynn

ADDRESS 1422 Light St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 2756

CERTIFICATE OF DEATH.

82 D 2756

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 438 E. Lanvale St.; 12 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alecia J. McCaffrey

(Residence in Baltimore: No. 438 E. Lanvale St.; 50 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female | 4-COLOR OR RACE. White | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH. July 19th, 1836 (Month) (Day) (Year)

7-AGE. 80 yrs. 7 mos. 6 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country) Ireland

10-NAME OF FATHER. Peter Leedon

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER. Margaret Leedon

13-BIRTHPLACE OF MOTHER (State or Country) Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary J. Donnelly

(Address) 438 E. Lanvale St.

Filed FEB 26 1917. ROBERT R. KRAUTER

d....., 191.... Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. February 25th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1917, to Feb. 25 1917, that I saw her alive on Feb. 24 1917, and that death occurred, on the date stated above, at 5A, m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 7 yrs. mos. ds.

(Signed) Jno. Lunsford Kier M. D.

Feb. 26 1917. (Address) 818 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cathedral Run | DATE OF BURIAL. Feb. 27, 191.7

20-UNDERTAKER Chas. Rowe & Son | ADDRESS 1810 N. Royal Ave

D 2757

HEALTH DEPARTMENT—CITY OF BALTIMORE

9/4 D 2757

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 21 N Vincent ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Grimes

(Residence in Baltimore: No. 21 Vincent N St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, May (Month) 3 (Day), 1869 (Year)

7-AGE,	If LESS than 1 day,
47 yrs. 9 mos. 20 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Oyster Shucker
(b) General nature of industry, business, or establishment in which employed (or employer): Packing House

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Robert Grimes

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Margaret Lewis

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Jones

(Address) 330 Bruce St

FEB 26 1917 Filed....., 191.... ROBERT R. KRAUTER Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchial asthma

Specific (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) James M Fowler M. D. (Coroner.)

Feb 23 1917 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Feb 24 1917

20-UNDERTAKER Wilbert Brown ADDRESS 306 N. Mount St.

D 2758

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

109 D 2758

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1624 Ethney St. ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Rachael Peterson

(Residence in Baltimore: No. 1624 Ethney St. St. 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): widow

6-DATE OF BIRTH: Jan (Month) 14 (Day) 1857 (Year)

7-AGE: 60 yrs. 1 mos. 23 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housemaid
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Dont Know

11-BIRTHPLACE OF FATHER (State or country): " "

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Dont Know

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Gertrude Meads

(Address) 1624 Ethney

FEB 26 1917 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 24 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 23, 1917 to Feb 24 1917, that I saw her alive on Feb 24 1917, and that death occurred, on the date stated above, at 5.a m.

The CAUSE OF DEATH* was as follows:

Strangulated Mubliceal Hernia Causing Peritonitis

(Duration) ..... yrs ..... mos. 6 ds.

Contributory (SECONDARY) Hernia

(Duration) ..... yrs ..... mos. ..... ds.

(Signed) W. F. Gormley M. D.

2.24 191 [Address] 117 N Eutaw St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: Feb 26, 1917

20-UNDERTAKER: Sam'l W. Crane Son — ADDRESS: 1400 Mosher

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2759

CERTIFICATE OF DEATH.

92 D 2759

1-PLACE OF DEATH U.S. Marine Hospital — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.: 24 ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence Buckler

(Residence in Baltimore: No. 1102 Riverside Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) Feburary (Day) 1 (Year) .....

7-AGE, 20 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital record

(Address) .....

FEB 26 1917

Filed ....., 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Feb (Day) 24 (Year) 1917

17. I HEREBY CERTIFY, That I attended deceased from Feb 22 1917, to Feb 24 1917, that I saw him alive on Feb 24 1917, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Lobar

..... (Duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H R Carter M. D.

2-24, 1917. (Address) U.S. Marine Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 ds. In the State 20 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Dont know

Former or usual residence 1102 Riverside ave. Baltimore

19-PLACE OF BURIAL OR REMOVAL, Woodlawn — DATE OF BURIAL, Feb 27, 1917.

20-UNDERTAKER Chenoweth & Son — ADDRESS Chestnut Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2760

CERTIFICATE OF DEATH.

35 D 2760

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 N. Eden ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie E. Enor

(Residence in Baltimore: No. 1511 N. Eden St.; yrs., 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April (Month) 10 (Day), 1876 (Year)

7-AGE, 40 yrs. 10 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Ind.

10-NAME OF FATHER, Eli Mathews

11-BIRTHPLACE OF FATHER (State or Country), Ind

12-MAIDEN NAME OF MOTHER Barbara Spanwaezer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. C. Enor

(Address) Mt Washington Ind

FEB 26 1917 ROBERT B. KRAUTER 191.... Clerk
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2 (Month) 25 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 2 1916, to Feb. 25 1917, that I saw her alive on Feb. 25 1917, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

General Tuberculosis

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) C. H. Beeson M. D.

2-26, 1917. (Address) Mt Washington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Ridge	Feb. 27, 1917
20-UNDERTAKER	ADDRESS
Horace Burger & Son	363 Hollins Rd.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 2761

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE. (No. 837 E. Chase ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Cullen

(Residence in Baltimore: No. 837 E. Chase St. St.; 1 yrs., 3 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, June (Month) 18 (Day), 1858 (Year)

7-AGE, 58 yrs. 8 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

9-BIRTHPLACE, (State or Country): Ireland

10-NAME OF FATHER: Barthdame Kearns

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Bridget Green

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie A. Cullen

(Address) 837 E. Chase St.

Filed FEB 26 1917, 191.... ROBERT R. KRAUTER Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 24 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 20 191 7, to Feb 24 191 7, that I saw h[illegible] alive on Feb 24 191 7, and that death occurred, on the date stated above, at 6 10 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema and Acute Cardiac Dilatation

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(Duration) ....yrs. ....mos. ....ds.

(Signed) E. H. Thayer M. D.

Feb 24, 191.. (Address) 836 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Mary's Govans

DATE OF BURIAL, Feb 28, 191 7

20-UNDERTAKER Horace Burgeardner

ADDRESS 3631 Falls Rd

Rebecca J. Pennybacker.

D 2762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154 D 2762

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2002 Madison Ave St. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mrs Rebecca J Pennybacker

(Residence in Baltimore: No. 2002 Madison Ave St.: 83 yrs. 7 mos. 30 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: June (Month) 26 (Day), 1833 (Year)

7 AGE: 83 yrs. 7 mos. 30 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Wm. Oliver

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Sarah Rhodes

13 BIRTHPLACE OF MOTHER (State or country): England

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs H R Oliver

(Address) 2002 Madison Av

15. Rec'd FEB 26 1917

ROBERT R. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: February (Month) 25th (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jany 8th, 1916, to Febua 25th 1917, that I saw h[illegible] alive on February 25th, 1917, and that death occurred, on the date stated above, at 9.20 P.M.

The CAUSE OF DEATH* was as follows:

Advanced age,
Loss of mind for a few weeks before death (Duration) — yrs. 2 mos. ds

Contributory (SECONDARY) Not Given (Duration) — yrs. — mos. — ds.

(Signed) John T Remington M. D.

(Address) 1826 Bolton St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ✓ yrs. ✓ mos. ✓ ds. In the State ✓ yrs. ✓ mos. ✓ ds.
Where was disease contracted, if not at place of death? ✓
Former or usual residence ✓

19 PLACE OF BURIAL OR REMOVAL: Green Mount Cemetery — DATE OF BURIAL: Feby 27, 1917

20 UNDERTAKER: Stewart & Mowen Co — ADDRESS: 1084 W. North Ave

Spec.—4-24-14—M. & T.—2000 Bks.

Moses Kyle.

D 2763

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

120 D 2763

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1311 Ethel St. ST.; 17 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Moses Kyle

(Residence in Baltimore: No. 1311 Ethel St. St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... January (Month) ....., 1 (Day) ..... (Year)

7-AGE, ...50.... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Minister
(b) General nature of industry, business, or establishment in which employed (or employer)..... —

9-BIRTHPLACE, (State or Country), Md.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louise Kyle

(Address) 1311 Ethel St.

FEB 26 1917 191.... ROBERT R. KRAUTER Registrar. Deputy Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 22 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 31 191 7, to July 22 191 7, that I saw h.. alive on July 21 191 7, and that death occurred, on the date stated above, at 6.0 a.m.

The CAUSE OF DEATH* was as follows:

I. Cirrhosis

II. Interstitial Nephritis

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edgar A. Claudius M. D.

July 22, 191 7 (Address) 1801 Mich. Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, July 24 ....., 191...

20-UNDERTAKER Samuel Bunting ADDRESS 1810 Bolton

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2764

CERTIFICATE OF DEATH.

8120

D 2764

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1335 N Bond ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John I Lucas

(Residence in Baltimore: No. 1335 N Bond St.; 61 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, May 11, (Month) (Day) 1855 (Year)

7-AGE, 61 yrs. 9 mos. 13 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer) in Business

9-BIRTHPLACE, (State or Country), Baltimore

10-NAME OF FATHER, Chas. Lucas

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie Lucas

(Address) 1335 N. Bond St.

FEB 26 1917

Registered ..... 191.....

ROBERT B. KRAUTER

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Feb 24, (Month) (Day) 1917. (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feby 1 1917, to Feby 24 1917, that I saw h[illegible] alive on Feby 23 1917, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) [illegible] yrs. [illegible] mos. [illegible] ds.

(Signed) J. Walter D. White M. D.

Feby 25, 1917 (Address) 1101 N. Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore County. DATE OF BURIAL, Feb 27 1917.

20-UNDERTAKER Robt. T. Turner ADDRESS 1742 N. Broadway

Spec.—5-19-13—M. & T.—500 Blks.

D 2765

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2765

CERTIFICATE OF DEATH.

REGISTERED NO. C 15

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 Clifton Place ~~St.~~; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant son of Jas. J. + Roxie N. Clark

(Residence in Baltimore: No. 1610 Clifton Place ~~St.~~)

~~Yrs.~~ yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Child

6-DATE OF BIRTH, Feb. 25, 1917
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... da.

If LESS than 1 day, 3 hrs. or 20 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Md

10-NAME OF FATHER, James J. Clark Jr.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Roxie N. Elwell

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James J. Clark Jr

(Address) 1610 Clifton Place

FEB 26 1917

ROBERT R. KRAUTER
Registrar.

Burial Permit Clark

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 25, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1917, to Feb. 25, 1917, that I saw him alive on Feb. 25, 1917, and that death occurred, on the date stated above, at 1:05 P. m.

The CAUSE OF DEATH* was as follows:

Difficult Delivery

(Duration) — yrs. — mos. 1 da.

CONTRIBUTORY (Secondary) —

(Duration) ..... yrs. ..... mos. ..... da.

(Signed) Edwin B. Fenby, M. D.

Feb. 25, 1917. (Address) 1223 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Faith Presbyterian Cem.

DATE OF BURIAL, Feb. 26, 1917

20-UNDERTAKER Robt. J. Turner

ADDRESS 1742 N. Broadway

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2766

CERTIFICATE OF DEATH.

89 D 2766

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2130 S. Charles ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred Carroll Wroten

(Residence in Baltimore: No. 2130 S. Charles St; 1 yrs., 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	X

6-DATE OF BIRTH, Jan 25, 1916 (Month) (Day) (Year)

7-AGE, 1 yrs. 1 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Baltimore Md

10-NAME OF FATHER, Henry Wroten

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Emma Backman

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Wroten

(Address) 2130 S. Charles

FEB 26 1917 ROBERT R. KRAUSE

Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 25, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 25 1917, to Feb 25 1917, that I saw her alive on Feb 25 1917, and that death occurred, on the date stated above, at 1 PM m.

The CAUSE OF DEATH* was as follows:

Intussusception

Acute Bronchitis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) yrs. mos. 1 ds.

(Signed) W. Thomas Cook M. D.

Feb 26, 1917. (Address) 835 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	Feb. 27, 1917.
20-UNDERTAKER	ADDRESS
Mrs. J. E. Evans & Sons	1428 & 26 Charles

Spec.—8-24-14—M. & T.—2000 Bks.

D 2767

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

120 D 2767

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2321 E Madison ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen J Laurence

(Residence in Baltimore: No. 2321 E madison St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March (Month) 18 (Day), 1823 (Year)

7-AGE, 43 yrs. 11 mos. 8 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Housewife

9-BIRTHPLACE, (State or Country), Balto md

10-NAME OF FATHER, William Hill

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ellen J. Hill

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John L Laurence

(Address) 2321 E. Madison St.

FEB 26 1917 ROBERT R. KRAUTH .....
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 26 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1917, to Feb 25 1917, that I saw h[illegible] alive on Feb 25 1917, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Chron. Pneumonia

Nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ..... yrs. ..... mos. 15 ds.

(Signed) William J. Rosenau M. D.

Feb 26, 1917 (Address) 2608 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Feby. 27 1917

20-UNDERTAKER Wm Cook

ADDRESS 502 E Madison

Spec.—8-24-14—M. & T.—2000 Bks.

Teresa L. Woomittiseth

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2768

41

D 2768

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1904 W Lexington St. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Teresa L Woomittiseth

(Residence in Baltimore: No. 1904 W. Lexington St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, November (Month) 20th (Day), 1853 (Year)

7-AGE, 63 yrs. 3 mos. 4 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Frederick, Md

10-NAME OF FATHER, Daniel Weaver

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Sarah Weitzel

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph C. Montisseth

(Address) 1904 W. Lexington St.

FEB 26 1917, 191... ROBERT R. KRAUSE Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby (Month) 24th (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Oct 15 1917, to Feby 24 1917, that I saw her alive on Feby 23 1917, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

..... (Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Carcinoma of Large Bowel

..... (Duration) ....yrs. 5 mos. ....ds.

(Signed) M A O'Neill M. D.

Feby 26, 1917 (Address) 108 N Fulton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem — DATE OF BURIAL, Feb. 27th, 1917

20-UNDERTAKER Wm B Brothers — ADDRESS 2 N Fulton Av

D 2769

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2769

PLACE OF DEATH

CITY OF BALTIMORE (No. 429 N Broadway St.) 6 WARD)

REGISTERED No. C 91

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Barton Terlitzky

(Residence in Baltimore: No. 429 N Bdway St.; yrs., mos., ds.)

CERTIFICATE OF DEATH.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Baby

6-DATE OF BIRTH, Feb 3 1917 (Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 23 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....Baby.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Herman Terlitzky

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Katherine Burger

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herman Terlitzky

(Address) 429 N Bdway

15- Filed FEB 26 1917, 191. ROBERT R. KRAUTER Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 26 1917 (Month) (Day) (Year), 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....(Duration).....yrs.....mos.....ds.

(Signed) H. Gunter (Coroner.) M. D.

Feb 26 1917

(Address) N. E. Dist.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rozedale Cemetery

DATE OF BURIAL, Feb 26 1917

20-UNDERTAKER Wm Levinson & Sons

ADDRESS 107 E Balto st.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2770

CERTIFICATE OF DEATH.

167 D 2770

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Sullivan

(Residence in Baltimore: No. 606 E. Madison St.: 57 yrs., ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Wid

6-DATE OF BIRTH, ... Ember ....., 1 .....
(Month) (Day) (Year)

7-AGE, 5-7 yrs. 1 mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Meat Packer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Peter Sullivan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Annie Finnegan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Annie Corat

(Address) 734 Starpedar

15- FEB 26 1917 ROBERT R. KRAUTER Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb. 24, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquest .....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) ..... find that said deceased came to ..... death on the day stated above.
The CAUSE OF DEATH* was as follows:

..... Burns (Extensive) .....
Acc. (Oil Stove explosion) .....
10 days abt. (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ? Pneumd
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Dr. T. Riley M. D.
(Coroner.)
Feb 25, 1917. (Address) 1639 Boundary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State 57 yrs. ~ mos. ~ ds.

Where was disease contracted, if not at place of death? 606 E. Madison St

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Patricks Cemetery

DATE OF BURIAL, February 27 1917

20-UNDERTAKER Henry Hoeck Son

ADDRESS 1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2771

CERTIFICATE OF DEATH.

119 D 2771

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 929 N. Eden ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank A. Ruppert

(Residence in Baltimore: No. 927 N. Eden St.; 48 yrs., 8 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH January 18, 1868. (Month) (Day) (Year)

7-AGE, 48 yrs. 8 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Book Keeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

10-NAME OF FATHER, Adam Ruppert

11-BIRTHPLACE OF FATHER (State or Country), Phila. Pa.

12-MAIDEN NAME OF MOTHER Margaret Hoelfel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Eva Ruppert

(Address) 927 N. Eden St

FEB 26 1917 ROBERT B. KRAUTER

ed....., 191.... Clerk

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 25th 1917. (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 2nd 1917, to Feb 25th 1917, that I saw h[illegible] alive on Feby 25th 1917, and that death occurred, on the date stated above, at 11:50 a. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(No history.) (Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cystitis

(Duration) yrs. mos. 1 ds.

(Signed) Jos. Sloan M. D.

[illegible], 191.7 (Address) 1501 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, Feby 28 1917.

20-UNDERTAKER Henry Hoeck Son — ADDRESS 1301 E. Eager St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2772 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 2772

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1521 Aliceanna ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank. Zientek

(Residence in Baltimore: No. 1521 Aliceanna St.: 1 yrs., 2 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Wht

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Sing'l

6-DATE OF BIRTH, Dec 22, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 2 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant

9-BIRTHPLACE, (State or Country), Baltimore

10-NAME OF FATHER, John Zientek.

11-BIRTHPLACE OF FATHER (State or Country), Galicia

12-MAIDEN NAME OF MOTHER Agnes Lauk

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Zientek

(Address) 1521 Aliceanna 9

FEB 26 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 26, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 24 1917, to Feb 26 1917, that I saw h— alive on Feb 26 1917, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration)..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary).....

(Duration)..... yrs. ..... mos. ..... ds.

(Signed) J. [illegible] M. D.

Feb 26, 1917. (Address) 1521 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary,

DATE OF BURIAL, Feb 27, 1917

20-UNDERTAKER William Fialkowski

ADDRESS 188 Eastern Ave

2 P M.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

130 D 2773

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1131 Battery ave St.; 24 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Roseanna Hoyle

(Residence in Baltimore: No. 1131 Battery ave St.; 60 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, March 24, 1838
(Month) (Day) (Year)

7-AGE, 78 yrs. 11 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Ireland

10-NAME OF FATHER, Thos. Feelan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Catherine Hallyon

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Jos. Hoyle

(Address)..... 1131 Battery ave

FEB 26 1917 191.. HARRY C. ANDREWS Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 24, 1917.
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jany 28 1917, to Feby 24 1917, that I saw h.. alive on 2/24 1917, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) two weeks

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) about 2 yrs. mos. ds.

(Signed) R. Huntington M. D.

2/26, 1917. (Address) 10 E Fort ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, Feb. 28, 1917.

20-UNDERTAKER, H. F. M. G. Flynn — ADDRESS 1422 Light St.

SAFETY FILM

Spec.—8-24-14—M. & T.—2000 Blks.

D 2774

HEALTH DEPARTMENT—CITY OF BALTIMORE

10 D 2774

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hahnemann General Hospital REGISTERED NO. C.

CITY OF BALTIMORE: (No. 1120 N Mount ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles. V. Milbourne

(Residence in Baltimore: No. 254 N Hoffman St.; 25 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept 27, (Month) (Day) 1855 (Year)

7-AGE, 61 yrs. 5 mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Traveling Salesman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland.

10-NAME OF FATHER, Don't Know.

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

I HEREBY CERTIFY, THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Milbourne

(Address) 534 S. Elder St. Pittsburg

FEB 26 1917 191.... HARRY C. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 20 1917, to Feb 26 1917, that I saw h[illegible] alive on Feb 25 1917, and that death occurred, on the date stated above, at 1.20 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia (Probably La Grippe)

(Duration) ....yrs. 1 mos. 10 ds.

(Signed) Brantz C. Catlin M. D.

Feb 26, 191.. (Address) 1404 London Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS/ INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State [illegible] yrs. [illegible] mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 254 N Hoffman St

19-PLACE OF BURIAL OR REMOVAL, Cambridge Md. DATE OF BURIAL, Feb 28, 191.7.

20-UNDERTAKER Mr & Mrs Otto W Zenkel ADDRESS 801 N. Fayette

KODAK·S·A·K

D 2775

HEALTH DEPARTMENT--CITY OF BALTIMORE

1 PLACE OF DEATH

CERTIFICATE OF DEATH

91 D 2775

REGISTERED NO. C

CITY OF BALTIMORE (No. 1843 W. Baltimore ST. 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME John Houff Jr.

(Residence in Baltimore: No. 1843 W Baltimore St.; yrs. 1 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH: Dec. (Month) 29, (Day) 1916, (Year)

7-AGE: yrs. 1 mos. 27 ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: John Houff

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Elizbeth May Michaels

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Houff

(Address) 1843 W Baltimore St

15. Filed FEB 26 1917, 191 HARRY [illegible]
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. (Month) 25 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1917, to Feb. 24 1917, that I saw h~~im~~ alive on Feb. 24, 1917, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Broncho. Pneumonia
(Probably Acute Bronchitis)

(Duration) yrs. mos. 14 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Jesse L. Hirsh M. D.

Feb 25, 1917. (Address) 2310 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Feby 27, 1917

20-UNDERTAKER: Geo. A. Gerbig

ADDRESS: Balto & Paca Sts

Spec.—8-24-14—M. & T.—2000 Bks.

D 2776 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X28 D 2776

1-PLACE OF DEATH St Joseph Hospital

CITY OF BALTIMORE: (No. Caroline & Edwin ST.) 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carl Hartzog

(Residence in Baltimore: No. St Joseph Hospital St.; ..... yrs., ... mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (Write the word.) Widower

6-DATE OF BIRTH, Unknown ..... (Month) ..... (Day) 1 ..... (Year)

7-AGE, About 40 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Unknown

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..S. J. Hartzog.....

(Address)..Pikesville.....

FEB 26 1917

....., 191.... HARRY C. ANDREWS

Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 23 ..... (Month) ..... (Day) ....., 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 20 1917, to Feb. 23 1917, that I saw him alive on Feb. 23 1917, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

..... Tuberculosis Pneumonia .....

..... (Duration) ..... yrs. ..... mos. 3 ..... ds.

CONTRIBUTORY (Secondary) Unspecified Causation

..... (Duration) ..... yrs. ..... mos. 1 ..... ds.

(Signed) ..... Henry Merkel ..... M. D.

Feb. 23, 1917. (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? About Known

Former or usual residence Liberty Road Baltimore Co

19-PLACE OF BURIAL OR REMOVAL, McCurdy Mem. Balto Co. DATE OF BURIAL, Feb 26, 1917

20-UNDERTAKER S. J. Hartzog ADDRESS Pikesville

D 2777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

56 D 2777

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Md Gen. Hospital St., 8 WARD)

2-FULL NAME Edward L. Gibson

(Residence in Baltimore: No. 1914 N. Castle St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1850 (Year)

7-AGE, 67 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Porter
(b) General nature of industry, business, or establishment in which employed (or employer) Watchman

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Wm. Johnson

11-BIRTHPLACE OF FATHER (State or Country), Maine

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Son

(Address) 1919 N Castle

15-

Filed FEB 26 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 24, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows: Alcoholism

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Whiskey Cirrhosis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Feb 26 1917 (Coroner) (Address) 819 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1919 N Castle St

19-PLACE OF BURIAL OR REMOVAL, Holy Cross — DATE OF BURIAL, Feb 27, 1917

20-UNDERTAKER E. A. Riedfield Jr — ADDRESS Greenmount Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 2778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

130 D 2778

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital St.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Cuyus

(Residence in Baltimore: No. 572 Greenmeadow St St.; 36 yrs. 1 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Jan. 1, 1881
(Month) (Day) (Year)

7-AGE 36 yrs. 1 mos. 23 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundry
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

10-NAME OF FATHER. Geo. H. Lucas

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Fannie Ridgely

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Bertha Norman

(Address) 1442 Presstman

FEB 26 1917

d....., 191.... HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb 26 th, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 21st 1917, to Feb 26th 1917, that I saw her alive on Feb 25th 1917, and that death occurred, on the date stated above, at 11.05 m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

(Duration) ....yrs. 6 mos. 5 da.

CONTRIBUTORY (Secondary) Pneumonia Croupus

(Duration) ....yrs. ....mos. ....da.

(Signed) Edward Newcomer M. D.

2-27, 191.. (Address) 1001 Eutaw Mt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 da. In the State Life yrs. mos. da.

Where was disease contracted, if not at place of death? —

Former or usual residence 572 Greenmeadow St

19-PLACE OF BURIAL OR REMOVAL. Mt. Auburn Cemetery

DATE OF BURIAL, Feb 26 1917.

20-UNDERTAKER Geo. H. Holland

ADDRESS 577 Robert St.

D 2778 HEALTH DEPARTMENT--CITY OF BALTIMORE D 2779

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.: 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Percy R. Jones

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ...yrs.... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH ..... (Month) Unknown (Day), 1876 (Year)

7-AGE 41 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Texas Oil Co.

9-BIRTHPLACE (State or country) Virginia

10-NAME OF FATHER Unknown

11-BIRTHPLACE OF FATHER (State or country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm F Schnyckaud

(Address) Standard Paca St

FEB 26 1917, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH February (Month) 26 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 13, 1917, to, Feb. 26 1917, that I saw h.im alive on Feb. 25 1917, and that death occurred, on the date stated above, at 1.20 a. m.

The CAUSE OF DEATH* was as follows:

Sub acute endocarditis
-mitral and aortic Delirium
Bronchopneumonia
5 (Duration) yrs. ... mos. ... ds.

Contributory (SECONDARY) Acute exacerbation of subacute Endocarditis
(Duration) ... yrs 1 mos. 6 ds.

(Signed) J. E. Moore M. D.

Feb 26 1917 [Address] Johns Hopkins Hospital

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos 14 ds. In the State ... yr. ... mos 14 ds.

Where was disease contracted, if not at place of death? Virginia

Former or usual residence Harrisonburg Va.

19-PLACE OF BURIAL OR REMOVAL Forest Lawn DATE OF BURIAL Feb 26 1917

20-UNDERTAKER Wm J Flickner & Sons ADDRESS 421 N. Charles St

D 2780 HEALTH DEPARTMENT--CITY OF BALTIMORE 10 D 2780

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 811 W. Franklin St. 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ogue G. Imwood.

(Residence in Baltimore: No. 811 W Franklin St. 80 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: May 22, 1834 (Month) (Day) (Year)

7-AGE: 82 yrs. 9 mos. 2 ds. — If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: — Wilkins

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: — Beckman

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Anton Imwold

(Address) 811 W Franklin St

15. Filed FEB 26 1917 191 — HARRY C. ANDREWS Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. (Month) 24 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1917, to Feb. 24 1917. that I saw her alive on Feb. 24, 1917. and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

1a Grippe.

(Duration) ..... yrs. ..... mos. 7 ds

Contributory (SECONDARY) Broncho Pneumonia Terminal

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) J. T. Owens M. D.

Feb 26, 1917 (Address) 1042 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Feb 28, 1917

20-UNDERTAKER: Geo. W. Little — ADDRESS: 531 N Fremont Ave

D 2781 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓30 D 2781

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE (No. 2221 W. Baltimore St. WARD) 18

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William Joseph Strohmer,

(Residence in Baltimore: No. 2221 W. Baltimore St.: 8 yrs. 2 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: December 4, 1908 (Month) (Day) (Year)

7 AGE: 8 yrs. 2 mos. 20 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Edward Strohmer,

11 BIRTHPLACE OF FATHER (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Margaret Lory,

13 BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward Strohmer

(Address) 2221 W. Baltimore St.

15 Filed FEB 26 1917 19

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb 24, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 30, 1916, to Feb 24 1917,
that I saw h— alive on Feb 23, 1917,
and that death occurred, on the date stated above, at 11½ m.
The CAUSE OF DEATH* was as follows:

Cerebral Tuberculo

(Duration) yrs. 8 mos. ds

Contributory (SECONDARY): Tuberculosis

(Duration) yrs. mos. ds.

(Signed) E V Cookelan M. D.

Feb 25, 1917 (Address) 24 W Fullar St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Feb. 27, 1917

20 UNDERTAKER: Geo W. Little — ADDRESS: 531 N. Fremont Ave

D 2782

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 2782

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1531 Jefferson St.; 6 Ward)

REGISTERED No. C 79

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma E. Hicks

(Residence in Baltimore: No. 1531 Jefferson St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7-AGE: 43 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Private Laundry
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Abraham Hicks

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: May Barney

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS GIVEN TO THE BEST OF MY KNOWLEDGE

(Informant) Laura Jones

(Address) 1531 Jefferson St

15- Filed FEB 26 1917 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 25 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 15, 191 7, to Feb 25 191 7, that I saw h[illegible] alive on Feb 24, 191 7, and that death occurred on the date stated above, at 6 15 a.m. p.m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Indefinite (Duration) yrs. mos. ds

Contributory (SECONDARY) Cardiac Asthma

one year (Duration) 1 yrs. 0 mos. ds.

(Signed) J Edward Fisher M. D.

Feb 25, 191 7 (Address) 1612 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Feb 27, 191 7

20-UNDERTAKER: Chas. G. Bailey — ADDRESS: 1421 Bloom[illegible]

D 2783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 2783

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 45 S Washington St ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward J Smith

(Residence in Baltimore: No. 45 S Washington St ST.; Yrs. 44 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Dec 20, 1861
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
55 yrs. 3 mos. 4 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Banker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, [illegible] Smith

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Amelia Wilson

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward J Smith

(Address) 1235 W Fairmount Ave

15- Filed FEB 26 1917, 191... HARRY C. ANDREWS Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 24, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) [illegible] Coroner. M. D.

Feb 27, 1917. (Address) 16 E Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	2/27, 1917

20-UNDERTAKER	ADDRESS
Robert Burkeen	175 Calhoun St

Spec.—6 24 14—M. & T.—2000 Bks.

D 2784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 D 2784

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2156 Hollins St.; 20 WARD) REGISTERED No. C.....

2-FULL NAME Henry Behrens

(Residence in Baltimore: No. 2156 Hollins St.; ★ yrs., ★ mos. — ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) ★

6-DATE OF BIRTH, ... Jan (Month) 14 (Day), 1850 (Year)

7-AGE, 67 yrs. 1 mos. 5 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

I HEREBY CERTIFY, THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence Tatum

(Address) 2156 Hollins St

FEB 26 1917 (Date) HARRY C. ANDREWS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb (Month) 24th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 19th 1917, to February 24th 1917, that I saw him alive on February 22nd 1917, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Intestinal Peritonitis

.....

.....

..... (Duration) yrs. 5 mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

..... (Duration) yrs. 4 mos. 24 ds.

(Signed) H. L. K. Tanner M. D.

Feb 24th, 1917. (Address) Franklin Square Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 4 mos. 24 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 2156 Hollins St

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, 2/28, 1917

20-UNDERTAKER Robert Bowersox — ADDRESS Calhoun

Spec.—8-24-14—M. & T.—2000 Bks.

D 2785

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2785

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 N. Dunham ST.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vaclav Vacek

(Residence in Baltimore: No. 808 N. Dunham St.; 14 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1845 (Year)

7-AGE, 72 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer): Wagon work

9-BIRTHPLACE, (State or Country), Bohemia

10-NAME OF FATHER, Josef Vacek

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER, Emma Eisar

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frances Vetr

(Address) 808 N. Dunham St.

FEB 26 1917, 191..... HARRY C. ANDREWS, Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 25 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 11 191 7 to Feb 25 191 7, that I saw h.. alive on Feb 25 191 7, and that death occurred, on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Cardiac Sclerosis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. J. Rogers M. D.

Feb 27, 191.. (Address) 1008 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Feb. 27, 1917

20-UNDERTAKER Frank Brockton — ADDRESS 1006 Eutaw Place

Spec.—8-24-14—M. & T.—2000 Blks.

D 2786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 D 2786

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 Brune ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lusha Donnelly

(Residence in Baltimore: No. 710 Brune St.; 55 yrs., 1 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, January 1st, 1862.
(Month) (Day) (Year)

7-AGE, 55 yrs. 1 mos. 24 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House
(b) General nature of industry, business, or establishment in which employed (or employer)..... work at home

9-BIRTHPLACE, (State or Country), Baltimore Md.

10-NAME OF FATHER, Thomas Morgan

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Edward Donnelly

(Address) 710 Brune St.

Filed FEB 26 1917, 191.... HARRY C. ANDREWS Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 25, 1917.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 1 1917, to Feb 24 1917, that I saw h er alive on Feb 24 1917, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Valvular Dis of Heart

(Duration) 2 yrs. mos. ds.

(Signed) Geo. H. Kummer M. D.

Feb 26, 1917. (Address) 700 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem.

DATE OF BURIAL, Feb 28 1917

20-UNDERTAKER John Howard Lowe

ADDRESS 901 Hollins

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2787

CERTIFICATE OF DEATH.

102 D 2787

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. University Hospital St., 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David E Wilson

(Residence in Baltimore: No. 508 Callender Alley St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1883. (Year)

7-AGE, 34 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Painter
(b) General nature of industry, business, or establishment in which employed (or employer)..... Painting work

9-BIRTHPLACE, (State or Country), Md.

10-NAME OF FATHER, Geo W Wilson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lucretia Seymore

13-BIRTHPLACE OF MOTHER (State or Country), Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Surname

(Address) Hospital Record

FEB 26 1917 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 25 1917, to Feb 25 (6 p m) 1917, that I saw h m alive on the 24 Feb 1917, and that death occurred, on the date stated above, at 6 P M.

The CAUSE OF DEATH* was as follows:

Peritonitis (suppurative)

(Duration) ....yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Gastric Ulcer

(Duration) 4 yrs. ....mos. ....ds.

(Signed) G Perry Boss M. D.

2/27, 191 7 (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State Life yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Former Residence

Former or usual residence 508 Callender Alley

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet — DATE OF BURIAL, Feb 27, 1917

20-UNDERTAKER John F Coman & Son — ADDRESS 901 Hollins St

D 2788

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 D 2788

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 328 E. Lafayette Av. ST. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice J. Martin

(Residence in Baltimore: No. 328 E Lafayette Av ST.; 72 yrs. 9 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH May 15, 1844
(Month) (Day) (Year)

7-AGE 72 yrs. 9 mos. 10 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Baltimore Md.

PARENTS

10-NAME OF FATHER Abram Spicer

11-BIRTHPLACE OF FATHER (State or country) Balto Md

12-MAIDEN NAME OF MOTHER Mrs Engler

13-BIRTHPLACE OF MOTHER (State or country) England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jno J Martin

(Address) 328 E Lafayette Av

15- Filed FEB 26 1917, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb 25, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....., 191..., to, ..., 191..., that I saw h.. alive on Feby 25, 1917, and that death occurred, on the date stated above, at 9 a.m. The CAUSE OF DEATH* was as follows:

Paralysis of heart
(Valvular patient's)

(Duration) 2 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Chronic Nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Hugh J. Guthe M. D.

Feb 25, 191... (Address) 328 E Lafayette Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Peters	Feb 27 1917

20-UNDERTAKER	ADDRESS
John J Bowman & Son	901 Hollins St

Spec.—8-24-14—M. & T.—2000 Bks.

D 2789

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2789

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2122 E. Baltimore ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Schamberger.

(Residence in Baltimore: No. 2122 E. Baltimore St.; 43 yrs. - mos. - da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, September 18, 1853.
(Month) (Day) (Year)

7-AGE, 63 yrs. 5 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Contractor & Builder
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany.

10-NAME OF FATHER, George Schamberger

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Eva Rueb.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Schamberger

(Address) 2122 E. Baltimore St.

FEB 26 1917

....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 23rd, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 26 1917, to Feby 23 1917, that I saw h.m alive on 28th 1917, and that death occurred, on the date stated above, at 10 6 m.

The CAUSE OF DEATH* was as follows:

Pleurisy with Effusion

(Duration) ....yrs. 1 mos. 1 da.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) ....yrs. ....mos. 5 da.

(Signed) C. H. Athey M. D.

Feb 26 191.. (Address) 10 S. Potomac St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, Feb 27th, 1917.

20-UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Wolfe St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2790

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2790

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Nicholson

(Residence in Baltimore: No. 816 W. 37th St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct 14 1864
(Month) (Day) (Year)

7-AGE, 52 yrs. 4 mos. 11 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Md

10-NAME OF FATHER, Wm J. Nicholson

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Margaret Keys

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Emma Nicholson

(Address) 816 W 37 St

FEB 26 1917 191.. HARRY C. ANDREWS Registrar.
Burial Permit issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 25, 1917.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feby 20 1917, to Feby 25 1917, that I saw h[illegible] alive on Feby 24 1917, and that death occurred, on the date stated above, at 4.15 p.m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

Don't Know (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Pneumonia

(Duration) yrs. mos. 1 ds.

(Signed) William F. Dealy M. D.

2/25, 191.7. (Address) St. Joseph's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Don't Know

Former or usual residence 816 W. 37 St.

19-PLACE OF BURIAL OR REMOVAL, St Patricks Cem DATE OF BURIAL, Feb 27, 191.7

20-UNDERTAKER A B Marshall ADDRESS 2879 Falls

Spec.—8-24-14—M. & T.—2000 Bks.

D 2791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 D 2791

REGISTERED NO. C.....

1-PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 413 N. Biddle ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha E Brown

(Residence in Baltimore: No. 568 Presstman St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX female

4-COLOR OR RACE, Col

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month), (Day), 1870 (Year)

7-AGE, 47 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

10-NAME OF FATHER, Henry Toomey

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Etta Steward

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ellsworth Toomey

(Address) 568 W. Pratt Warren St

FEB 26 1917

HARRY C. ANDREWS
Registrar.

Asst. Permit Clerk Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2 (Month) 25 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1/30 1917, to 2/28 1917, that I saw h[illegible] alive on 2/28 1917, and that death occurred, on the date stated above, at 7:30 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach & Liver

(Patient Tb treated Johns Hopkins Hosp.

Clinical 3rd Macrofie) (Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) B. [illegible] M. D.

2/28, 1917. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. – ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 568 Prestman St

19-PLACE OF BURIAL OR REMOVAL, Laud Cemetery. DATE OF BURIAL, Feb. 27, 1917.

20-UNDERTAKER Mrs. Robt. A. Elliott ADDRESS 506 East N.

D 2792

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D 2792

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 27 E.Church St. ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Kennard.(C)

(Residence in Baltimore: No. 27 E.Church St. St.; 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, Colored.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower.

6-DATE OF BIRTH, Do not know., (Month) (Day) 1 (Year)

7-AGE, 37 yrs. -- mos. -- ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer on
(b) General nature of industry, business, or establishment in which employed (or employer): Guano factory.

9-BIRTHPLACE. (State or Country). Kent Co.Md.

PARENTS.

10-NAME OF FATHER: Do not know.

11-BIRTHPLACE OF FATHER (State or Country): Do not know.

12-MAIDEN NAME OF MOTHER: Do not know.

13-BIRTHPLACE OF MOTHER (State or Country): Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant:) Lottie Thompson.(C)

(Address) 27 E.Church St.

Filed FEB 27 1917, 191.... ROBERT R. KRAUTER Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 23rd.1917., (Month) (Day) 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M.Reinhardt (Coroner.) M. D.

Feb.26,1917. (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn ct	Feb 27 1917
20-UNDERTAKER	**ADDRESS**
L.H.Brown & Son	108 W Monto st

Basil Keenan.

HEALTH DEPARTMENT---CITY OF BALTIMORE

2793

CERTIFICATE OF DEATH

92 D 2793

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 S. Sharp Street ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Basil Keenan

(Residence in Baltimore: No. 609 S. Sharp Street St.; 55 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): Widower

6-DATE OF BIRTH: Aug (Month) 13 (Day), 1862 (Year)

7-AGE: 55 yrs. 6 mos. 14 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE (State or country): Calvert Co, Md

PARENTS

10-NAME OF FATHER: James Keenan

11-BIRTHPLACE OF FATHER (State or country): unknown

12-MAIDEN NAME OF MOTHER: Sarah Sears

13-BIRTHPLACE OF MOTHER (State or country): Calvert Co, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie Keenan

(Address) 609 S. Sharp St.

FEB 27 1917 Filed ....., 191.....

ROBERT R. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 24 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 8, 1917, to, Feb 24 1917, that I saw him alive on Feb 24 1917, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 16 ds.

Contributory (SECONDARY): none

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) 2/24/ ,1917. [Address] 136 W. Lafayette Av. M. D.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn ct — DATE OF BURIAL: Feb 27 1917

20-UNDERTAKER: H. A. Brown & Son — ADDRESS: 108 S. Monty st

2794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 D 2794

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1411 Jefferson St. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Kent

(Residence in Baltimore: No. 1411 Jefferson St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: December (Month), 1 (Day), (Year)

7-AGE: 2 yrs. — mos. — ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Albert Kent

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Blanche Curtis

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Albert Kent

(Address) 1411 Jefferson St

15. Filed FEB 27 1917, 191

ROBERT R. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 25 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 21 1917, to Feb 25 1917, that I saw h— alive on Feb 24 1917, and that death occurred, on the date stated above, at 6 P.M. The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia
Exhaustion
1 week (Duration)
Contributory (SECONDARY) Heart failure (Duration) yrs. mos. ds.

(Signed) J. Edward Foster M. D.

Feb 25, 1917 (Address) 1622 Mc[illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence: Upper Marlboro

19-PLACE OF BURIAL OR REMOVAL: Northumberland

DATE OF BURIAL: Feb 28 1917

20-UNDERTAKER: Charles B. Jones

ADDRESS: 1305 N. Pine

D 2795

HEALTH DEPARTMENT—CITY OF BALTIMORE

PLACE OF DEATH

CERTIFICATE OF DEATH.

1917 D 2795

CITY OF BALTIMORE (No. St Josephs Hospital St. 10 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME John Brown

(Residence in Baltimore: No. 743 A Jak alley St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
male	col	single

6-DATE OF BIRTH, ... (Month), ... (Day) 1 (Year)

7-AGE, 32 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), John Brown Balto

PARENTS.

10-NAME OF FATHER, John Brown

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Mary Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Brown

(Address) 743 A Jacks st

15- Filed FEB 27 1917 ROBERT R. KRAUTH Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 25 1917, (Month) (Day) (Year) 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatic Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Stab wound in fight

(Duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

Feb 26, 191.. (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 10 ds. In the State 32 yrs. mos. ds.

Where was disease contracted, if not at place of death? Hanford & Oakland, Cal.

Former or usual residence 743 Jacks Alley

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery

DATE OF BURIAL, March 1 1917

20-UNDERTAKER Charles B Jones

ADDRESS 235 N Pine

D 2796

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 D 2796

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1113 Mason st ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis a. ackwood

(Residence in Baltimore: No. 1113 Mason st St.; 41 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colord

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Don't Know / (Month) (Day) 1 (Year)

7-AGE: 41 yrs. mos. ds. — If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Robt Ackwoods

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Jane Squirrel

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jane Ackwood

(Address) 117 Mason st

15- FEB 27 1917 — ROBERT R. KRAUTER — Registrar — Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 13, 1917, to, Feb 27 1917, that I saw h.. alive on Feb 26 1917, and that death occurred, on the date stated above, at 3a p.m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) 1 yrs mos 6 ds.

Contributory (SECONDARY) La Grippe

(Duration) yrs mos 7 ds.

(Signed) D K Donnelly M.D.

Feb 28 1917 [Address] 117 N Sarato st

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..yrs..mos..ds. In the State ..yrs..mos..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: Mar 1 1917

20-UNDERTAKER: J. A. Bridge — ADDRESS: W Pratt

8 2797

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED No. C 120 D 2797

CITY OF BALTIMORE (No. S W Cor Franklin St and Fulton Ave 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Mary Ann Crawford.

(Residence in Baltimore: No. Home for the aged of the M. E. Church St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH ..... (Month) ..... (Day), 1838 (Year)

7-AGE 79 yrs. mos. ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Baltimore Md.

PARENTS

10-NAME OF FATHER Robert Healy Crawford

11-BIRTHPLACE OF FATHER (State or country) Harford Co. Md.

12-MAIDEN NAME OF MOTHER Hannah A. White.

13-BIRTHPLACE OF MOTHER (State or country) Cecil Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. Rebekah Henshaw Supt.

(Address) Methodist Home for Aged

15. FEB 27 1917 Filed ROBERT R. KRAUTH Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Febry (Month) 26 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Febry 3, 1917, to Febry 26, 1917, that I saw her alive on Febry 25, 1917, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 2 yrs. mos. ds

Contributory (SECONDARY) Mitral Regurgitation

(Duration) 2 yrs. 3 mos. — ds.

(Signed) George C. Shannon M. D.

Febry 26, 1917 (Address) 700 Fulton ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 12 yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? The M.E. Home for the Aged

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Greenmount Cem. | DATE OF BURIAL Feb 27, 1917

20-UNDERTAKER George J. Smith | ADDRESS 4000 Fayette

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2798

CERTIFICATE OF DEATH.

90 D 2798

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 N Lexington ST.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Salvatora Russo

(Residence in Baltimore: No. 602 N Lexington St St.; 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) M Married

6-DATE OF BIRTH, Oct (Month) 18 (Day), 1848 (Year)

7-AGE, 68 yrs. 4 mos. 7 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Italy

10-NAME OF FATHER, Vincent Russo

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Ignasione Violetti

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carmelo Russo

(Address) 602 N. Lexington

FEB 27 1917

ROBERT R. KRAUTER

Registrar.

Buried ..... 191..... Burial Permit Issued, ...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 191 1, to Feb 26 1917, that I saw h[illegible] alive on Feb 26 1917, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. mos. 26 ds.

CONTRIBUTORY (Secondary) Chron Bronchitis

(Duration) 1 yr. 2 mos. ds.

(Signed) [illegible] M. D.

Feb 27, 1917. (Address) 168 Bunby

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, New Cathedral Cem

DATE OF BURIAL, Feb 28 1917

20-UNDERTAKER W M Courtney

ADDRESS 233 E Green

Spec.—8-24-14—M. & T.—2000 Blks.

D 2799

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2799

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2010 24th ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucian Page Jr.

(Residence in Baltimore: No. 205 W. 24th St. St.; ..... yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, colored.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1892 (Year)

7-AGE, 25 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Chauffer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto md.

10-NAME OF FATHER, Lucian Page

11-BIRTHPLACE OF FATHER (State or Country), Balto md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucian Page

(Address) 205 W. 24th St

FEB 27 1917 ROBERT R. KRAUSE

ed ....., 191.. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 25 (Day), 191 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2/2/ 191.., to 2/25/ 191.., that I saw h.. alive on 2/25/ 191.., and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema
Chronic Nephritis
Lobar Pneumonia
(Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Unknown - probably
Pulmonary Tuberculosis (Duration) ..... yrs. ..... mos. ..... da.

(Signed) Benjamin Bell Fox M. D.

2/26/, 191.. (Address) 1 E. Balto Street

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn Cemetery DATE OF BURIAL, FEB 27 1917

20-UNDERTAKER JAMES H. DENNIS ADDRESS 1303 PRESTMAN ST

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2800

92 D 2800

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 Bradley ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hattie Toogood

(Residence in Baltimore: No. 620 Bradley St St.; 18 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Blk

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day) 1868 (Year)

7-AGE, 49 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laundress
(b) General nature of industry, business, or establishment in which employed (or employer). Pri. Family

9-BIRTHPLACE, (State or Country). Belair Harford Co Md

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Cuba

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Cuba

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Minnie Brown

(Address). 402 Druid Hill ave.

Filed FEB 27 1917, 191.... ROBERT R. KRAUTZ Registrar

Burial Permit Granted

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 25 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 7th 1917, to Feby 25th 1917, that I saw h[illegible] alive on Feby 24th 1917, and that death occurred, on the date stated above, at 4.03 P. m.

The CAUSE OF DEATH* was as follows:

Double Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Gustav Goldman M. D.

Feb 26, 1917. (Address) 656 W Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.... yrs.... mos.... ds. In the State.... yrs.... mos.... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn Cem

DATE OF BURIAL. Feb 28 191 7

20-UNDERTAKER Samuel J Hemsley

ADDRESS 5 Bond Saddle

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2801

CERTIFICATE OF DEATH.

GV D 2801

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 W Lafayette ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pearl M Dorsey

(Residence in Baltimore: No. 3 W. Lafayette Ave St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb (Month) 20 (Day), 1899 (Year)

7-AGE, 18 yrs. — 4 mos. ... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Laundress

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Aaron Davis

11-BIRTHPLACE OF FATHER (State or Country), United States

12-MAIDEN NAME OF MOTHER Rachel Davis

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rachel Davis

(Address) 3 W Lafayette Ave

FEB 27 1917 ed....., 191.... ROBERT R. KRAUSE Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 24 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 15 1917, to Feb 24 1917, that I saw h[er] alive on Feb 24 1917, and that death occurred, on the date stated above, at 5 50P m.

The CAUSE OF DEATH* was as follows:

La Grippe

(Duration) 0 yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) ... yrs. ... mos. 2 ds.

(Signed) R H C Haddock M. D.

2/25, 1917. (Address) 117 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park — DATE OF BURIAL, Feb 27, 1917

20-UNDERTAKER, Daniel Hemsley — ADDRESS, 5 S Eutaw St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2802

CERTIFICATE OF DEATH.

64 D 2802

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 119 S Payson ST.; 20 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward H Nelson

(Residence in Baltimore: No. 119 S. Payson St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, (Write the word.) Married

6-DATE OF BIRTH, May 15, 1859
(Month) (Day) (Year)

7-AGE, 57 yrs. 9 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Maryland

10-NAME OF FATHER, Edw H Nelson

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Mary E. Dalbrook

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm B. Crothers

(Address) 2 N. Fulton Ave.

FEB 27 1917 ROBERT R. KRAUSE
....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 25, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 4 1916, to Feb 25 1917, that I saw him alive on Feb 23 1917, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Uremic Nelson

(Duration) 2 yrs. 4 mos. ....ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ....yrs. 3 mos. ....ds.

(Signed) E Nelson Embalmer M. D.

Feb 27, 191... (Address) 24 N Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cem.	Feb 28, 1917
20-UNDERTAKER Wm B Crothers	ADDRESS 2 N Fulton Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 2803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 2803

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1020 W. Lanvale ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Frances Pugh

(Residence in Baltimore: No. 1020 W. Lanvale St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Don't know ....., 1..... (Month) (Day) (Year)

7-AGE, 17 yrs. Don't know about mos. 7 days

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... none

9-BIRTHPLACE, (State or Country), Baltimore

10-NAME OF FATHER, David Pugh

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER, Magdalene Fouse

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Wm. M. Pugh

(Address) 1020 W Lanvale St

FEB 27 1917

ROBERT R. KRAUTER

Registrar.

.....ed....., 191.....Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 26, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 17 1917, to Feb 26 1917, that I saw her alive on Feb 26 1917, and that death occurred, on the date stated above, at 11a. m.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia

..... (Duration) ....yrs. ....mos. 9 days

CONTRIBUTORY (Secondary) arteriosclerosis, Pulmonary tuberculosis

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) H. E. Kunkel M. D.

Feb 26, 1917. (Address) 1002 W. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cem. DATE OF BURIAL, July 28, 1917

20-UNDERTAKER Stewart & Mowen Co ADDRESS 1018 W Pratt St

D 2804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 2804

28

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1120 Battery Ave., St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Elijah A Morris

(Residence in Baltimore: No. 1120 Battery Ave St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, ~~MARRIED~~ WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6 DATE OF BIRTH Feb (Month) 25 (Day), 1883 (Year)

7 AGE 34 yrs. mos. 3 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Stencil Cutter
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Balto

PARENTS

10 NAME OF FATHER Elijah Morris

11 BIRTHPLACE OF FATHER (State or country) Easton Md

12 MAIDEN NAME OF MOTHER Eulace Taylor

13 BIRTHPLACE OF MOTHER (State or country) Mexico

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Martin

(Address) 1120 Battery Ave

FEB 27 1917 Filed

ROBERT R. KRAUSE Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb (Month) 26th (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 4th, 1917, to Feb 26th 1917, that I saw him alive on Feb 26th, 1917, and that death occurred, on the date stated above, at 1 30 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

History 3 Months Removed to Hospital

(Duration) yrs. mos. 22 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Jno B Kroll M. D.

Feb 27th, 1917 (Address) 1203 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Druid Cemetery | DATE OF BURIAL March 1, 1917

20 UNDERTAKER C D Fanning | ADDRESS 1938 Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 2805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 2805

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 E Fort ave ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 2B.)

2-FULL NAME Robert W. Cole

(Residence in Baltimore: No. 613 E Fort ave St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ... July (Month) 25 (Day), 1900 (Year)

7-AGE, 16 yrs. 7 mos. 1 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)..... Bank

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Edw W Cole.

11-BIRTHPLACE OF FATHER (State or Country). City

12-MAIDEN NAME OF MOTHER Emma O Jensen

13-BIRTHPLACE OF MOTHER (State or Country), Norway.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edw Cole

(Address) 613 E Fort ave

Filed FEB 27 1917 191.. ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 26 (Day), 1917 (Year).

17. I HEREBY CERTIFY, That I attended deceased from July 22nd 1917, to July 26 1917, that I saw her alive on July 26 1917, and that death occurred, on the date stated above, at 5:30 p.m.

The CAUSE OF DEATH* was as follows:

Labor Pneumonia

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Tuberculosis

..... (Duration) 0 yrs. 7 mos. 4 ds.

(Signed) ..... M. D.

July 27, 1917. (Address) 1228 Linden ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park	July 28, 1917.

20-UNDERTAKER	ADDRESS
E Deaming	1460 Dutton ave

D 2806

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2806

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 407 N. Front St.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George a. Wagner

(Residence in Baltimore: No. 407 N. Front St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 68 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Needle peddler
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Police Department

(Address) .....

15- FEB 27 1917 191... ROBERT E. KRAUTER Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb. (Month) 19 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fatty degeneration Heart

Sudden (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. S. Foley (Coroner.) M. D.

Feb 26, 1917. (Address) 1637 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Cross	Feb 27, 1917
20-UNDERTAKER	**ADDRESS**
E. J. Bunning	1938 E. Lafayette

Spec. 8-24-14—M. & T.—3000 Blks.

A-2807. ✓ D 2807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1126 Woodley ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriette Griffin

(Residence in Baltimore: No. 1126 Woodley St.; ....yrs. ....mos. 31 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, ...Jan. (Month) 27 (Day), 1917 (Year).

7-AGE,	If LESS than 1 day,
....yrs. ....mos. 30 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

10-NAME OF FATHER, William L. Griffin

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Carrie Lewis

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. L. Griffin

(Address) 1126 Woodley St.

Filed FEB 27 1917 ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 26 (Day), 1917 (Year).

17. I HEREBY CERTIFY, That I attended deceased from Feb 25 1917, to Feb 26 1917, that I saw h[illegible] alive on Feb 26 1917, and that death occurred, on the date stated above, at 3.45 P m.

The CAUSE OF DEATH* was as follows:

Prematurity Birth (7 months)

(Duration) ....yrs. ....mos. 31 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ....yrs. ....mos. 31 ds.

(Signed) John D. Dwiggins M. D.

Feb. 26, 1917. (Address) 1527 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL,
Stone Chapel Cem.	Feb 28, 1917
20-UNDERTAKER	ADDRESS
W. Dittmore Sons	Avon Pl

D 2808

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 2808

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 703 S. Montford Ave. ST.: WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2 FULL NAME Mary Pearce

(Residence in Baltimore: No. 703 S Montford ave St.: Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Nov. (Month) 23, (Day) 1882 (Year)

7 AGE: 34 yrs. 3 mos. 3 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): Work

9 BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John Mutch.

11 BIRTHPLACE OF FATHER (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Katherine Hammond

13 BIRTHPLACE OF MOTHER (State or country): Germany.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William S. Pearce,

(Address) 703 S. Montford Ave

15 Filed FEB 27 1917 ROBERT R. KRAUTER REGISTRAR

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: February (Month) 26, (Day) 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from February 25 1917, to February 26 1917, that I saw her alive on February 25 1917, and that death occurred, on the date stated above, at 12 10 a. m.

The CAUSE OF DEATH* was as follows:

Valvular disease of heart

(Duration) 7 yrs. mos. ds

Contributory (SECONDARY) Brights Disease of Kidneys

(Duration) 5 yrs. mos. ds.

(Signed) R. Hardy M. D.

Feb 26, 1917 (Address) R. Hardy 982 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St. Mary's. DATE OF BURIAL: Feby 28 1917.

20 UNDERTAKER: W. J. Sadowski ADDRESS: 705 S. Ann St

FILE • A • K • S • A • F • E • T

Spmn—6-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

8 D 2809

CERTIFICATE OF DEATH.

120 D 2809

1-PLACE OF DEATH
CITY OF BALTIMORE, (No.) Mercy Hospital ST.; 12 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Warren

(Residence in Baltimore: No. 302 - 23½ St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Male	Black	Married

6-DATE OF BIRTH, June 23 (Month) (Day) 1856 (Year)

7-AGE, 60 yrs. 8 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): Cafe

9-BIRTHPLACE, (State or Country), Md.

10-NAME OF FATHER, Lucian Warren

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

I HEREBY CERTIFY, THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp

(Address) Calvert St

FEB 27 1917 ROBERT R. KRAUTER
Filed ....., 191... Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 24 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 22 1916, to Feb 24 1917, that I saw him alive on Feb 24 1917, and that death occurred, on the date stated above, at 9.30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 2 mos. ? ds.

CONTRIBUTORY (Secondary) .....

(Duration) yrs. mos. ds.

(Signed) Edward L. Smith M. D.

2/24, 1917. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 3 mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 302 - 23½ St.

Former or usual residence 302 - 23½ St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
COLLEGE OF P. & S.	FEB 26 1917
20-UNDERTAKER	ADDRESS

Commissioner Health.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2810

CERTIFICATE OF DEATH.

104 D 2810

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugene Bell

(Residence in Baltimore: No. 910 Eden St St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, June 11, 1917
(Month) (Day) (Year)

7-AGE. ..... yrs. 1 mos. 13 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). .....

9-BIRTHPLACE, (State or Country), Md.

10-NAME OF FATHER. Eugene Bell

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Grace Hall

13-BIRTHPLACE OF MOTHER (State or Country), Md.

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp.

(Address) City

FEB 27 1917 ROBERT R. KRAUTER

ed ..... 191. Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 27, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 23 1917, to Feb. 24 1917, that I saw him alive on Feb. 27 1917, and that death occurred, on the date stated above, at 12:50 p.m.

The CAUSE OF DEATH* was as follows:

Intestinal Decomposition

a few hrs (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward J. Smith M. D.

2/27, 1917. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 910 Eden St.

Former or usual residence 910 Eden St

19-PLACE OF BURIAL, OR REMOVAL, JOHNS HOPKINS HOSPITAL

DATE OF BURIAL, FEB 28 1917, 191...

20-UNDERTAKER Commissioner Health.

ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 2811

CERTIFICATE OF DEATH.

92 D 2811

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J. Davis

(Residence in Baltimore: No. 110 Colvin St. St.; ..yrs., ..mos. ..ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, Nov 26, 1880
(Month) (Day) (Year)

7-AGE, 36 yrs. 7 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country), N. C.

10-NAME OF FATHER, Isaac Davis

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Record Mercy Hosp

(Address) Calvert St

FEB 27 1917 ROBERT B. KRAUTER
d....., 191.....
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 24, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 23 1917, to Feb. 24 1917, that I saw h[illegible] alive on Feb. 24 1917 and that death occurred, on the date stated above, at 6.55 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..yrs. ..mos. 12 ds.

CONTRIBUTORY (Secondary) [illegible]

(Duration) ..yrs. ..mos. ..ds.

(Signed) Everett L. Smith M. D.

2/24, 1917. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. 1 ds. In the State 18 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? 110 Colvin St

Former or usual residence 110 Colvin St.

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL — DATE OF BURIAL, FEB 26 1917

20-UNDERTAKER — ADDRESS

Commissioner Health.

WM. T. WOODALL

Spec.—5-19-13—M. & T.—500 Lks.

D 2812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 D 2812

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 532 W. Hoffman St.; ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ina Anthony

(Residence in Baltimore: No. 532 Hoffman St.; ... yrs., 20 mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, (?)

..... (Month) ..... (Day) 1 (Year)

7-AGE, 65 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Md

10-NAME OF FATHER, South Carolina

11-BIRTHPLACE OF FATHER (State or Country) Don't Know

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country) Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daniel Eastern

(Address) 916 Penna ave

15-FEB 27 1917 ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 5-23 1917, to Feb 23 1917; that I saw h in alive on Feb 23 1917; and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Nephritis

Chronic Parenchymatous

(?) (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) None

... (Duration) ... yrs. ... mos. ... ds.

(Signed) E. H. Mudchen M. D.

2/26, 1917 (Address) 917 St Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem

DATE OF BURIAL, Feb 28, 1917

20-UNDERTAKER Daniel Eastern

ADDRESS 916 Penna ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 2813

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2813

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital REGISTERED No. C

CITY OF BALTIMORE: (No. ..... ST.; 4 ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Viola Johnson

(Residence in Baltimore: No. University Hospital St.; ..... yrs., ... mos. 32 hrs.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Oct. — ....., 1900.
(Month) (Day) (Year)

7-AGE, 16 yrs. 4 mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... School girl
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

10-NAME OF FATHER, Louis Johnson

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Nellie Lewis

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hezekiah E. Johnson

(Address) Ellicott City Md

Filed FEB 27 1917 ROBERT R. KRAUSE Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 27, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 25 1917, to Feb. 27, 1917, that I saw her alive on Feb. 27 1917, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

..... Broncho Pneumonia

..... (Duration) ..... yrs. ..... mos. 2 ds.

..... History of

CONTRIBUTORY .....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ... Bernard J. Lary ..... M. D.

Feb. 27, 1917. (Address) ... University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. 3 hrs. In the State 16 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Ellicott City Md

19-PLACE OF BURIAL OR REMOVAL, I.O.O.F. Col. Cem. DATE OF BURIAL, Feb. 28, 1917

20-UNDERTAKER Easton Sons ADDRESS Ellicott City

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2814 D 2814

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1137 W. Lombard ST.; 18 WARD) REGISTERED NO. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel N. Bittinger

(Residence in Baltimore: No. 1137 W. Lombard St. 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, May (Month) 30., (Day) 1837 (Year)

7-AGE, 79 yrs. 8 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): B&O R Rd

9-BIRTHPLACE, (State or Country), Adams Co. Penna

10-NAME OF FATHER, John Bittinger

11-BIRTHPLACE OF FATHER (State or Country), not Known

12-MAIDEN NAME OF MOTHER not Known

13-BIRTHPLACE OF MOTHER (State or Country), not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Janey B. Bittinger

(Address) 1137 W. Lombard St.

HARRY C. ARGUELLES

FEB 27 1917 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 25., (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from February 2, 1917, to February 25, 1917, that I saw him alive on February 25, 1917, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of the heart

(Duration) One yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John A. Hood M. D.

Feb. 26, 1917. (Address) 630 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Wm Oliver Cemetery DATE OF BURIAL, Feby. 28, 1917

20-UNDERTAKER Chas. G. Black ADDRESS 120 Mulberry St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 2815

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 N Calhoun St ST.; 16 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Hardesty

(Residence in Baltimore: No. 1110 N Calhoun st St.; 16 yrs. 1 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, January 25, 1901. (Month) (Day) (Year)

7-AGE, 16 yrs. 1 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

10-NAME OF FATHER, Shadrick Hardesty

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Elizabeth Laws

13-BIRTHPLACE OF MOTHER (State or Country). Va

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Elizabeth Hardesty

(Address) 1110 N Calhoun st

Filed FEB 27 1917 191.... HARRY C. ANDREWS Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 27, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 25 1917, to July 27 1917, that I saw h.er alive on July 27 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Unknown) (Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Exhaustion (Duration) ....yrs. ....mos. ....ds.

(Signed) Thos. Flournoy M. D.

July 27 1917 (Address) 1 East Mt Royal Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. W. Arbour — DATE OF BURIAL, July 30, 1917

20-UNDERTAKER Sam W. Cox & Son — ADDRESS 1100 Madison

11

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 2816

CERTIFICATE OF DEATH.

92 D 2816

1-PLACE OF DEATH University Hospital REGISTERED No. C.....

CITY OF BALTIMORE: (No. ..... St.; 22d WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Trenton

(Residence in Baltimore: No. cor Montgomery & Ward St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Unknown ....., 1852
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
65 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Gen'l

9-BIRTHPLACE, (State or Country), Belgium

10-NAME OF FATHER, Richard Trenton

11-BIRTHPLACE OF FATHER (State or Country), Belgium

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), Belgium

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C Muller

(Address) 2334 Jefferson Ave

FEB 27 1917 HARRY C. ARDIS

Filed ....., 191..... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 25, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1917, to Feb. 25 1917, that I saw him alive on Feb. 25 1917, and that death occurred, on the date stated above, at 9:45 P m.

The CAUSE OF DEATH* was as follows:

.....Lobar Pneumonia.....

..... Pleurisy 11

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Leonard J. Ferry M. D.

2/26, 1917. (Address) Community Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 10 ds. In the State 41 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence cor Montgomery & Ward St.

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt Carmel Cemetery	Feb 27, 1917

20-UNDERTAKER	ADDRESS
Einstein Miller	2334 Jefferson Ave

Spec.—5-13-13—M. & T.—500 Bks.

D 2817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 2817

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1426 S. Hanover St.; 23 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary S. Fielding

(Residence in Baltimore: No. 1426 S. Hanover St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.) Widow

6-DATE OF BIRTH, Nov. 6, 1873 (Month) (Day) (Year)

7-AGE, 43 yrs. 3 mos. 21 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Woman
(b) General nature of industry, business, or establishment in which employed (or employer): Home Work

9-BIRTHPLACE, (State or Country), Md

10-NAME OF FATHER, John B Brass

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Susan Gosbee

13-BIRTHPLACE OF MOTHER (State or Country), Md

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Helen

(Address) 37 E Hoffman St

FEB 27 1917 HARRY C. ANDREWS

191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 27, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 6 1916, to Feb 27 1917, that I saw h alive on Feb 26 1917, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Interstate

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Respiratory Failure

(Duration) ... yrs. ... mos. 1 ds.

(Signed) R. E. Campbell M. D.

Feb 27, 1917 (Address) 1624 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. London Park Cem

DATE OF BURIAL. Mar 1, 191...7

20-UNDERTAKER Mr & Mrs Jno. W. Tenfel

ADDRESS 801 W. Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

D 2818

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2818

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 N. Pine ST.; 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob F. Edler

(Residence in Baltimore: No. 127 N. Pine St.; — yrs., 4 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan. 3rd (Month) (Day), 1860 (Year)

7-AGE, 57 yrs. 1 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Fireman Engineer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

10-NAME OF FATHER, Karl Edler.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Doris Reed

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Ida Edler

(Address) 127 N. Pine St.

FEB 27 1917 191.....

HENRY F. ARCHER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 27, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 14 1916, to Feb. 27 1917, that I saw h[illegible] alive on Feb. 27 1917, and that death occurred, on the date stated above, at 3 38 m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(Duration) yrs. 2 mos. 13 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 2 ds.

(Signed) Paul Brown M. D.

Feb. 27, 1917. (Address) 1837 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Woodlawn Cem. DATE OF BURIAL, March 2. 1917.

20-UNDERTAKER Jos Jacobs & Son ADDRESS 217 S. Poca

D 2819

HEALTH DEPARTMENT—CITY OF BALTIMORE

1PLACE OF DEATH

CITY OF BALTIMORE (No. 1907 Aisquith st St.: 9 WARD)

REGISTERED No. C 28 ✓ D 2819

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CERTIFICATE OF DEATH.

2-FULL NAME Eugene Bundy

(Residence in Baltimore: No. 1907 Aisquith st St. [illegible] mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col	Single

6-DATE OF BIRTH, June 15 1883, 1 (Month) (Day) (Year)

7-AGE, 33 yrs. 8 mos. 9 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Robert Bundy

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Ruth Norton

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jonn Bundy

(Address) 1907 Aisquith st

15- Filed FEB 27 1917, 191.... [illegible] Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb "27 1917, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquity (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuburculosis

(Duration).....yrs.....mos.....da.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....da.

(Signed) [signature] (Coroner) M. D.

....., 191... (Address) N. E. Dist.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Laurel Cem. | DATE OF BURIAL, Feb 28 1917

20-UNDERTAKER George J. Ruth | ADDRESS 1735 Harford ave.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2820

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D 2820

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. Caroline Downs ST. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME James Robinson

(Residence in Baltimore: No. 1706 Little Kenyon St St.; 38 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Negro	Married

6-DATE OF BIRTH, Unknown ....., 1879
(Month) (Day) (Year)

7-AGE, 38 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Driver
(b) General nature of industry, business, or establishment in which employed (or employer)..... Wagon

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. H. Anderson

(Address) 1737 Carlyle Place

15- Filed FEB 27 1917 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 26, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 25 1917, to Feb 26 1917, that I saw h[illegible] alive on Feb 26 1917, and that death occurred, on the date stated above, at 3 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 8 ..... ds.

CONTRIBUTORY (Secondary) Hypostatic Cong.

(Duration) ..... yrs. ..... mos. 2 ..... ds.

(Signed) Henry Mitchell M. D.

....., 191... (Address) 10 E. [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Don't Know

Former or usual residence 1706 Little Kenyon St

19-PLACE OF BURIAL OR REMOVAL, Auburn Cem. | DATE OF BURIAL, Mar 1 1917

20-UNDERTAKER Harry A. Vodery | ADDRESS 17 [illegible]

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2821

CERTIFICATE OF DEATH.

120 D 2821

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 85 Bethel ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Brown

(Residence in Baltimore: No. 85 Bethel St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, Unknown (Month) (Day), 1878 (Year)

7-AGE, 38 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Unknown

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt Brown

(Address) 85 Bethel St.

FEB 27 1917 HARRY C. ANDREWS, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 17 1917, to Feb 24 1917, that I saw h[illegible] alive on Feb 23 1917, and that death occurred, on the date stated above, at 7 30 p. m.

The CAUSE OF DEATH* was as follows:

Brights Disease
Cerebral Hemorrhage

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) W. C. Burns M. D.

Feb 25, 1917 (Address) 2218 E. Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, Feb 28, 1917

20-UNDERTAKER Harry A. Vodery ADDRESS 725 Eden St

Spec.—8-24-14—M. & T.—2000 Bks.

D 2822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 D 2822

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md General Hosp. 19 WARD)
REGISTERED NO. C
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elsie M Owings
(Residence in Baltimore: No. 613 Parkwyth ave St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female
4-COLOR OR RACE. White
5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Married
6-DATE OF BIRTH. July 24th (Month) (Day), 1881 (Year)
7-AGE. 35 yrs. 7 mos. 3 ds. If LESS than 1 day, hrs. or min.
8-OCCUPATION: (a) Trade, profession, or particular kind of work. Home duties (b) General nature of industry, business, or establishment in which employed (or employer).
9-BIRTHPLACE, (State or Country), Baltimore
10-NAME OF FATHER, Nathan Sanders
11-BIRTHPLACE OF FATHER (State or Country), Maryland
12-MAIDEN NAME OF MOTHER, Margaret Sherwalt
13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

I HEREBY CERTIFY, THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Saml J Owings
(Address) 613 Parkwyth ave

Filed FEB 27 1917, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 27, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1917, to Feb 27 1917, that I saw h-r alive on Feb 27 1917, and that death occurred, on the date stated above, at 10a m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Stomach
(Duration) yrs. mos. 6 ds.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Edward Baumgartner M. D.
2-27-, 191.7 (Address) 614 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).
At place of death yrs. mos. 6 ds. In the State Life yrs. mos. ds.
Where was disease contracted, if not at place of death? —
Former or usual residence 613 Parkwyth ave

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cemetery DATE OF BURIAL, MAR 1-, 1917
20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

over

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2823

CERTIFICATE OF DEATH.

64 D 2823

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 305 E. Lanvale ST.; 12 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Trostle (Mark) Rudolph

(Residence in Baltimore: No. 305 E Lanvale St.; 21 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	marr

6-DATE OF BIRTH. July 28, 1863
(Month) (Day) (Year)

7-AGE. 53 yrs. 6 mos. 30 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Fulton Co Pennsylvania

10-NAME OF FATHER, John Sharp

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Mary McLott

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A E Sorensen MD

(Address) 1810 Guilford Ave.

FEB 27 1917, 191.....

HARRY C. ARMEN
Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 27, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 17 1917, to February 27 1917, that I saw h[e] alive on February 27 1917, and that death occurred, on the date stated above, at 10, m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) (Apoplexy)

(Duration) yrs. mos. 10 ds.

(Signed) A. E. Sorensen M. D.

Feby 27, 1917. (Address) 1810 Guilford Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cem. DATE OF BURIAL. Mar. 2, 1917.

20-UNDERTAKER Chas. H. Eckert Sons ADDRESS 1818 Wood. Royal Av.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2824

HEALTH DEPARTMENT—CITY OF BALTIMORE

40 D 2824

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 413 N. Collington Ave. ST.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa A. Houce

(Residence in Baltimore: No. 413 N. Collington Ave St.; 50 yrs., mon. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, April 6" 1849
(Month) (Day) (Year)

7-AGE, 67 yrs. 10 mos. 19 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), New Orleans La

10-NAME OF FATHER, Wm C. Hanson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Elizabeth Burnite

13-BIRTHPLACE OF MOTHER (State or Country), Md.

I HEREBY CERTIFY, THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Houce

(Address) 413 N. Collington Ave.

Filed FEB 27 1917, 191.. HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 25" 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 14 1916, to Feb 25 1917, that I saw h.er alive on Feb 24 1917, and that death occurred, on the date stated above, at 7-30 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach
(Clinical diagnosis)

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) Cor S Knott M. D.

Feb 26, 1917. (Address) 701 N. Howard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Bells. Cem. | DATE OF BURIAL, Feb 28, 1917

20-UNDERTAKER Thos E. Ward & Son | ADDRESS 1180 W. Baltimore St

D 2825

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 ✓ D 2825

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2017 Ramsey ST.: 70 WARD) (If death occured a hospital or Institution give its NAME instead street and number and fill out No. 18.)

2 FULL NAME Henry Heinzenberger.

(Residence in Baltimore: No. 2017 Ramsey St.: — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 ~~SINGLE~~ MARRIED ~~WIDOWED~~ or DIVORCED (Write the word) Married

6 DATE OF BIRTH March 18, 1874 (Month) (Day) (Year)

7 AGE 42 yrs. 11 mos. 7 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Coal Dealer
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Md

PARENTS

10 NAME OF FATHER Conrad Heinzenberger

11 BIRTHPLACE OF FATHER (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Eshrad

13 BIRTHPLACE OF MOTHER (State or country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary E. Heinzenberger

(Address) 2017 Ramsay St.

15. Filed FEB 27 1917, 191 HARRY [illegible] Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 25, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1917, to Feb 4 1917 that I saw him alive on Feb 3 1917 and that death occurred, on the date stated above, at 10 00 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Bright's

Indefinite (Duration) ..... yrs. ..... mos.

Contributory (SECONDARY) Mitral regurgitation

(Duration) ..... yrs. 1 mos.

(Signed) E. Olive Murray M.D.

Feb 27, 1917 (Address) 1221 W. Lafayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Western Cemetery DATE OF BURIAL Feb 28, 1917

20 UNDERTAKER Henry H. Witzke ADDRESS 1531 W. Lombard

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2826 D 2826

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1412 Mallett ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie V. Malloy

(Residence in Baltimore: No. 1412 Mallett St. St.; 3 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE, 34 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE, (State or Country), Maryland

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha [redacted]

(Address) [redacted] N. Bond St.

FEB 28 1917 ROBERT R. KRAUTER

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 26, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 26 1916, to Feb. 26 1917, that I saw h[illegible] alive on Feb. 26 1917, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) H. Russell Cook M. D.

2/27, 1917. (Address) 2311 Hayward Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel — DATE OF BURIAL, Feb. 28, 1917

20-UNDERTAKER John W. Henderson — ADDRESS 317 N. Caroline

D 2827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 120 D 2827

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1841 N Spring st ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Thomas

(Residence in Baltimore: No. 1841 N Spring st St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX female | 4-COLOR OR RACE, [illegible] | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... January ..... 1 ..... (Month) (Day) (Year)

7-AGE, 55 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... Ct House

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Peter Taylor

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Wiggan

(Address) 509 S Caroline st

15-

Filed FEB 28 1917 191... ROBERT R. KRAUSE Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 26 1917 (Month) (Day) (Year) 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) J. Wm. Luckett M. D. (Coroner.)

March 1, 191... (Address) 4 W. C. Dept.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Asbury | DATE OF BURIAL, March 1. 1917

20-UNDERTAKER John W Henderson | ADDRESS 317 Caroline st

Spec.—8-24-14—M. & T.—2000 Bks.

D 2828

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 2828

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 Whitmore Ave St.; 16 WARD)

2-FULL NAME George T. Upperceu

(Residence in Baltimore: No. 1012 W Whitmore Ave St.; 71 yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, November 26, 1845 (Month) (Day) (Year)

7-AGE, 71 yrs. 3 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer). Bmsc.

9-BIRTHPLACE, (State or Country), Balto Md

10-NAME OF FATHER, Charles Upperceu

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Wm Upperceu

(Address) 1012 Whitmore Ave

15-FEB 28 1917 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 27, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 22 1917 to Feb 27 1917, that I saw him alive on Feb 25 1917, and that death occurred, on the date stated above, at 6-50 m.

The CAUSE OF DEATH was as follows: *

Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Frank M. Hillis M. D.

Feb 27, 1917 (Address) 1330 Monroe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, Mch 2 1917

20-UNDERTAKER John Howard Low ADDRESS 907 Hollins St

Elsie C. Demost

HEALTH DEPARTMENT—CITY OF BALTIMORE

8 2829 ✓ 64 D 2829

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Joseph Hospital St.; 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elsie C. Demost

(Residence in Baltimore: No. 811 N. Broadway St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, June 13 (Month), (Day), 1864 (Year)

7-AGE, 52 yrs. 8 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Joseph A Crouse

11-BIRTHPLACE OF FATHER (State or Country), Fredrick Md

12-MAIDEN NAME OF MOTHER Cassandra McRobert

13-BIRTHPLACE OF MOTHER (State or Country), Penn

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cornelius W. Demost

(Address) 811 N. Broadway

FEB 28 1917 Filed....., 191.....

ROBERT R. KRAUTER Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 26 1917 (Month), (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) J. Wirt Bratton (Coroner.) M. D.

Feb. 28 1917 (Address) NE Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 1 ds. In the State 52 yrs. ... mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, London Park Cemetery — DATE OF BURIAL, Feb 28, 19 17

20-UNDERTAKER Robb & Turner — ADDRESS 1742 W Broadway

D 2830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 2830

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2008 Division ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1S.)

2-FULL NAME Edna B. Tyson

(Residence in Baltimore: No. 2008 Division St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Col'd	Single

6-DATE OF BIRTH, Nov. 29, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 2 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER Henry Tyson

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Eva Mundle

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 2008 Division

15- FEB 28 1917 Filed....., 191.. ROBERT R. KRAUTER Registrar. Burial Permit Given:

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 27, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Pneumonia

Lobular

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Grippe

(Duration) yrs. mos. ds.

(Signed) J. H. Mitchell M. D.

(Coroner)

Feb 28, 1917 (Address) 819 N. Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn. DATE OF BURIAL, March 1, 1917

20-UNDERTAKER Edward Ringgold ADDRESS 1463 Carey St

D 2831

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 2831

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 601 Columbia ave St. 21 WARD)

2 FULL NAME Nathan Zinberg

(Residence in Baltimore: No. 601 Columbia Ave St.; 40 yrs. — mos. — ds.)

REGISTERED No. C 78

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): Married

6 DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7 AGE: 48 yrs. \ mos. \ ds. | If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Cutter Clothing
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Russia

PARENTS

10 NAME OF FATHER: Max Zinberg

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: Rachel Lemson

13 BIRTHPLACE OF MOTHER (State or country): Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sol Zinberg

(Address) 601 Columbia ave

FEB 28 1917 Filed 191

ROBERT B. KRAUTER
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb (Month) 27 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 26th, 1917, to Feb 27th 1917 that I saw h[illegible]ive on Feb 27th 1917 and that death occurred, on the date stated above, at 12.45 M.
The CAUSE OF DEATH* was as follows:

acute Cardiac Dilatation

(Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) myocarditis

(Duration) 1 yrs. ..... mos. ..... ds.

(Signed) J E Poulton M. D.

Feb 27th 1917 (Address) 615 Columbia ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Hebrew Herring Run — DATE OF BURIAL: Feb 28, 1917

20 UNDERTAKER: May Lemson & Son — ADDRESS: 1107 E Baltimore st

Spec.—8-24-14—M. & T.—2000 Bks.

D 2832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 D 2832

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 800 Aisquith ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Noonan

(Residence in Baltimore: No. 800 Aisquith St.; 68 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Fem	White	widowed

6-DATE OF BIRTH, March 17, 1849
(Month) (Day) (Year)

7-AGE, 67 yrs. 11 mos. 9 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) House-wife

9-BIRTHPLACE, (State or Country), Ireland.

10-NAME OF FATHER, Patrick Mooney

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ellen Naigel

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Mooney

(Address) 800 Aisquith St

FEB 28 1917

Filed....., 191.....

ROBERT R. KRAUTER
Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 26, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 2 1917, to Feb 26 1917, that I saw h e alive on Feb 25 1917, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Chronic Interstitial Nephritis (Duration) 0 yrs. 3 mos. 0 ds.

CONTRIBUTORY (Secondary) Exhaustion (Duration), yrs. mos. 2 ds.

(Signed) A. Bruce F. Rueslit M. D.

Feb 27, 1917. (Address) 1038 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cemetery	Mar 1, 191.7.
20-UNDERTAKER Christian Miller	ADDRESS 2334 Jefferson Av

Spec.—8-24-14—M. & T.—2000 Bks.

D 2833

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119 D 2833

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 425 S. Ellwood Av ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond C. Shirley

(Residence in Baltimore: No. 425 S. Ellwood Ave St.; ..... yrs., 1 mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Single

6-DATE OF BIRTH: Nov. 24th, 1897
(Month) (Day) (Year)

7-AGE: 19 yrs. 3 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Virginia

PARENTS.

10-NAME OF FATHER: George D. Shirley

11-BIRTHPLACE OF FATHER (State or Country): Va.

12-MAIDEN NAME OF MOTHER: Ada Burroughs

13-BIRTHPLACE OF MOTHER (State or Country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. E. Bryant

(Address) 425 S. Ellwood Ave

FEB 28 1917 ROBERT R. KRAUTER
ed ..... 191.. Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 27th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 8 1917, to Feb 27 1917, that I saw him alive on Feb 27 1917, and that death occurred, on the date stated above, at 12 36 p.m.

The CAUSE OF DEATH* was as follows:

Acute Bulbal Nephritis

(Duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (Secondary) Cold

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) O. L. Levy M. D.

Feb 28 1917. (Address) 2201 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Coan Northumberland Co Va

DATE OF BURIAL, Feb. 28., 1917

20-UNDERTAKER H. Sander Sons

ADDRESS 1710 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Blks.

Nicholas Bucke.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2834

CERTIFICATE OF DEATH.

28

D 2834

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 2105 W. Fayette ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nicholas Heneke

(Residence in Baltimore: No. 2105 W. Fayette St.; 50 yrs., 6 mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, March 24, 1847
(Month) (Day) (Year)

7-AGE, 69 yrs. 11 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Baker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

10-NAME OF FATHER, Heneke

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lizzie Heneke

(Address) 2105 W. Fayette St.

FEB 28 1917 ed.....; 191.....

ROBERT R. KRAUTER
Burial Permit ~~Officer~~.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 26, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 12 1917, to Feby 26 1917, that I saw h[illegible] alive on Feby 25 1917, and that death occurred, on the date stated above, at 3 [illegible] m.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) yrs. 1 mos. 14 ds.

CONTRIBUTORY (Secondary): Tubercular Broncho-pneumonia (Duration) yrs. 5 mos. 5 ds.

(Signed) Geo. T. Kemp M. D.

Feb 28, 1917. (Address) St. James Apartments

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Lorel Park Cy — DATE OF BURIAL, March 1, 1917.

20-UNDERTAKER Jos. Joerdens, Son — ADDRESS 217 S. Pea[illegible]

Stanislawa Kwiatkowski

D 28:35

HEALTH DEPARTMENT—CITY OF BALTIMORE

29 ✓ D 2835

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1613 Fleet St ST.: V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanislawa Kwiatkowski

(Residence in Baltimore: No. 1613 Fleet St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, 27 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Wincty

11-BIRTHPLACE OF FATHER (State or Country) Russia

12-MAIDEN NAME OF MOTHER —unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kate Kwiatkowski

(Address) 1613 Fleet St

15- FEB 28 1917 Filed....., 191... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 26, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquisition (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquisition (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nervous Exhaustion

Grippe (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edwin Owen Dunkley M. D. (Coroner.)

Feb 28, 1917. (Address) 1610 Fleet St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary Cem — DATE OF BURIAL, Mar 1. 1917

20-UNDERTAKER Wm. Fralkowski — ADDRESS 1618 Eastern ave

Julia Gentka

D 2836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 D 2836

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 531 S Chapel St ST. V WARD)

2-FULL NAME Julia Gentka

(Residence in Baltimore: No. 531 S Chapel St St.; yrs., mos. 9 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Feb 17, 1917
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 10 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER, Frank Gentka

11-BIRTHPLACE OF FATHER (State or Country). Austria

12-MAIDEN NAME OF MOTHER Anna Last

13-BIRTHPLACE OF MOTHER (State or Country). Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Gentka

(Address) 531 S Chapel St

15- FEB 28 1917 ROBERT R. KRAUTER
Filed ....., 191.... Registrar.
Burial Permit ISSUED

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 27, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquest
(Inquest, autopsy or inquiry.) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Debility

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Theron Ross Lee M. D.
(Coroner.)
Feb 28, 1917. (Address) 610 E Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus DATE OF BURIAL, Feb 28 1917

20-UNDERTAKER Wm Ferkowski ADDRESS 1618 Eastern Ave

Spec.—5-19-13—M. & T.—500 Bks.

D 2837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

D 2837

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 Carrollton Ave. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marguerite Davis.

(Residence in Baltimore: No. 1125 Carrollton Ave. yrs. 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Nov. 29 1916, (Month) (Day) 1 (Year)

7-AGE, yrs. 2 mos. 28 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Thomas Davis

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Lucy Spencer

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucy Spencer

(Address) 1125 N. Carrollton Ave

Filed FEB 28 1917 191 ROBERT R. KRAUTER Clerk

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 26, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 24 191 7, to Feb. 26 191 7, that I saw her alive on Feb. 25 191 7, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

Contributory (Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) yrs. mos. 5 ds.

(Signed) Wm. T. Carr Jr. M. D.

Feb. 28, 191 7 (Address) 515 Mosher St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery DATE OF BURIAL, FEB 28 1917

20-UNDERTAKER JAMES H. DENNIS ADDRESS 1303 PRESTMAN

D 2838

HEALTH DEPARTMENT—CITY OF BALTIMORE

92

D 2838

CERTIFICATE OF DEATH.

REGISTERED No. C.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2164 Bruce ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary L. Green

(Residence in Baltimore: No. 216 N Bruce St

St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, Aug 23, 1916
(Month) (Day) (Year)

7-AGE, yrs. 6 mos. 24 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Albert Green

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Millie Washington

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Millie Green

(Address) 216 N Bruce St

15-Filed FEB 28 1917, 191 ROBERT R. KRAUTER Burial Permit Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 27, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchitis acute

(Duration) yrs. mos. 10 ds.

(Signed) James M. Fenton M. D.
(Coroner.)

Feb 27, 1917 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, FEB 28 1917

20-UNDERTAKER JAMES H. DENNIS

ADDRESS 1303 PRESTMAN ST.

Spec.—8-24-14—M. & T.—2000 Blks.

Edisis, Thomas.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2839

CERTIFICATE OF DEATH.

91 C

REGISTERED No. D 2839

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 576 W. Preston St.; 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Odessie Thomas

(Residence in Baltimore: No. 576 W. Preston St.; ..... yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, ... March ....., 1914
(Month) (Day) (Year)

7-AGE, ... 1 ..... yrs. ..... 11 ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Thomas

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Sims

13-BIRTHPLACE OF MOTHER (State or Country), Md

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Kirk

(Address) 576 W. Preston

FEB 28 1917 ROBERT R. KRAUTER

filed ....., 191.... Clerk

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb. 27th ....., 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... Birth ..... 1917, to ..... Feb. 27th ..... 1917, that I saw h[illegible] alive on ..... Feb. 26th ..... 1917, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

..... Bronchio Pneumonia .....

..... (Unknown) ..... (Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... A. Lee Ellis ..... M. D.

2-28-, 191.7. (Address) 924 Mad. Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemetery	March 2, 1917
20-UNDERTAKER John A. Bickley	ADDRESS 1107 Druid Hill Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 2840

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 2840

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1420 W. Lombard St.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma W. Small

(Residence in Baltimore: No. 1420 W. Lombard St.; 16 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, August 18, 1853
(Month) (Day) (Year)

7-AGE, 63 yrs. 6 mos. 8 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, P. D. Herbert

11-BIRTHPLACE OF FATHER (State or Country), Hagerstown Md

12-MAIDEN NAME OF MOTHER Margaret Vise

13-BIRTHPLACE OF MOTHER (State or Country), Hagerstown Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grace Small

(Address) 1420 W. Lombard St.

Filed FEB 28 1917, 191 ROBERT R. KRAUSER

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 26, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 24 1917, to Feb. 26 1917, that I saw her alive on Feb. 26 1917, and that death occurred, on the date stated above, at 1.15 m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. W. Watkinson M. D.

Feb. 27, 191 7. (Address) 1622 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Feb. 28, 191 7

20-UNDERTAKER Joseph B. Cook — ADDRESS 1003 Pratt

D 2841

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

63v

D 2841

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital St. 3 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Weisblatt

(Residence in Baltimore: No. 120 Albemarle St St.; 1 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Married

6-DATE OF BIRTH Unknown, 1 .....
(Month) (Day) (Year)

7-AGE 44 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): House.

9-BIRTHPLACE (State or country) Russia

PARENTS

10-NAME OF FATHER Louis Weisblatt

11-BIRTHPLACE OF FATHER (State or country) Russia

12-MAIDEN NAME OF MOTHER Rachael ---

13-BIRTHPLACE OF MOTHER (State or country) Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Rosa Weisblatt

(Address) 1st & I St. S.W. Washington D.C.

15-FEB 28 1917 ROBERT R. KRAUSER

Filed ....., 191 .....

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb. 27th, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 10th, 1916, to Feb. 27th, 1917.

that I saw him alive on Feb 27th, 1917.

and that death occurred, on the date stated above, at 11:48 a.m.

The CAUSE OF DEATH* was as follows:

Tumor of Spinal Cord

Decubitus - Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) Edema of Lungs

(Duration) ..... yrs. ..... mos. 4 hrs.

(Signed) M. Taskin M. D.

Feb. 27, 1917 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. 9 mos. (ds. In the State 45 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 120 Albemarle St

19-PLACE OF BURIAL OR REMOVAL Hebrew Mt Carmel | DATE OF BURIAL 2/28, 1917

20-UNDERTAKER Jack Lewis | ADDRESS 1411 E Baltimore St

FILMED

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 2842

CERTIFICATE OF DEATH.

13 79

D 2842

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 2325 Callow Ave., ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Selina Kahn,

(Residence in Baltimore: No. 2325 Callow Ave., St.; 43 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow,

6-DATE OF BIRTH, Jany. (Month) 18th. (Day), 1847. (Year)

7-AGE, 70 yrs. 1 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). London, Eng.,

PARENTS.

10-NAME OF FATHER, Emanuel Hymes

11-BIRTHPLACE OF FATHER (State or Country). Eng.,

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M.Solmson,

(Address) 2325 Callow Ave,

FEB 28 1917 ROBERT R. KRAUSER

ed.....191... Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby. (Month) 27th. (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 191 7, to Feb 27 191 7, that I saw h[er] alive on Feb 26 191 7, and that death occurred, on the date stated above, at 6.5 m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart
(No History.)

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Abraham Samuels M. D.

Feb 27, 1917. (Address) 1928 Gutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship,

DATE OF BURIAL, Mch. 1st., 191.7

20-UNDERTAKER David Sondheim

ADDRESS 1184 W. Pratt

Spec.—8-24-14—M. & T.—2000 Bks.

D 2843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 2843

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 627 Archer ST. 31 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Johnson

(Residence in Baltimore: No. 627 Archer St. St. 61 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 61 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: I & W
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Addie Holland

(Address) 627 Archer St

Filed FEB 28 1917 191 ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 27, 1917 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 26 1917, to Feb 27 1917, that I saw h[er] alive on Feb 26 1917, and that death occurred, on the date stated above, at 6 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemiplegy

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John Edwards M. D.

Feb 27, 1917 (Address) 1120 W. Centre

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. | DATE OF BURIAL, March 1, 1917

20-UNDERTAKER Geo H Hooper | ADDRESS 607 Pitt Ross St

D.A.K.

Camilla Watty

D 2844

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

61 D 2844

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 645 Pierce St.: 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Camilla Watty

(Residence in Baltimore: No. 645 Pierce St.; 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: (Month) Unknown, (Day) , (Year) 1863

7-AGE: 54 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE (State or country): A. A. Co Md

PARENTS

10-NAME OF FATHER: Jas. A. Parraway

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Anne Brooks

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Viola Watty

(Address) 645 Pierce

15- FEB 28 1917 19

ROBERT R. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: (Month) Feb (Day) 26, (Year) 1917

17- I HEREBY CERTIFY, That I attended deceased from Nov 8, 1916, to, Feb 26 1917, that I saw h Er alive on Feb 26 1917, and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH* was as follows:

Fineal Paresis

(Duration) yrs 6 mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) H. S. McCarl M. D.

2-27, 1917 [Address] 2005 Allen Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral | DATE OF BURIAL: Mch 1 1917

20-UNDERTAKER: Sam'l H. Graves Son | ADDRESS 1400 N Carey

D 2845

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2845

CERTIFICATE OF DEATH.

170

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Md. General Hospital ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leprone K. Sewell

(Residence in Baltimore: No. 708 N. 34th St.

St. 10 yrs., 2 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Dec. (Month) 16 (Day), 1906 (Year)

7-AGE, 10 yrs. 2 mon. 12 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At School
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Byron E. Sewell

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Susie E. Brown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Byron E. Sewell

(Address) 708 N. 34th St.

15- Filed FEB 28 1917, 191... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. (Month) 25 (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Burn
Shock resulting in
Kidney
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) deceased

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. ..... ds. In the State ..... yrs. 1 mos. ..... ds.

Where was disease contracted, if not at place of death? Ivan Campbell Ave.

Former or usual residence 708 N. 34th St.

19-PLACE OF BURIAL, OR REMOVAL, Laurel, Md.

DATE OF BURIAL, March 7 1917.

20-UNDERTAKER Horace Burgee & Son

ADDRESS 363 Hilldale Road

D 2846

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2846

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1019 E. Pleasant St. 4 WARD) REGISTERED NO. C 79

2-FULL NAME Bell Mills

(Residence in Baltimore: No. 1019 E. Pleasant St.; yrs. 70 mos. da.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Single

6-DATE OF BIRTH, Sept (Month) 10 (Day), 1846 (Year)

7-AGE 70 yrs. 5 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John L. Mills

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Cecilia Polaine

13-BIRTHPLACE OF MOTHER (State or Country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John L. Mills

(Address) 616 N. Mount St.

15- Filed FEB 28 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:—

Valv. Aut. Lesion

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Acute Indigestion

(Duration) W.J. ....yrs. ....mos. ....ds.

(Signed) W.J. Tate M. D.
(Coroner.)

Feb 28, 1917. (Address) 603 Cumberland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Louden Park. DATE OF BURIAL, Feb 28, 1917

20-UNDERTAKER Josiah Lyon ADDRESS 160 W North Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2847

CERTIFICATE OF DEATH.

D 2847

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1900 Aliceanna ST.; W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph F. Adamski

(Residence in Baltimore: No. 1900 Aliceanna St.

St.; 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. March 5th, 1869.
(Month) (Day) (Year)

7-AGE. 47 yrs. 11 mos. 21 ds. If LESS than 1 day, ...hrs. or.....mts.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Restaurant Keeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Prussian Poland

PARENTS.

10-NAME OF FATHER. Thomas Adamski

11-BIRTHPLACE OF FATHER (State or Country). Prussian Poland

12-MAIDEN NAME OF MOTHER. Marcyanna Jowalk

13-BIRTHPLACE OF MOTHER (State or Country). Prussian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Adamski

(Address) wife 1900 Aliceanna

FEB 28 1917

Filed ....., 191.... Burial Permit Clerk
Registrar.

HARRY C. ANDREWS

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. February 26th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 25th 1917, to Feb 26th 1917, that I saw h— alive on Feb 26th 1917, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Fatty Degeneration of Heart

(Duration) cannot say yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) yrs. mos. Dept Knows

(Signed) P. S. McCan [illegible] M. D.

Feb 27, 1917. (Address) 1940 Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St. Stanislaus. DATE OF BURIAL. Mar 2nd, 1917.

20-UNDERTAKER M. F. Sadowski. ADDRESS 705 S. Ann

Spec.—8-24-14—M. & T.—2000 Bks.

D 2848

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

D 2848

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 242 Laurens ST.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Levi H Evans

(Residence in Baltimore: No. 242 Laurens St St.; 40 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Oct. (Month) 14 (Day), 1876. (Year)

7-AGE, 50 yrs. 4 mos. 14 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Grocery Supplies

9-BIRTHPLACE, (State or Country), Harford Co. Md.

PARENTS.

10-NAME OF FATHER, Wm J. Evans

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Margaret E Evans

13-BIRTHPLACE OF MOTHER (State or Country), Md.

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Cora L. Evans

(Address)..... 242 Laurens St.

Rec. FEB 28 1917, 191... HARRY C. ARNOLD
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 28 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1911 2, to Feb. 27 1917, that I saw h— alive on Feb 27 1917, and that death occurred, on the date stated above, at 5 14 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs. ... mos. 3 ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 5 yrs. ... mos. ... ds.

(Signed) Standish McLean M. D.

..., 191... (Address) 1609 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Druid Ridge Cemetery	March 2, 1917
20-UNDERTAKER	ADDRESS
E M Mitchell & Co.	1201 W Fayette St

Spec.—5-18-17—M & T.—200 Lbs.

D 2849

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2849

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq Hosp ST.; 20 WARD) REGISTERED NO. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo P Todd

(Residence in Baltimore: No. 1800 Penrose Ave St(yrs., 6 mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Feb 21, 1900
(Month) (Day) (Year)

7-AGE, 17 yrs. 6 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer). Balto. F. B. Retort Co.

9-BIRTHPLACE, (State or Country), Md

10-NAME OF FATHER. Albert R Todd,

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Lottie M Houck

13-BIRTHPLACE OF MOTHER (State or Country), Md,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carl Ecker

(Address) 816 Ed. Ave.

FEB 28 1917 ed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 27th, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 1st 1916, to Feb 27th 1917, that I saw h[illegible] alive on Feb 26th 1917, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

a Chronic Endocarditis

(Duration) yrs. 13 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas L Mortimer M. D.

Feb 27th 1917. (Address) 1301 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 28 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Home

Former or usual residence 1800 Penrose Ave

19-PLACE OF BURIAL OR REMOVAL, Green Mount — DATE OF BURIAL, March 1, 1917

20-UNDERTAKER C M Mitchell & Co — ADDRESS 1201 W Fayette St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1972 Belair Ave St.; 8 WARD)

REGISTERED No. C 99

D 2850

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Louis Meyer

(Residence in Baltimore: No. 1972 Belair Ave St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED;~~ (Write the word.) Widower

6-DATE OF BIRTH, June 29, 1843 (Month) (Day) (Year)

7-AGE, 73 yrs. 7 mos. 29 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Grocer
(b) General nature of industry, business, or establishment in which employed (or employer): Long

9-BIRTHPLACE, (State or Country), Germany

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country). Germany

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H. Meyer

(Address) 713 N. Glover St

FEB 28 1917

ed....., 191..... HARRY C. ANDREWS Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 27, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1917, to Feb. 27 1917, that I saw h alive on Feb. 27, 1917, and that death occurred, on the date stated above, at 12:30 m.

The CAUSE OF DEATH* was as follows:

Mental degeneration

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Feb 28, 1917. (Address) 1[illegible] Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Balto Cemetery

DATE OF BURIAL. Mar 2, 1917.

20-UNDERTAKER J. Herrzo Co

ADDRESS 2008 Eden.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 ✓ D 2851

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1100 S Kenwood Ave St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carl J Wishnefsky

(Residence in Baltimore: No. 1100 S Kenwood Ave St.; 1 yrs. 1 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, January 1, 1916
(Month) (Day) (Year)

7-AGE, 1 yrs. 1 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Stanislas Wishnefsky

11-BIRTHPLACE OF FATHER (State or Country), Michigan

12-MAIDEN NAME OF MOTHER Johanna Kosloska

13-BIRTHPLACE OF MOTHER (State or Country), Germany

I HEREBY CERTIFY, THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stanislaus Wishnewski

(Address) 1100 S. Kenwood Ave

Filed FEB 28 1917 HARRY C. ANDREW, Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 26, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 25 1917, to Feb 26 1917
that I saw h[illegible] alive on Feb 26 1917
and that death occurred, on the date stated above, at 10:30 P.m.
The CAUSE OF DEATH* was as follows:

Acute Broncho Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) (Unknown)

(Duration) yrs. mos. ds.

(Signed) Leo Kasbarian M. D.

2/27, 1917 (Address) 1176 S Kenwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Stanislaus Cem	Feb 28, 1917
20-UNDERTAKER	ADDRESS
Stephen J Tuckowski	1012 S Kenwood Ave

Spec.—5-19-13—M. & T.—500 Bks.

D 2852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119 D 2852

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2205 Hennamen Ave. St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Seague

(Residence in Baltimore: No. 2200 Hennamen Ave St.; — yrs., — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Aug. 16, 1838. (Month) (Day) (Year)

7-AGE, 78 yrs. 6 mos. 9 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Night Watchman
(b) General nature of industry, business, or establishment in which employed (or employer): Gallows Son

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, James Seagui

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary Engle

13-BIRTHPLACE OF MOTHER (State or Country), Md

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Seagui

(Address) 2205 Hennamen Ave

FEB 28 1917

ed....., 191.... HARRY C. ANDREWS
Burial Permit Clerk
Registrar

Seague

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 26, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 20th 1917, to Feb. 26 1917, that I saw him alive on Feb. 26 1917, and that death occurred, on the date stated above, at 4.20 p m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

(Duration) — yrs. — mos. 6 da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) Francis A. Sauer M. D.

2.26.17. 191.7. (Address) 937 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemty

DATE OF BURIAL, Mar. 1, 1917.

20-UNDERTAKER Albert C Fuller

ADDRESS 221 N Broady

Spec.—8-24-14—M. & T.—2000 Blks.

D 2853

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2853

CERTIFICATE OF DEATH.

45

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 446 N. Luzerne ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rev. Francis R. Hurst

(Residence in Baltimore: No. 446 N. Luzerne ave St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, Dec 17 (Month) (Day), 1846 (Year)

7-AGE, 70 yrs. 2 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clergyman
(b) General nature of industry, business, or establishment in which employed (or employer): Synod

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

I HEREBY CERTIFY, THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Simon J. Hurst

(Address) 446 N. Luzerne Ave

FEB 28 1917

Filed....., 191...

HARRY C. ANDREWS
Deputy Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 26, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1916, to Feb. 26 1917, that I saw him alive on Feb. 26, 1917, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of (Clinical) Prostate

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Terminal infection

(Duration) yrs. 1 mos. ds.

(Signed) S. S. Hurst M. D.

Feb. 27, 1917 (Address) 2000 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemy — DATE OF BURIAL, Mar. 2..., 1917.

20-UNDERTAKER Adolph E. Fuller — ADDRESS 221 N Broadway

Spec.—8-24-14—M. & T.—[illegible] Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2854

CERTIFICATE OF DEATH.

8 10 D 2854

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1630 N. Durham ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christina Prediger

(Residence in Baltimore: No. 1630 N. Durham St.; 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, December 19, 1864
(Month) (Day) (Year)

7-AGE, 52 yrs. 2 mos. 7 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Casper Schubert

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Prediger

(Address) 1630 N. Durham St

Filed FEB 28 1917, 191.....

HARRY C. ANGELL
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 26, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 25 Feb. 1917, to 26 Feb. 1917, that I saw her alive on 26 Feb 1917, and that death occurred, on the date stated above, at 2.30 m.

The CAUSE OF DEATH* was as follows:

Grippe

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Contracted Pneumonia (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) W. Christian Sandrock M. D.

Feb. 28, 1917. (Address) 1242 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Patterson Cemetery	March 1, 1917.
20-UNDERTAKER Christian Miller	ADDRESS 2334 Jefferson St

Spec.—8-24-14—M. & T.—2000 Blks.

D 2855 D 2855

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hattie Matthews (Matthews)

(Residence in Baltimore: No. University Hospital St.; — yrs., — mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1879 (Year)

7-AGE 38 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Thos. Diguly.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Jane Hall.

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Matthews

(Address) Port Deposit Md.

Filed FEB 28 1917, 191.... HARRY C. ANDREWS Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 28 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2/23 1917, to 2/28 1917, that I saw h er alive on 2/28 1917, and that death occurred, on the date stated above, at 1.45 a m.

The CAUSE OF DEATH* was as follows:

Lupus Vulg.

(Duration) yrs. 35 mos. ds.

CONTRIBUTORY (Secondary) Tubercular Peritonitis

(Duration) yrs. mos. 5 ds.

(Signed) Paul Thew M. D.

2/28, 191.7 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State yrs. Life mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Port Deposit, Md

19-PLACE OF BURIAL OR REMOVAL, Port Deposit Md. DATE OF BURIAL, March 1, 191.7.

20-UNDERTAKER W M Routzon ADDRESS 230 N Green

Spec.—8-24-14—M. & T.—2000 Bks.

D 2856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

D 2856

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Mary Austin

(Residence in Baltimore: No. 874 Harlem av St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown ..... (Month) ..... (Day) 1 (Year)

7-AGE, at last ... 67 ... yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Clothing Store

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thomas Austin

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Lee

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha A Austin

(Address) 721 Edmondson Ave

FEB 28 1917 filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 28, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 25 1917, to Feby 28 1917, that I saw h... alive on Feby 28 1917, and that death occurred, on the date stated above, at 5:10 a.m.

The CAUSE OF DEATH* was as follows: Acute Cardiac dilatation

..... (Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

..... (Duration) ... yrs. ... mos. 10 ds.

(Signed) D. H. Mehrl M. D.

..., 191... (Address) 2935 Eastern ave Central Pennsylvania

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 4 ds. In the State Life yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Residence

Former or usual residence 874 Harlem ave

19-PLACE OF BURIAL OR REMOVAL, Baltimore

DATE OF BURIAL, 3/2, 1917

20-UNDERTAKER Wm Cook

ADDRESS 501 E. North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 2857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 107 W Fayette St D 2857

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1016 Williams St.; 10 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie E. Mitchell

(Residence in Baltimore: No. 1016 Williams St.; 55 yrs., 7 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, July (Month) 6 (Day), 1861 (Year)

7-AGE, 55 yrs. 7 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Work
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Kate Mitchell

(Address) 105 E. Hamburg

Filed FEB 28 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 27 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1916, to Feb 27 1917, that I saw h[illegible] alive on May 27 1917, and that death occurred, on the date stated above, at 9.30a m.

The CAUSE OF DEATH* was as follows:

Left Hemiplegia
(Apoplexy.)
(Duration) ....yrs. 9 mos. ....ds.

CONTRIBUTORY (Secondary) Pulmon. Edema
(Duration) ....yrs. 2 mos. ....ds.

(Signed) J. H. Donnell M. D.

Feb 27, 191 7. (Address) 1025 Mad. N.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Johns Cemetery — DATE OF BURIAL, Mar 1, 1917

20-UNDERTAKER Otto Co Mt Vernon — ADDRESS 502 E Monu

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2858

CERTIFICATE OF DEATH.

113 D 2858

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hosp St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Forster

(Residence in Baltimore: No. 218 N. Fort St. St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Mar. 20, 1848
(Month) (Day) (Year)

7-AGE, 68 yrs. 11 mos. 8 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: General Labor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Ludwig Forster

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gertrude Forster

(Address) 218 N. Fort St

MAR 1 - 1917

Filed....., 191.. ROBERT R. KRAUTER

Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE ~~OF DEATH~~, Feb. 28th, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 12 1916, to Feb 28 1917, that I saw h[illegible] alive on Feb. 28 1917, and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Atrophic Cirrhosis of Liver

Last Known (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) 2 yrs. mos. 2 ds.

(Signed) W. F. O'Neill, M. D.

3/28, 1917. (Address) St. Jos. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. 2 mos. 16 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? -

Former or usual residence 218 N. Fort St.

19-PLACE OF BURIAL, OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, Mar. 3, 1917

20-UNDERTAKER Robt. F. Turner — ADDRESS Broadway & Eliza

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2859

CERTIFICATE OF DEATH.

D 2859

REGISTERED NO. C 40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1016 N. Durham St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Johanna Hamilton

(Residence in Baltimore: No. 1016 Durham St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... December, 1 (Month) (Day) ..... (Year)

7-AGE, 70 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... House work
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, — Miller

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Graham

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Edward Hamilton

(Address) 1016 N. Durham St.

Filed MAR 1 - 1917, 191.... ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 26, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 5 1916, to July 26 1917, that I saw h.. alive on July 25 1917, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(Clinical Diagnosis)

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) U.G. Obstruction

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Walter W. White M. D.

July 26, 1917. (Address) 1161 N. Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem

DATE OF BURIAL, July 27, 1917

20-UNDERTAKER Paul Hensley

ADDRESS 5 W. Baltimore

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2860

CERTIFICATE OF DEATH.

28

D 2860

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1528 Bank St ST.; 24 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John L. Rayner

(Residence in Baltimore: No. 1528 Bank St. St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov. 15, 1838 (Month) (Day) (Year)

7-AGE, 78 yrs. 3 mos. 14 ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Anne Arundel Co. Md

PARENTS.

10-NAME OF FATHER, Samuel Rayner

11-BIRTHPLACE OF FATHER (State or Country), Anne Arundel Co Md

12-MAIDEN NAME OF MOTHER, Marguit Warfield

13-BIRTHPLACE OF MOTHER (State or Country), Anne Arundel Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos. J. Rayner

(Address) 1203 E Fayette

Filed MAR 1 - 1917, 191... ROBERT B. KRAUSER, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 28, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 8 1917, to Feb 28 1917, that I saw h... alive on Feb 28 1917, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Pleurisy Pulmonale

Senile

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Edw. D. Delaney M. D.

Feb 28, 1917. (Address) 6216 Fayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, March 1, 1917.

20-UNDERTAKER Thos. J. E. Evans & Sons ADDRESS 1428 St Charles St

Spec.—8-24-14—M. & T.—2000 Bks.

D 2861

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

D 2861

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 S Carey ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles W Barry

(Residence in Baltimore: No. 1109 S Carey St St.; ....yrs.. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ...Feb..... (Month) 1 (Day) ....1.... (Year)

7-AGE,	If LESS than 1 day,
....yrs. 11 mos. ....ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....—.....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, William H Barry

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Mary Biemiller

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William H. Barry

(Address) 1109 S Carey St

Filed MAR 1 - 1917 191... ROBERT R. KRAUSS Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 27, 191.7
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 24 1917, to Feb 27 1917, that I saw h.. alive on Feb 27 1917, and that death occurred, on the date stated above, at 3 30 m.

The CAUSE OF DEATH* was as follows:

Cystitis

Pyelonephritis

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Cancer ulcer

(Duration) ....yrs. ....mos. 6 ds.

(Signed) E V Cornelius M. D.

3/1/17 191... (Address) 24 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	March 1..., 1917

20-UNDERTAKER	ADDRESS
John J Cowan	901 Hollins

Spec.—5-19-13—M. & T.—500 Bks.

D 2862 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

91 D 2862

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 Light ST.; 22 WARD) REGISTERED NO. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward C Torney

(Residence in Baltimore: No. 806 Light St.; 79 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Not Known (Month) (Day) 1 (Year)

7-AGE, 79 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk (Retired)
(b) General nature of industry, business, or establishment in which employed (or employer): Dry Goods Store

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Carson C. Torney

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William A Torney

(Address) 808 Light St

Filed MAR 1 - 1917, 191 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 28, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 27 1917, to Feb 27 1917, that I saw h[illegible]ive on Feb 27 1917, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Old age - arteriosclerosis

not known

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. 4 mos. ds.

(Signed) Neville Stifler M. D.

Feb 28, 1917 (Address) 1319 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, LOUDON PARK. DATE OF BURIAL, MAR. 2 1917

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2863

CERTIFICATE OF DEATH.

D 2863

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Sq. Hosp. ST.; #9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Elizabeth Atkinson

(Residence in Baltimore: No.) 1637 Harford Ave St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Aug. (Month) 13 (Day), 1874 (Year)

7-AGE, 42 yrs. 6 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House - wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Schmidt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Kirchner

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William G. Atkinson

(Address) 1637 Harford Ave

MAR 1 - 1917

Filed ....., 191...

ROBERT B. KRAUTER

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 11 1917, to Feb. 27, 1917, that I saw h[er] alive on Feb. 27, 1917, and that death occurred, on the date stated above, at 11.30 p m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Hemorrhage

(Duration) yrs. mos. 1 ds.

(Signed) J. W. Thomas — per number M. D.

, 191... (Address) 1228 Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? At home

Former or usual residence 1637 Harford Ave

19-PLACE OF BURIAL, OR REMOVAL, Woodlawn Cemetery

DATE OF BURIAL, MAR. 2, 1917

20-UNDERTAKER ARMSTRONG-DENNY CO.

ADDRESS 715 Light St

1917
24
3

Howard Ward.

D 2864

HEALTH DEPARTMENT—CITY OF BALTIMORE

PLACE OF DEATH

CERTIFICATE OF DEATH.

5 37 ✓

D 2864

CITY OF BALTIMORE (No. Md. Gen. Hospital (15 WARD) REGISTERED No. C

2-FULL NAME Howard Ward ✓

(Residence in Baltimore: No. 712 School St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, ... ✓ (Month) ✓ (Day) 1893 (Year)

7-AGE, 24 yrs. ✓ mos. ✓ ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Ward

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Brother

(Address) 712 School st.

15- MAR 1 - 1917 Filed ....., 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 24, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Was Staff at the Md. Gen. Hospital

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) ....yrs....mos....ds.

(Signed) J. H. Mitchell (Coroner.) M. D.

Feb. 27, 191... (Address) 814 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 4d. In the State....yrs....mos. 7 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 712 School St.

19-PLACE OF BURIAL, OR REMOVAL, Chestertown Md — DATE OF BURIAL, March 3 1917

20-UNDERTAKER JAMES H. DENNIS — ADDRESS 1303 PRESTMAN ST.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 2865

CERTIFICATE OF DEATH.

D 2865

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 162 W.West St. ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Greif.

(Residence in Baltimore: No. 162 W.West St. St.: yrs. 57 mos. 8 ds. 18)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	White.	Single.

6-DATE OF BIRTH, June 9th. 1859., 1 (Month) (Day) (Year)

7-AGE, 57 yrs. 8 mos. 18 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver of a
(b) General nature of industry, business, or establishment in which employed (or employer): Barrel wagon.

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Michael Greif.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER, Maria.----------

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. McKeldin.(sister)
(Address) 615 W. Hamburg St.

15- Filed MAR 1 - 1917 191... ROBERT R. KRAUTER Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 27, 1917., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) (Duration) ....yrs....mos....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

Feb, 28, 1917. (Address) 1017 S. Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, March 2 1917

20-UNDERTAKER Wm Cook ADDRESS 502 E North ave

Spec.—8-24-14—M. & T.—2000 Blks.

0 2866

HEALTH DEPARTMENT—CITY OF BALTIMORE

0 2866

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Maryland Penitentiary, St. 10 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Day alias Frank Wilson

(Residence in Baltimore: No. Md Penitentiary St.: ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 30 (Day), 1882 (Year)

7-AGE, 34 yrs. 6 mos. 27 ds.

If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Herman

(Address) Maryland Penitentiary

MAR 1 - 1917

Filed ..., 191...

ROBERT R. KRAUTER
Burial Permit Clerk
Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January-3 1917, to February 27 1917, that I saw him alive on February 26 1917, and that death occurred, on the date stated above, at 2.30 A m.

The CAUSE OF DEATH* was as follows:

...

...on Toxemia and Exhaustion

... (Duration) ...yrs. ...mos. 14 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis (Duration) ...yrs. 1 mos. 24 ds.

(Signed) William F Schwark M. D.

2/27..., 191.7. (Address) Md. Penitentiary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS. TRANSIENTS, or RECENT RESIDENTS).

At place of death 2 yrs. 8 mos. 15 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence Uniontown Pa.

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Mar 1 1917

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2867 ✓ 92 D 2867

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.) 1 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elisha Harris

(Residence in Baltimore: No. 94 Coke Oven Row, Sparrows Point yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1877 (Year)

7-AGE, 44 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ...
(b) General nature of industry, business, or establishment in which employed (or employer) Cast Washer

9-BIRTHPLACE, (State or Country) Cumberland Co, Virginia

PARENTS.

10-NAME OF FATHER, Hoffmann

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Charles Snyder

(Address) Johns Hopkins Hospital

Filed MAR 1 - 1917, 191... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 23 1917, to Feb. 24 1917, that I saw him alive on Feb 24 1917, and that death occurred, on the date stated above, at 9 30 9 m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Pneumococcus Bacteria

(Duration) ... yrs. ... mos. ... ds.

(Signed) Allan C Sutton M. D.

..., 191... (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 ds. In the State ... yrs. ✓ mos. ... ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 94 Coke Oven Row Sparrows Point

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL FEB 28 1917

Commissioner Health

Spec.—8-24-14—M. & T.—200 Bks.

D 2868

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2868

CERTIFICATE OF DEATH.

REGISTERED No. C 5 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1031 Hillen ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernhardt Johanning

(Residence in Baltimore: No. 1031 Hillen St.; 20 yrs. ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single.

6-DATE OF BIRTH, Not Known ....., 1 .....
(Month) (Day) (Year)

7-AGE, 52 yrs. ~ mos. ~ ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Carpet Cleaner
(b) General nature of industry, business, or establishment in which employed (or employer)..... Weaver.

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Louis F. Schuman

(Address) 1035 Hillen St

MAR 1 - 1917 ROBERT R. KRAUTER

Filed....., 191.. Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 28, 191 7
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 27 191 7, to Feb 28 191 7, that I saw h[illegible] alive on Feb 27 191 7, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

.....

.....

Acute Dilatation of Heart

..... (Duration) .....yrs. .....mos. 7 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Henry Bond M. D.

[illegible], 191.. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	March 2, 191 7
20-UNDERTAKER Henry Horch Son	ADDRESS 301 E Eager St

Spec.—8-24-14—M. & ...—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2869

CERTIFICATE OF DEATH.

28 ✓

D 2869

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1417 E. Madison ST. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul A. Glieve

(Residence in Baltimore: No. 1417 E Madison St.; 24 yrs., \ mos., \ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, August 14, 1888
(Month) (Day) (Year)

7-AGE, 28 yrs. 6 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bread Baker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, William Glieve

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Scarlath

(Address) 1417 E. Madison St

15- Filed MAR 1 - 1917, 191... ROBERT B. KRAUTER Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1st, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1st 1917, to March 1st 1917, that I saw ... alive on March 1st 1917, and that death occurred, on the date stated above, at 1:20 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Contributory (Secondary) Hemoptysis

(Duration) 2 yrs. 2 mos. ds.

(Signed) J. A. Holmes M. D.

March 1st 1917 (Address) 1501 E Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Immanuel Lutheran Cemetery	March 3, 1917
20-UNDERTAKER	**ADDRESS**
Henry Storck Son	1301 E Eager St

HEALTH DEPARTMENT—CITY OF BALTIMORE

1 2870

CERTIFICATE OF DEATH.

167 D 2870

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Banks

(Residence in Baltimore: No. 930 S Eutaw St.)

St.; yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Col	Sing G

6-DATE OF BIRTH, ... (Month) ..... (Day) 1893 (Year)

7-AGE	If LESS than 1 day,
24 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Ord Occupation

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Isaac Wesley

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Lucy Bailey

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hospital Record

(Address) Mrs. Lowtan

15- Filed MAR 1 - 1917 191.. ROBERT R. KRAUTER Registrar

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 26, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nephritis, following Extensive burns (accidental),

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Loss of Vaginal Tissue from Cervix

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert D. Driscoll M. D.

March 1, 1917. (Address) 515 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 2 mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	March 1 1917
20-UNDERTAKER John H Soadrun	ADDRESS 142 W Pratt St

Spec.—8-24-14—M. & T.—2000 Bks.

D 2871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 ✓ D 2871

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 W. Mt Vernon Pl. St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Schley

(Residence in Baltimore: No. 13 W. Mt Vernon Place St.; ... yrs.. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Wid

6-DATE OF BIRTH, November 23, 1843 (Month) (Day) (Year)

7-AGE, 73 yrs. 3 mos. 4 ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... Lady
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, St. Geo. W. Teackle

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Catherine Hugo

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. A. S. Abell

(Address) 13 W. Mt Vernon Pl.

MAR 1 - 1917 ROBERT R. KRAUSER

Filed ..., 191.. Registrar.

Burial Permit ...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 27, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1" 1916, to Feb 27 1917, that I saw her alive on Feb 27 1917, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

1. Chronic Interstitial
2. Chronic Endocarditis

... (Duration) 1 a. yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

... (Duration) ... yrs. ... mos. 1 ds.

(Signed) Henry B. Thomas M. D.

Feb 28, 191.7 (Address) 1007 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL, OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, March 2, 191.7

20-UNDERTAKER Henry H. Jenkins Son & Co — ADDRESS 1007 Richard St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2872

CERTIFICATE OF DEATH.

D 2872

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1906 Canton Ave. ST.; WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Aplonia Makowicka

(Residence in Baltimore: No. 1906 Canton Ave. St.; 28 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Whether SINGLE, MARRIED, WIDOWED or DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Not Known (Month) (Day) 1 (Year)

7-AGE, 67 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Mateusz Zientara

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Agnes Budziak

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frances Gralska.

(Address) 34-Eastern Ave

MAR 1 1917 191 ROBERT E. KRAUTER

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 28, 1917
(Month) (Day) (Year)

(a) I HEREBY CERTIFY, That I attended deceased from Feb 25 191 7, to Feb 28 191 7, that I saw h[er] alive on Feb 27 191 7, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH was as follows:

Sclerosis Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. F. Kroener M. D.

Feb 28, 191 7 (Address) 600 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, Mar 2, 1917

20-UNDERTAKER William Gaulfowsky

ADDRESS 1618 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2873 91 ✓

CERTIFICATE OF DEATH.

D 2873

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1924 Ali'eanna ST.; 2 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adam Kozywinski

(Residence in Baltimore: No. 1924 Ali'eanna St.; ..... yrs., 8 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Wht

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Single

6-DATE OF BIRTH, June (Month) 10 (Day), 1916 (Year)

7-AGE, ... yrs. 8 mos. 18 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... In fant.

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, Michel Koszywinski

11-BIRTHPLACE OF FATHER (State or Country), Poland.

12-MAIDEN NAME OF MOTHER Bronislawa Bojucka

13-BIRTHPLACE OF MOTHER (State or Country), Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michal Koszywinski

(Address) 1924 Ali'eanna

MAR 1 - 1917

Filed ....., 191.....

ROBERT R. KRAUTER
Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 28 (Day), 1917 (Year).

17-I HEREBY CERTIFY, That I attended deceased from Feb. 28 1917, to Feb. 28 1917, that I saw h— alive on Feb 28 1917, and that death occurred, on the date stated above, at 9:30 a. m.

The CAUSE OF DEATH* was as follows:

1 Broncho Pneumonia

(Duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) ... yrs. ... mos. ... ds.

(Signed) W. J. Cowen M. D.

Feb. 28, 1917. (Address) 1008 Fallsway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Holy Rosary — DATE OF BURIAL, March 3, 1917.

20-UNDERTAKER, William Kaczorski — ADDRESS 168 E. Eastern ave.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2874 D 2874

CERTIFICATE OF DEATH.

152

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 747 Vine ST.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Ball

(Residence in Baltimore: No. 747 Vine St.; ..... yrs., ... mos. 2 dy.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Feb (Month) 25 (Day), 1917 (Year)

7-AGE, ... yrs. ..... mos. 2 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... X .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), ...

12-MAIDEN NAME OF MOTHER Ada Ball

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

MAR 1 1917 ROBERT R. KRAUTER Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 25 1917, to Feb 27 1917, that I saw h[illegible] alive on Feb 26 1917, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Prematurity ?

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Wolff M. D.

Feb 27 1917 (Address) Municipal Hosp't

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL MAR 1 1917

Commissioner Health.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2875

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

97

D 2875

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2201 Druid Hill Ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Williams

(Residence in Baltimore: No. 2201 Druid Hill Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept 11, 1891
(Month) (Day) (Year)

7-AGE, 25 yrs. 5 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Household

9-BIRTHPLACE, (State or Country), Maryland

PARENTS—

10-NAME OF FATHER, William Dobson

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Jane Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Bradford

(Address) 2201 Druid Hill Ave

Filed MAR 1 . 1917 191.... HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 28, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2/18 1917, to 2/28 1917, that I saw h[illegible] alive on 2/28 1917, and that death occurred, on the date stated above, at 8 30 m.

The CAUSE OF DEATH* was as follows:

Labor Pneumonia

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

3/1, 1917 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn — DATE OF BURIAL, Mar 3 1917

20-UNDERTAKER Thomas E. Dwyer — ADDRESS 1364 Mass

Spec.—8-24-14—M. & T.—2000 Bks.

D 2876

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2876

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1808 Jackson ST.: 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles F Newcomb Jr

(Residence in Baltimore: No. 1808 Jackson St.: yrs., 1 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. Jan. (Month) 23 (Day), 1917 (Year)

7-AGE. yrs. 1 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Charles F. Newcomb

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER — Hallett

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Chas. F. Newcomb

(Address) 1808 Jackson

MAR 1 - 1917

Filed ....., 191.... Harry C. Andrews
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Feb (Month) 28 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 23 1917, to Feb 28 1917, that I saw h alive on Feb 28 1917, and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) none

(Duration) yrs. mos. ds.

(Signed) E. T. Smyth M. D.

Feb 28 191 7 (Address) 431 E Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill	3/1, 191.7
20-UNDERTAKER	ADDRESS
J. Fair Mc Cully	130 E. Fort.

FILE

SAFETY

Spec.—8-24-14—M. & T.—2000 Bks.

D 2877

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

41 D 2877

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 S. Montford Ave St.; WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Bauerschmidt

(Residence in Baltimore: No. 701 S. Montford Ave St.; 6 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widowed

6-DATE OF BIRTH, Feb 28, 1857
(Month) (Day) (Year)

7-AGE, 60 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: housework
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, William Bomburg

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Maria Schribe

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bernard Bauerschmidt

(Address) 3107 McElderry St.

Filed MAR 1 1917 191.....

MAR 1 - 1917

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 28, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 10 1916, to Feb 28 1917, that I saw her alive on Feb 27 1917, and that death occurred, on the date stated above, at 3.48 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of rectum

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

191... (Address) 1938 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart

DATE OF BURIAL, March 2 1917

20-UNDERTAKER H. Sanders & Sons

ADDRESS 1710 Eutaw St

over

S.—4-24-(4—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2878

151 V

D 2878

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 1700 Barclay St ST.; 17 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Henry Willingham Jr

(Residence in Baltimore: No. 1700 Barclay St ST.; yrs. mos. 1½ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	white	Single

6-DATE OF BIRTH, Feb 26, 1917 (Month) (Day) (Year)

7-AGE, yrs. mos. 1½ ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George H. Willingham

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Helen Crouse

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. H. Willingham

(Address) 1700 Barclay St

Filed MAR 1 1917, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 27, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 26 1917, to Feb 27 1917, that I saw h[im] alive on Feb 27 1917, and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Congenital Debility

Life (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Eclampsia

(Duration) yrs. mos. 1 ds.

(Signed) D. N. Letsinger M. D.

Mar 2, 1917 (Address) 775 North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn	Mar 2, 1917
20-UNDERTAKER Wm. M. Saulsbury	ADDRESS 1624 Mt Royal Ave

D 2879

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 D 2879

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1204 Union ave ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest William Fair

(Residence in Baltimore: No. 1204 Union ave St.; yrs. mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE ~~MARRIED WIDOWED OR DIVORCED~~ (Write the word)
Male	white	Single

6-DATE OF BIRTH Feb. 22, 1917 (Month) (Day) (Year)

7-AGE ..... yrs. ..... mos. 7 ds. | If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work clerk
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Balto City Md

PARENTS

10-NAME OF FATHER Ernest S Fair

11-BIRTHPLACE OF FATHER (State or country) Balto Md

12-MAIDEN NAME OF MOTHER Edna M McClure

13-BIRTHPLACE OF MOTHER (State or country) Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ernest S Fair

(Address) 1204 Union Ave

15- MAR 1 - 1917 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 1st 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 22, 191 7, to, March 1 191 7, that I saw h[illegible] alive on March 1 191 7 and that death occurred, on the date stated above, at 7.30 m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(Duration) yrs mos. 6 ds.

Contributory (SECONDARY) Debility & marasmus

(Duration) yrs mos. 6 ds.

(Signed) Vernon Kelly M. D.

March 1st, 191 7. [Address] 3705 Falls Road

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL St. Mary's Hartford | DATE OF BURIAL March 2 191 7

20-UNDERTAKER [illegible] | ADDRESS [illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

D 2880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 2880

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; C WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Nutt.

(Residence in Baltimore: No. 1826 Lancel St.; —yrs.—mos.—da.)

1826

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.)
Male	Black	Widower

6-DATE OF BIRTH, Unknown (Month) ....., (Day) 1855 (Year)

7-AGE,	If LESS than 1 day,
59 yrs. — mos. — da.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Waiter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Charles Snyder

(Address) Johns Hopkins Hospital

Filed MAR 1 1917, 191..... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

over

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 15 1917, to Mar. 1 1917, that I saw h.m alive on Mar. 1 1917, and that death occurred, on the date stated above, at 2 9 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) —yrs. — mos. 4 da.

CONTRIBUTORY (Secondary) Bronchopneumonia

..... (Duration) —yrs. — mos. 10 da.

(Signed) H. Barrell M. D.

March 1, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death —yrs. — mos. 11 da. In the State — yrs. — mos. 1 da.

Where was disease contracted, if not at place of death?

Former or usual residence 1826 Lancel St.

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Lancaster & Aisquith Sts. DATE OF BURIAL, Mar. 2 1917.

20-UNDERTAKER Chas. A. Bailey ADDRESS 1717 Eastern Ave

Spec.--8-24-14—M. & T.—2000 Bks.

D 2881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74 D 2881

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonard Winters.

(Residence in Baltimore: No. 1404 McElderry St.; ..yrs.. 6 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, August (Month) 4 (Day), 1916 (Year)

7-AGE, ..yrs. 6 mos. 27 ds. If LESS than 1 day, ..hrs. or ..min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Balto Md.

PARENTS.

10-NAME OF FATHER, Warner Snow

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Esther Winters

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Chester Snyder

(Address) Johns Hopkins Hospital

Filed MAR 2 - 1917, 191.. ROBERT R. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 28 1917, to March 1 1917, that I saw him alive on March 1917, and that death occurred, on the date stated above, at 5 20 a. m.

The CAUSE OF DEATH* was as follows:

Thoracic aspiration, Gangrene of Intestines, Consumption

..... (Duration) ..yrs. 3 mos. ..ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..yrs. ..mos. ..ds.

(Signed) Milton B. Miller M. D.

March 1, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. 1 ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1404 McElderry St.

19-PLACE OF BURIAL OR REMOVAL, Burial cemetery

DATE OF BURIAL, March 3, 1917

20-UNDERTAKER R C Kyle

ADDRESS 1480 McElderry St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2882 D 2882

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) St Josephs Hosp ST.; W WARD) REGISTERED No. C

2-FULL NAME John Punta

(Residence in Baltimore: No. 1925 Gough St.; ...yrs.,...mos.....ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	white	Married

6-DATE OF BIRTH, March 22, 1868
(Month) (Day) (Year)

7-AGE, 48 yrs. 11 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Printing News Papers

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Ignatius Punta

11-BIRTHPLACE OF FATHER (State or Country), Baltimore city

12-MAIDEN NAME OF MOTHER Ella Costaldy

13-BIRTHPLACE OF MOTHER (State or Country), Philadelphia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Casper Punta
(Address) 1925 Gough St.

MAR 2 - 1917 ROBERT R. KRAUTER
Filed....., 191.... Registrar of Burial Permits

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 28, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 27 1917, to Feby 28 1917, that I saw h.. alive on Feby 28 1917, and that death occurred, on the date stated above, at 11.30 m.

The CAUSE OF DEATH* was as follows:

Acute Tox Cohotism

Unknown
(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Cardiac Dilitation
(Duration) 1 yrs. ...mos. 1 ds.

(Signed) W. F. O'Malley M. D.

3/1, 1917. (Address) St Jos Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ...yrs. ...mos. 2 ds. In the State ...yrs. ...mos. 2 ds.
Where was disease contracted, if not at place of death? Unknown
Former or usual residence 1925 Gough St

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel Cem. DATE OF BURIAL, March 5th, 1917.

20-UNDERTAKER Lilly and Zeiler ADDRESS 403 S Wolfe St

Spec.—8-24-14—M. & T.—2000 Bks.

D 2883

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

41 2883

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 3041 N Carlton ST.; 18 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and add out No. 18.)

2-FULL NAME Sarah James

Residence in Baltimore: No. 3041 N Carlton Av St.; 76 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Fem

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Wid

6-DATE OF BIRTH, January, 1 (Month) (Day) (Year)

7-AGE, 76 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laundress
(b) General nature of industry, business, or establishment in which employed (or employer). Pvt Family

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, William Johnson

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Sarah Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Sophie Dorsey
(Address) 1115 Druid Ave

15-Buried MAR 2 - 1917, 191 ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 26, 1917 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 10 1917, to Feb 26 1917, that I saw h alive on Feb 26 1917, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:
Carcinoma Rectum
Chronic Diagnosis
(Duration) yrs. 6 mos. ds.
CONTRIBUTORY (Secondary) Cachexia Fat
(Duration) yrs. mos. 10 ds.

(Signed) E. J. Young M. D.
Feb 27, 1917. (Address) 939 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery DATE OF BURIAL, March 2, 1917.

20-UNDERTAKER Charles B Jones ADDRESS 232 Pine St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2884

CERTIFICATE OF DEATH.

28

D 2884

1-PLACE OF DEATH
CITY OF BALTIMORE; (No. 427 N. Pine St ST.; 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Montague

(Residence in Baltimore: No. 427 N. Pine St St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Sept. 1st, 1893, 1 (Month) (Day) (Year)

7-AGE. 23 yrs. 5 mos. 11 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Chas. Montague

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Carrie Butler

13-BIRTHPLACE OF MOTHER (State or Country), St Marys Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Montague

(Address) 427 N. Pine St.

15-Filed MAR 2 - 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb. 28, 10 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 24 1917, to Feb. 28 1917, that I saw him alive on Feb. 28, 1917, and that death occurred, on the date stated above, at 6:30 p.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of the Lungs

(Duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) Exposure (Duration) ... yrs. ... mos. ... ds.

(Signed) H. A. Montague M. D.

Filed 191.7. (Address) 303 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St. Peters Cemetery

DATE OF BURIAL. Mar. 2, 191.7

20-UNDERTAKER Geo. H. Holland

ADDRESS 617 Robert St

D 2885

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2885

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1440 N. Mount ST.; 15 WARD)

(If death occurred in hospital or institution give its NAME instead of street and number fill out No. 18.)

2-FULL NAME Howard Brown

(Residence in Baltimore: No. 1440 N. Mount) St.; yrs., mos.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Col'd	Single

6-DATE OF BIRTH, ... September (Month) ..... (Day) ....., 1887 (Year)

7-AGE.	If LESS than 1 day,
30 yrs. ..... mos. ..... ds.	....hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE. (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. John Brown

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Mary Thomas

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mother

(Address)..... 1440 N. Mount

15-

Filed MAR 2 1917 191.....

ROBERT R. KRAUTER
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH. 17

16-DATE OF DEATH, ... March 1 (Month) ..... (Day) ....., 19 (Year)

17- I HEREBY CERTIFY, That I took charge of remains described above, held an ..... (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said ..... (Inquest or autopsy or inquiry.)

.....filed that said deceased came to ..... d on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ..... yrs. ..... mos.

CONTRIBUTORY (Secondary) Tuberculosis of Bowels

..... (Duration) ..... yrs. ..... mos.

(Signed) ..... M (Coroner.)

..... 191.7 (Address) ..... St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CA state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDA HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, SIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos.

Where was disease contracted, if not at place of death? ..... In Baltimore

Former or usual residence ..... Same

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn — DATE OF BURIAL Mch 3 1917

20-UNDERTAKER James H. Dennis — ADDRESS 1303 Druid Hill Ave

27

Please write plainly. Use ink. Do not use lead pencil. Fill in all blanks with the information required. If unknown, state so. Exact statement of OCCUPATION is very important. Physicians should state properly classified. See instructions on back of certificate.

Richard Barrett.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2886 D 2886

CERTIFICATE OF DEATH.

28

REGISTERED No. C

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1309 N. Woodyear St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Richard Barrett

(Residence in Baltimore: No. 1309 N. Woodyear St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, September, 1860
(Month) (Day) (Year)

7-AGE, 56 yrs. mos. ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hod Carrier
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Ind.

12-MAIDEN NAME OF MOTHER Barrett

13-BIRTHPLACE OF MOTHER (State or Country). Ind

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Son

(Address) 1309 N. Woodyear

15- Filed MAR 2 1917 191 ROBERT R. KRAUTER Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 28, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Old age

(Duration) yrs. mos. ds.

(Signed) Walter Lamm M. D.
(Coroner)

Filed ..., 191.. (Address) 1 GN Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State 56 yrs. mos. ds.

Where was disease contracted, if not at place of death? In Baltimore

Former or usual residence 1309 N. Woodyear

19-PLACE OF BURIAL, OR REMOVAL, Laurel

DATE OF BURIAL, Mch. 2, 1917

20-UNDERTAKER James H. Dennis

ADDRESS 1302 Eutaw St

Spec.—3-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2887

CERTIFICATE OF DEATH.

103

D 2887

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 N Bethel Str ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edwin A Smith

Residence in Baltimore: No. 1707 N. Bethel Str St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, April 27th, (Month) (Day) 1848 (Year)

7-AGE, 68 yrs. 10 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Bricklayer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Edwin Smith

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Emma Phinney

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Smith

(Address) 1707 N. Bethel St.

Filed MAR 2 1917, 191.... ROBERT R. KRAUTER

Burial Permit Issued by Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 27, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 19 1917, to Feb 27 1917, that I saw h~~er~~ alive on Feb 26 1917, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Intermittent Cardiac
Arterio Sclerosis

(Duration) ....yrs. ....mos. 7 ....ds.

CONTRIBUTORY (Secondary) Intermittent Cardiac
Infirmities (Duration) ? yrs. ....mos. ....ds.

(Signed) R. P. Carman M. D.

March 2, 1917. (Address) 1707 N. Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, March 2d, 1917

20-UNDERTAKER George J. Ruth ADDRESS 1735 Harford Ave

2888

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64a D 2888

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 801 W. Lexington St. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME C. Frederick Heubeck

(Residence in Baltimore: No. 801 W Lexington St.; 62 yrs. 11 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): Widower

6-DATE OF BIRTH: March 16, 1854 (Month) (Day) (Year)

7-AGE: 62 yrs. 11 mos. 12 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Stowest Trimmer
(b) General nature of industry, business, or establishment in which employed (or employer): Merchants

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Geo. F. Heubeck

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Christina Miller

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Andrew Heubeck

(Address) 801 W Lexington St

MAR 2 1917 191

ROBERT R. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 1st (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from December 18, 1916, to February 28 1917, that I saw h[illegible] alive on February 28, 1917, and that death occurred, on the date stated above, at 5 A m.
The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis and
Cerebral Hemorrhage

(Duration) 1 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Cerebral Hemorrhage

(Duration) ..... yrs. 2 mos. 10 ds.

(Signed) Wm. B Yost M. D.

3/2, 1917 (Address) 113 W Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Londontark — DATE OF BURIAL: March 3, 1917

20-UNDERTAKER: Geo. W. Little — ADDRESS: 531 A Fremont Ave

Fill out all items. Exact statement of OCCUPATION is necessary. Information on back of certificate.

Spec.—8-24-14—M. & T. 500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2889

CERTIFICATE OF DEATH.

170

D 2889

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3004 Harlem ave ST., 16 WARD)

2-FULL NAME Joseph Banks

(Residence in Baltimore: No. 3004 Harlem ave St.; ....yrs., ...mos. ....ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ...Unknown...., 1885
(Month) (Day) (Year)

7-AGE, 32 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Piano Player
(b) General nature of industry, business, or establishment in which employed (or employer): Moving Pictures

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Wm Banks

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Banks

(Address) 3004 Harlem

15- Filed MAR 2 1917, 191.... ROBERT R. KRAUTER
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 27, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 26 1917, to Feb 27 1917, that I saw him alive on Feb 27 1917, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Kidney Disease

Heart Failure

(Duration) 1 yrs. 2 mos. 10 ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) ....yrs. ....mos. 10 ds.

(Signed) J. W. Hammond M. D.

Feb 28, 1917. (Address) 708 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Odd Fellows Cemetery — DATE OF BURIAL, Mar 2, 1916.

20-UNDERTAKER Edward Kingyold ADDRESS 1463 N Caney

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2890

CERTIFICATE OF DEATH.

91 D 2890

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1332 James ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Marie Emmrich

(Residence in Baltimore: No. 1332 James St St.; \ yrs. 7 mos. \ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	white	Single

6-DATE OF BIRTH, Aug 2, 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
\ yrs. 7 mos. \ ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore County

PARENTS.

10-NAME OF FATHER, H. Edward Emmrich

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Co.

12-MAIDEN NAME OF MOTHER Louise Heinegger

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Edward Emmrich

(Address) 1332 James St

Filed MAR 2 1917 191.. ROBERT B. KRAUTER CLERK.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 2, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1917, to March 2 1917, that I saw h[illegible] alive on March 1 1917, and that death occurred, on the date stated above, at 6 30 A.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) \ yrs. \ mos. 7 ds.

CONTRIBUTORY (Secondary) \

(Duration) yrs. mos. ds.

(Signed) J. W. Vinton Cliff M. D.

March 2, 191 7. (Address) 835 Columbia Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL.
London Park Cem	Mar. 3, 191 7
20-UNDERTAKER	ADDRESS
Mr & Mrs Jno. W. Tempel	801 N. Fayette

D 2894 D 2891

HEALTH DEPARTMENT--CITY OF BALTIMORE 81

CERTIFICATE OF DEATH

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 707 S. Sharp St. 22 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Bachmann

(Residence in Baltimore: No. 707 S. Sharp St. 65 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Widowed

6-DATE OF BIRTH: Jan. 6th (Month) (Day), 1826 (Year)

7-AGE: 91 yrs. 1 mos. 22 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Candy Maker

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: William Bachmann

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Herman G Bachmann

(Address) 731 Hanover St

15. Filed MAR 2 1917 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb 28th (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July, 1916, to Feb 28 1917, that I saw h... alive on Feb 28 1917, and that death occurred, on the date stated above, at 7 A. m. The CAUSE OF DEATH* was as follows:

Old age

(Duration) 1 yrs. mos. ds

Contributory (SECONDARY) Arteriosclerosis

(Duration) 1 yrs. mos. ds.

(Signed) Emily Hoe M. D.

Feb 28 1917 (Address) 719 Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery DATE OF BURIAL: March 2nd 1917

20-UNDERTAKER: Mrs. Mrs. John H. Seifert ADDRESS: 801 W. Fayette St.

...ctions on back of certificate.

...S should be carefully classified. Exact statement of OCCUPATION

Spec.—5-19-13—M. & T.—500 Bks.

Fannie F Hamlin

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2892

CERTIFICATE OF DEATH.

64

REGISTERED NO. C

D 2892

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 Ramsey ST.; 71 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie F Hamlin

(Residence in Baltimore: No. 704 Ramsey St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, November 9, 1859 (Month) (Day) (Year)

7-AGE, 57 yrs. 3 mns. 19 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, John Wardell

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marie Weibel

(Address) 704 Ramsey St

15- Filed MAR 2 1917 491 ROBERT E. KRAUTER Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 28, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 4 1916, to Feb. 28 1917, that I saw h[er] alive on Feb. 28 1917, and that death occurred, on the date stated above, at 8:00 m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Apoplexy

(Duration) yrs. mos. ds.

(Signed) L. M. Lemmon M. D.

March 2 1917. (Address) 826 N. Darrah Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Mar 3, 1917

20-UNDERTAKER, J. J. Dickerson — ADDRESS North & Ramsey

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2893

CERTIFICATE OF DEATH.

92 D 2893

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 771 Bradley ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary H Campbell

(Residence in Baltimore: No. 771 Bradley St.; 20 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Wid

6-DATE OF BIRTH, ... (Month) October (Day) 1 (Year) .....

7-AGE, 38 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) Pvt Occupation

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Parkins

(Address) 771 Wadley St

15- MAR 2 1917 191.. ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 27, 1917.. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 24 191.7, to Feb 27 191.7, that I saw h..... alive on Feb 27 191.7, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Pulmonary Aden

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) ..... M. D.

Feb 28, 191.. (Address) 939 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn — DATE OF BURIAL, Mch 1, 191.7

20-UNDERTAKER Alfred J Freeland — ADDRESS 1140 W Lexington St

Annie Wills

D 2894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2894

120

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 2903 Hudson St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Wills

Residence in Baltimore: No. 2903 Hudson St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH, Oct. 9, 1847
(Month) (Day) (Year)

7-AGE, 69 yrs. 4 mos. 18 ds.
If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Jacob Ehrgott

11-BIRTHPLACE OF FATHER (State or Country): Grand Duchy of Baden

12-MAIDEN NAME OF MOTHER: Behrens

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore

14-THE ABOVE IS ~~TRUE~~ TO THE BEST OF MY KNOWLEDGE.

(Informant) Dougherty

(Address) 2903 Hudson

15-
Filed MAR 2 1917 ROBERT R. KRAUTER
Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 27, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bright Disease

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. D.
(Coroner)

(Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL: Loudon Park — DATE OF BURIAL: Mar 2, 1917

20-UNDERTAKER: W J Tipper & Son — ADDRESS: Druid Hill Ave & Dolphin St

D 2895

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 D 2895

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 4502 Parkheights St.; 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna Izzie Barnett

(Residence in Baltimore: No. 4502 Park Heights ave St.; 27 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: July (Month) 23 (Day), 1889 (Year)

7-AGE: 27 yrs. 7 mos. 7 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Geo M Botts

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Katie Deines

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo M Botts

(Address) 4502 Parkheights Ave

Filed MAR 2 1917 191

ROBERT R. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar (Month) 1 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1916, to Mar 1, 1917.

that I saw h[illegible] alive on Mar 1, 1917.

and that death occurred, on the date stated above, at 6.10 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ... yrs. ... mos. 8 ds

Contributory (SECONDARY) Tuberculosis

(Duration) 2 yrs. ... mos. ... ds.

(Signed) Emiles O'Hanlon M. D.

Mar 1, 1917 (Address) Emiles O'Hanlon 2129 W North Ave

*State the DISEASE CAUSING DEATH, or, if [illegible] state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudin Park R/E

DATE OF BURIAL: Mar 4, 1917

20-UNDERTAKER: Josiah Seffer

ADDRESS: 1600 N Darth Ave

See instructions on back of certificate.

Exact statement of OCCUPATION should properly classified.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2896

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

D 2896

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1018 St Paul ST.; 11 WARD)
2-FULL NAME Henry Clay James
(Residence in Baltimore: No. 1018 St Paul St.; ...yrs.. ...mos. ...ds.)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. July (Month) 25 (Day), 1842 (Year)

7-AGE. 74 yrs. 7 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Bank Cashier

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Leroy James

11-BIRTHPLACE OF FATHER (State or Country) Balto. Md

12-MAIDEN NAME OF MOTHER Eliza Robb.

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. C. M. D. James
(Address) 1018 St Paul St

15- Filed MAR 2 1917, 191... ROBERT R. KRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. March (Month) 1st (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 1916, to March 1st 1917, that I saw h.. alive on March 1st 1917, and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:
Marasmus C. Coma
(Duration) about 3 days

CONTRIBUTORY. Chronic Interstitial Nephritis
(Secondary)
(Duration) several years

(Signed) Wm D Lockard M. D.
Mar 2nd, 1917. (Address) 2 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount
DATE OF BURIAL, 3-3-, 191.7

20-UNDERTAKER Hy W. Jenkins S. Co.
ADDRESS N. Gilboh & Orchard

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2897 — X 39 — D 2897

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm H. Barnes

(Residence in Baltimore: No. Mercy Hospital St.: ..... yrs., ... mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Male	Black	Married

6-DATE OF BIRTH, Dec. 8, 1876
(Month) (Day) (Year)

7-AGE, 40 yrs. 2 mos. 22 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country), N. C

PARENTS.
10-NAME OF FATHER. Bunyan Barnes
11-BIRTHPLACE OF FATHER (State or Country), N. C.
12-MAIDEN NAME OF MOTHER Anna Deal
13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Rev. Mercy Hosp.
(Address) Calvert St.

15-Filed MAR 2 1917 191.. ROBERT R. KRAUTER Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 1, 1917
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb. 19 1917, to Mar 1 1917, that I saw him alive on Mar 1 1917, and that death occurred, on the date stated above, at 4:20 a. m.

The CAUSE OF DEATH* was as follows:
Carcinoma of tongue
at mr
(Duration) ... yrs. 7 mos. ... ds.
CONTRIBUTORY (Secondary) Toxic Cerebral Pneumonia
(Duration) D ... yrs. ... mos. 7 ds.

(Signed) Edward J. Dwyer M. D.
Mar 2, 1917 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. 11 ds. In the State ... yrs. ... mos. 11 ds.
Where was disease contracted, if not at place of death? Black Creek N.C.
Former or usual residence Black Creek N.C.

19-PLACE OF BURIAL OR REMOVAL Black Creek NC — DATE OF BURIAL, Mch. 2, 1917.

20-UNDERTAKER George C. Farley — ADDRESS Fulton & Fayette

D 2898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 2898

PLACE OF DEATH

CITY OF BALTIMORE (No. 1204 Hartford ave ST.: 10 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME Mary R Krews

(Residence in Baltimore: No. 1204 Hartford ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
female	white	Widow

6-DATE OF BIRTH, Sept. 4 1827 (Month) (Day), 1 (Year)

7-AGE, 89 yrs. 6 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.f

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) H W

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John T Krews

(Address) 1204 Hartford abe

15-
Filed MAR 2 1917 191.... ROBERT R. KRAUTER
Registrar
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 1 1917 (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H Ford Poultney (Coroner.) M. D.

Mar 1 191. (Address) 4 E. Lex

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL London Park Cem. DATE OF BURIAL, March 3 1917

20-UNDERTAKER Robt J Turner ADDRESS 1782 N Broadway

2899

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

D 2899

REGISTERED No. C

1 PLACE OF DEATH
CITY OF BALTIMORE (No. Hotel Junker E. Fayette St. ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Alexander Warfield Monroe

(Residence in Baltimore: No. 2428 N. Calvert St.)

72-4-24

St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Nov. (Month) 4 (Day), 1844 (Year)

7-AGE, 72 yrs. 3 mos. 24 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Trustee Iron Estate
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Thos. H. H. Monroe

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Sarah Warfield

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Nellie M. Muller

(Address) 2428 N Calvert St

15- Filed MAR 2 1917 191.... ROBERT R. KRAUTER Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 28 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

Sudden

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. J. Riley M. D. (Coroner.)

Feb 28, 1917 (Address) 1639 Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery — DATE OF BURIAL, March 3, 1917

20-UNDERTAKER, J. Stewart Mowen Co — ADDRESS 108 W. North Ave

Statement of OCCUPATION is very important on this certificate.

D 2900

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

D 2900

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1521 Battery Av ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James L. McGrath

(Residence in Baltimore: No. 1521 Battery Av St.; 53 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Male 4-COLOR OR RACE White 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (*Write* the word) Widowed

6-DATE OF BIRTH ..... (Month) ..... (Day), 1864 (Year)

7-AGE 53 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Grain Stoker
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Baltimore Md

PARENTS

10-NAME OF FATHER James McGrath

11-BIRTHPLACE OF FATHER (State or country) Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Elizabeth

(Address) 1521 Battery Av

Filed MAR 2 1917 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 1st, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1916, to Mar 1, 1917, that I saw h[illegible] alive on Feb 28 — , 1917, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. 4 mos. ..... ds

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) E. E. Dutton M. D.

3/2, 1917 (Address) 201 E Cross St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Loudon Park | DATE OF BURIAL Mar 6 1917

20-UNDERTAKER J. F. Calhoun & Son | ADDRESS 13 N Eutaw

Instructions: Use typewriter or write plainly with pen and ink. Do not use pencil. Be sure to answer all questions. Where information is not known, or is not applicable, write "Unknown" or "N. A." Do not leave blanks. See instructions on back of certificate. Exact statement of OCCUPATION is necessary. Illegible, incomplete, or unsatisfactory certificates will be returned for correction. Certificates should be properly classified. Exact statement of OCCUPATION

Spec.—8-24-14—M. & T.—2000 Pads.

D 2901

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50 D 2901

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 E. Mulberry ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Wise

(Residence in Baltimore: No. 6 E Mulberry St.; 67 yrs. \ mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH. February (Month) 28 (Day) 1849 (Year)

7-AGE. 68 yrs. \ mos. 1 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto. Co. Md.

PARENTS.

10-NAME OF FATHER. John Baines

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Katharine Carroll

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss. Mary C. Wise

(Address) 6 E Mulberry St

15-

Filed MAR 2 1917 191. ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. March (Month) 1st (Day), 1917 (Year).

17-I HEREBY CERTIFY, That I attended deceased from Feb 26 1917, to March 1 1917, that I saw h[er] alive on March 1 1917, and that death occurred, on the date stated above, at 3.20 p.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Chronic Bronchitis

(Duration) 12 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) yrs. mos. 2 ds.

(Signed) William H. Hilgard M. D.

March 2, 191 7 (Address) 20 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. New Cathedral Cemetery

DATE OF BURIAL. March 5, 1917

20-UNDERTAKER Henry Hoen & Son

ADDRESS 301 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

D 2902 28 D 2902

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Greenmount & Calvin ST.; 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Dora Shatt.

(Residence in Baltimore: No. Greenmount & Calvin Ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, October 1st, 1893.
(Month) (Day) (Year)

7-AGE, 23 yrs. 5 mos. 0 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Chas White

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bradley Shatt

(Address) 232 Barclay St

15- MAR 2 1917 ROBERT R. KRAUTER 191
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1st, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 18th 1917, to March 1st 1917; that I saw her alive on March 1st 1917, and that death occurred, on the date stated above, at 7.30 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thomas Gotwals M. D.

March 1st 1917. (Address) 1532 Greenmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Balto Cem	March 4, 1917
20-UNDERTAKER	ADDRESS
C. A. Weisfeld & Sons	[illegible]

D 2903

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2903

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Camden Station ST. 23 WARD) 175 REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter L. Vint

(Residence in Baltimore: No. 3 W. Ostend St. St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, October (Month) 16 (Day), 1864 (Year)

7-AGE, 53 yrs. 4 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Railroad
(b) General nature of industry, business, or establishment in which employed (or employer): Conductor

9-BIRTHPLACE, (State or Country). West Va.

PARENTS.

10-NAME OF FATHER, Unknown.

11-BIRTHPLACE OF FATHER (State or Country), West Va.

12-MAIDEN NAME OF MOTHER Rebecca Speck

13-BIRTHPLACE OF MOTHER (State or Country), West Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grace Pearl Vint

(Address) 3 W. Ostend St

15- MAR 2 1917

Filed....., 191.... ROBERT R. KRAUTER. Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 28 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquiry (Coroner, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull amputation of arm and leg. General shock, caused by being struck by R. P. Engine on B&O Railroad

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert S. Donnell M. D. (Coroner.)

March, 1917. (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	Mar. 2, 1917
20-UNDERTAKER	ADDRESS
William Cook	502 E. North Ave.

D 2904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

D 2904

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 106 Fulsom al. ST.; 7th WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Carrie Hall

(Residence in Baltimore: No. 106 Fulsom al. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: April 14, 1890 (Month) (Day) (Year)

7 AGE: 26 yrs. 10 mos. 14 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Odd Occupations

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Horatio Ross

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Irene Cornish

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sarah Ross

(Address) 106 Fulsom al.

MAR 2 1917 Filed, 191

ROBERT R. KRAUTER Registrar

Burial Permit Filed

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feby 28, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept, 1916, to, Feby 28 1917, that I saw her alive on Feby 14, 1917, and that death occurred, on the date stated above, at 5.0 m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. ✓ mos. ..... ds

Contributory (SECONDARY)

(Duration) ..... yrs. ✓ mos. ..... ds.

(Signed) C. A. Kemp M. D.

March 1, 1917 (Address) 502 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Druid Cemetery — DATE OF BURIAL: March 3, 1917

20 UNDERTAKER: John H Owens — ADDRESS: 538 Dolphin St

Duplicate. Do not write on this space. Instructions on back of certificate. Exact statement of OCCUPATIONS should properly be classified.

D 2905

HEALTH DEPARTMENT---CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH

40 D 2905

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1818 E Chase St. Ward 8) REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Ellen Hawkins

(Residence in Baltimore: No. 1818 E Chase St St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	white	widow

6-DATE OF BIRTH April (Month) 28 (Day) 1846 (Year)

7-AGE 70 yrs. 10 mos. 29 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: General housework
(b) General nature of industry, business, or establishment in which employed (or employer): " "

9-BIRTHPLACE (State or country) Balto Md

PARENTS

10-NAME OF FATHER William Arnold

11-BIRTHPLACE OF FATHER (State or country) Balto Md

12-MAIDEN NAME OF MOTHER Mary Carr

13-BIRTHPLACE OF MOTHER (State or country) Canada

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Mc Gowan

(Address) 539 N. Lakewood

15- Filed MAR 3 1917 ..... 191 .....

ROBERT R. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb (Month) 28 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1917, to, Feb 28 1917, that I saw her alive on Feb 28 1917, and that death occurred, on the date stated above, at 4 45 A m.

The CAUSE OF DEATH* was as follows:

Uraemic Coma

(Duration) X yrs. X mos. 1½ ds.

Contributory (SECONDARY) Carcinoma Stomach

(Duration) 1 yrs. X mos. X ds.

(Signed) Jas. J. Finan M. D.

Feb 28 1917 [Address] 248 So. 3d St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cem.	March 3. 1917
20-UNDERTAKER	ADDRESS
Frank A. Fink	915 N. Gay St

D 2906

HEALTH DEPARTMENT—CITY OF BALTIMORE

175 D 2906

CERTIFICATE OF DEATH.

1-PLACE OF DEATH W.Md.R.R.Yards. Port Covington. ST.: 16 WARD) REGISTERED NO. C

CITY OF BALTIMORE (No.

2-FULL NAME Adam S.Young.

(Residence in Baltimore: No. 1607 Laurens St. St.; 2 yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	White.	Married.

6-DATE OF BIRTH, March 18th. 1889. (Month) (Day) (Year)

7-AGE, 27 yrs. 11 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Brakeman
(b) General nature of industry, business, or establishment in which employed (or employer): W.Md.R.R.Co.

9-BIRTHPLACE, (State or Country), Manassas.Va.

PARENTS.

10-NAME OF FATHER, David Young.

11-BIRTHPLACE OF FATHER (State or Country) Pennsylvania.

12-MAIDEN NAME OF MOTHER Do not know.

13-BIRTHPLACE OF MOTHER (State or Country), Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
Elsie S.Young.(wife) (Informant)
1607 Laurens St. (Address)

15- Filed MAR 3 1917 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH February 28th. 1917. (Month) (Day) (Year) 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushed about the head and body having been run over by a car drawn by Engine No.628 of the W.Md R.R.Co. (Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Accidental death (Duration)....yrs....mos....ds.

(Signed) Otto M Reinhardt M. D. (Coroner.)

March 2. 1917 (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Manassas Va	May 3, 1917
20-UNDERTAKER, Joseph B Cook	ADDRESS 1003 W Balto St

D 2907

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 D 2907

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 109 Scott St ST. 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.

2 FULL NAME Annie E. Watts.

(Residence in Baltimore: No. 109 Scott St.

St.: 75 yrs. ~~-~~ mos. ~~11~~ ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ (Write the word): Widowed

6 DATE OF BIRTH: Sept 14, 1841 (Month) (Day) (Year)

7 AGE: 75 yrs. 5 mos. 15 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Germany.

PARENTS

10 NAME OF FATHER: Mr Yeltner

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs L C Nutrgall
(Address) 162 W Balto St

15 MAR 3 1917 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 1, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feby 23, 1917, to March 1 1917, that I saw h~~e~~r alive on March 1, 1917, and that death occurred, on the date stated above, at 12, m.
The CAUSE OF DEATH* was as follows:

Bronchitis apty Grippe

..... (Duration) ..... yrs. ..... mos. 6 ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward H London M. D.
3/1, 1917 (Address) 750 N. North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Baltimore Cem — DATE OF BURIAL: Mar. 3, 1917

20 UNDERTAKER: Joseph J Cook — ADDRESS: 1003 W Balto St

IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER AND FILL OUT No. 13.

IT IS VERY IMPORTANT THAT IT may be properly classified. PHYSICIANS should Exact statement of OCCUPATION

See instructions on back of certificate.

D 2908

HEALTH DEPARTMENT–CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH

79

D 2908

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 4116 Walnut ave St.: 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte Dyson

(Residence in Baltimore: No. 4116 Walnut ave St.: yrs. mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Fem	white	Widow

6-DATE OF BIRTH Dec 17, 1841 (Month) (Day) (Year)

7-AGE 75 yrs. 2 mos. 10 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Virginia U.S.

PARENTS

10-NAME OF FATHER — Bauner

11-BIRTHPLACE OF FATHER (State or country) Virginia

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or country) unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. H. C. Smith

(Address) 411 Walnut ave

15. Filed MAR 3 1917, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feby 27, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 23 1917. to. Feby 27 1917. that I saw h-e- alive on Feby 27 .1917. and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(Duration) 2 yrs. — mos. ds

Contributory (SECONDARY) Mitral Insufficiency

(Duration) 1 yrs. — mos. ds.

(Signed), Reynolds Dill M. D.

Feby 28, 1917 (Address) 1732 W. Lombd St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL London Park Cem — DATE OF BURIAL Mar 2 ,191 7

20-UNDERTAKER Joseph R Cook — ADDRESS 1003 W Balto St

Every important. See instructions on back of certificate. It may be properly classified. Exact statement of OCCUPATION

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2909

CERTIFICATE OF DEATH.

10

D 2909

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 41 E West St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bridget D. McNancy

(Residence in Baltimore: No. 41 E West St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, October 30th, 1874
(Month) (Day) (Year)

7-AGE, 42 yrs. 3 mos. 28 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): at home.

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known.

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Emma Chellers.

(Address) 41 E West St.

15- MAR 3 1917 HARRY C. ANDREWS
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 27th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 17 1917, to Feb 27 1917, that I saw h.er alive on Feb 27 1917, and that death occurred, on the date stated above, at 4.45 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

Following La Grip

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Same

(Duration) yrs. mos. 10 ds.

(Signed) Wm. O. Stellwagen M. D.

2/28, 191.7. (Address) 1349 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross C.A.Co. DATE OF BURIAL, March 3rd, 1917.

20-UNDERTAKER E. T. B. Hartle. ADDRESS 115 E. West St.

2910

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

81 D 2910

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1629 Goodrich ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah A Beierwaltes

(Residence in Baltimore: No. 1629 Goodrich ave St.; 4 yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED~~, WIDOWED OR DIVORCED (~~Write the word~~): Widow

6-DATE OF BIRTH: August (Month) 28 (Day), 1844 (Year)

7-AGE: 70 yrs. 6 mos. 1 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Mississipia

PARENTS

10-NAME OF FATHER: August K Winters

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Emma Wildfuet

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs J T Loveless

(Address) 1629 Gorsuch ave

15- Filed MAR 3 1917, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 12, 1916, to March 1, 1917, that I saw h[illegible] alive on Friday 25 1917, and that death occurred, on the date stated above, at 7.15a m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(Duration) one yrs ..... mos ..... ds

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs 5 mos ..... ds

(Signed) H Young Whittbeck M. D.

March 1 1917 (Address) 1618 Goodrich ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: March 4th 1917

20-UNDERTAKER: George Schilling & Sons — ADDRESS: 1126 E Monument st

D 2911

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29

D 2911

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3-05 Hargrove al WARD) 11

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Lawson

(Residence in Baltimore: No. 3-05 Hargrove al St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) ..... (Year)

7-AGE, 40 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Police Department

(Address) .....

15- Filed MAR 3 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 21, (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease Heart

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. T. Ruby M. D. (Coroner)

Feb 28, 191.7 (Address) 1629 Bruadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER Commissioner of Health.	ADDRESS

Fill out all blanks. Make a cross (X) in square if statement of OCCUPATION is very doubtful. Write plainly with pen and ink. Use figures for dates. Do not abbreviate. Sign and return this certificate. See back of certificate.

A K S : A F E T

Spec.—8 2414—M. & T.—2000 Blks.

D 2912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

55

D 2912

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2200 Jefferson ST.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Mason Dorman

Residence in Baltimore: No. 2200 E. Jefferson St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March (Month) 5 (Day), 1914 (Year)

7-AGE, 2 yrs. 11 mos. 24 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, J. M. Dorman

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ada Atkins

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. M. Dorman

(Address) 2200 E. Jefferson St

15- Filed MAR 3 1917, 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 28 1917, to Mch 1st 1917, that I saw h[illegible] alive on Mch 1st 1917, and that death occurred, on the date stated above, at 1:15 m.

The CAUSE OF DEATH* was as follows:

Acute Acidosis

Not Diabetes (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Hebert Robertson M. D.

Mch 2, 191.. (Address) 2129 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, March 3, 1917

20-UNDERTAKER Christian Miller — ADDRESS 2334 Jefferson St

Spec.—8-24-14—M. & T.—2000 Blks.

D 2913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 D 2913

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) Maryland Gen. Hosp. ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Sennett

3-Residence in Baltimore: No. 417 N. Biddle St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Widowed

6-DATE OF BIRTH, Unknown, 18..3
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
34 yrs. ....mos. ....ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Mary Wright

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Annie Pomes
(Address) 423 Lemmon Ave

15-Filed MAR 3 1917, 191...
HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1917, to Mar 1, 1917, that I saw her alive on Mar 1, 1917, and that death occurred, on the date stated above, at 2.45 p.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Shock (Operation)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Geo. Saunders M. D.

3-1, 191.7 (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 4 ds. In the State 34 yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death? —
Former or usual residence 417 N. Biddle St.

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn Cem
DATE OF BURIAL. 3-3 191.7.
20-UNDERTAKER J. A. Bishop
ADDRESS 117 N Stricker

Spec.—5-19-13—M. & T.—500 Bks.

D 2914

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

D 2914

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 N Carlton ST.: 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maud Richardson Carter

(Residence in Baltimore: No. 515 N Carlton St.: 3 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1889
(Month) (Day) (Year)

7-AGE, 28 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Carter

(Address) 515 N Carlton

15- Filed MAR 3 1917 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 24 1917, to March 1 1917, that I saw h[illegible] alive on March 1 1917, and that death occurred, on the date stated above, at 8, m.

The CAUSE OF DEATH* was as follows: Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. mos. 5 ds.

(Signed) [illegible] M. D.

March 3, 191.. (Address) 716 S Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, March 191..

20-UNDERTAKER Sam'l Cook Son — ADDRESS 1400 Mad[illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

D 2915

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2915

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ekes Bill.

(Residence in Baltimore: No. 11 days in Hospital St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. April 17, 1852. (Month) (Day) (Year)

7-AGE. 64 yrs. 10 mos. 11 ds. If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinists
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Vermont.

PARENTS.

10-NAME OF FATHER. Gilman Bill

11-BIRTHPLACE OF FATHER (State or Country), Vermont

12-MAIDEN NAME OF MOTHER Rose Ann Ainsworth

13-BIRTHPLACE OF MOTHER (State or Country), Vermont

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter C. Snyder.

(Address) Johns Hopkins Hosp.

15- Filed MAR 3 1917, 191.... HARRY C. ANDREWS Registrar.
Burial Permit Dlvd.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. February 28, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 17 1917, to Feb. 28 1917, that I saw him alive on Feb. 28 1917, and that death occurred, on the date stated above, at 1.45 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of head of pancreas

(Duration) ....yrs. 4 mos. ....ds.

CONTRIBUTORY (Secondary) Pneumonia following operation

(Duration) ....yrs. ....mos. 6 ds.

(Signed) George R. Dennis M. D.

March, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 11 ds. In the State X yrs. X mos. X ds.

Where was disease contracted, if not at place of death?

Former or usual residence Fitzgerald, Ga.

19-PLACE OF BURIAL OR REMOVAL. Fitzgerald Ga. DATE OF BURIAL. Mch. 2. 1917.

20-UNDERTAKER Albert E. Fullerton ADDRESS N. Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

D 2916

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2916

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Tyler (Tyler)

(Residence in Baltimore: No. 7 days in Hospital St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, ... (Month) Aug. (Day) 15, (Year) 1916

7-AGE,	If LESS than 1 day,
... yrs. 6 mos. 14 ds.	... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Geo. Tyler.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Florence Smart

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp.

15- Filed MAR 3 1917, 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 22 1917, to Mar 1 1917, that I saw h... alive on Mar 1 1917, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

..... Pyelitis; Abscesses of the Kidneys

..... (Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Malnutrition

..... (Duration) ... yrs. 1 mos. 0 ds.

(Signed) Wm. R. Miller M. D.

Mar 2, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. 7 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 119 York Rd. Towson Md

19-PLACE OF BURIAL OR REMOVAL, Pleasant Rest Cemetery Towson DATE OF BURIAL, Mar. 3, 1917

20-UNDERTAKER Wm. R. A. Elliott ADDRESS 416 East St.

Spec.—8-24-14—M. & T.—5000 Bks.

D 2917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 791 D 2917

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St.; ..... WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John S. Phipps

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs., ... mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, July (Month) 4 (Day) 1843 (Year)

7-AGE, 73 yrs. 7 mos. 26 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Richard Phipps

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Sec'd Mercy Hosp.
(Address) Calvert St.

15- Filed MAR 3 1917, 191.... HARRY C. ANDREW, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 22 1917, to Mar 2 1917, that I saw him alive on Mar. 2 1917, and that death occurred, on the date stated above, at 9.00 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Arteriosclerosis
Myocarditis
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward J. Smith M. D.
Mar 2, 191 7 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. 8 ds. In the State Life yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? Annapolis Jct., Md.
Former or usual residence Annapolis Jct, Md

19-PLACE OF BURIAL OR REMOVAL, Laurel Md. DATE OF BURIAL, Mar 4, 191 7.
20-UNDERTAKER Jas. F. Fasher ADDRESS 1318 Light St

Spec.—8-24-14—M. & T.—2000 Blks.

D 2918

HEALTH DEPARTMENT—CITY OF BALTIMORE

120 D 2918

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1151 N Cross. ST.; 21 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Jiengst

(Residence in Baltimore: No. 1151 N Cross. St.; 53 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb. 4, 1850
(Month) (Day) (Year)

7-AGE, 67 yrs. ..... mos. 24 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stone Mason
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, George Jiengst

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Franna Jiengst

(Address) 1151 N. Cross St

15- Filed MAR 3 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 28, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 10 1917, to Feb 28 1917, that I saw h... alive on Feb 28 1917, and that death occurred, on the date stated above, at 9.40 p. m.

The CAUSE OF DEATH* was as follows:

Nephritis Chronic

(Duration) ... yrs. 2 mos. ... ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) ... yrs. ... mos. 4 ds.

(Signed) Edw Mackle M. D.

3/1, 191.. (Address) 512 Hollins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
New Cathedral	March 3, 1917.
20-UNDERTAKER William Cook	ADDRESS 502 E. North Ave

D 2919

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 2919

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1608 E. Fort Ave ST.: 24 WARD:

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Thomas J. Malone

(Residence in Baltimore: No. 1608 E. Fort Ave St.; 56 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: March (Month) 3 (Day), 1840 (Year)

7-AGE: 76 yrs. 11 mos. 25 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Ex Stevedore

9-BIRTHPLACE (State or country): Wales.

PARENTS

10-NAME OF FATHER: Thos. J. Malone

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Dont Know

13-BIRTHPLACE OF MOTHER (State or country): Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jos. P. Malone

(Address) 1608 E. Fort Ave

15 Filed MAR 3 1917 ROBERT R. KRAUTER
Burial Permit Clerk

N. B.—Every item of information should be carefully supplied. Exact statement of facts must be given in order that it may be properly classified. Exact statement of DISEASE or CONDITION which caused DEATH must be given. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of DISEASE or CONDITION which caused DEATH must be given. TION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February (Month) 28 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from November, 1916, to, Feb 28 1917, that I saw h.im alive on Feb 28 1917, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 2 yrs ..... mos. ..... ds.

Contributory (SECONDARY) Hypertatic Congestion of Lungs

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed), Hubert C. Knapp, M. D.

March 1, 1917. [Address] 1216 E. Pratt St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Cross Cem.

DATE OF BURIAL: March 1917

20-UNDERTAKER: M. J. Flynn

ADDRESS: 1422 Light St

D 2920

169 D 2920

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Quay Alley & William St. St.; 4th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie E.Haines.(Stage name Marie Woods)

(Residence in Baltimore: No. 424 N.Gay St. St.; 8 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female.	White	Single.

6-DATE OF BIRTH, Do not know. (Month), 1 (Day) (Year)

7-AGE, 27 yrs. -- mos. -- ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Theatrical Performer.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Glaucester N.J.

PARENTS.

10-NAME OF FATHER, Clement Haines.

11-BIRTHPLACE OF FATHER (State or Country), New Jersey.

12-MAIDEN NAME OF MOTHER Mary.----------

13-BIRTHPLACE OF MOTHER (State or Country), New Jersey.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
James J.Ellis. (Informant)

(Address) 1408 Towson St.

15-Filed MAR 3 1917 191 ROBERT R. KRAUTER Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March, 1st. 1917. (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.
Automobile driven overboard.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner.)

March, 3, 1917 (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Camden N.J. DATE OF BURIAL, March 3, 1917

20-UNDERTAKER, W.F.M.S. Filpus ADDRESS 1422 Light St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

169 ✓ D 2921

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Quay Alley & William St. ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Rogers.

(Residence in Baltimore: No. 1633 Jefferson St. St.; yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female.	White.	Married.

6-DATE OF BIRTH, Do not know. (Month), / (Day), ... (Year)

7-AGE, 29 yrs. -- mos. -- ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Theatrical Performer.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE. (State or Country). Scotland.

PARENTS.

10-NAME OF FATHER. Henry J.McCabe.

11-BIRTHPLACE OF FATHER (State or Country). Scotland.

12-MAIDEN NAME OF MOTHER. Anna A.Morrison.

13-BIRTHPLACE OF MOTHER (State or Country). Scotland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
James J.Ellis.
(Informant).....
(Address) 1408 Towson St.

15- Filed MAR 3 1917 ROBERT R. KRAUTER Registrar
Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1st.1917., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) inquest find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.
Automobile driven overboard.

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....
(Duration) .....yrs. .....mos. .....ds.

(Signed) Otto M.Reinhardt M. D. (Coroner)

March,3,1917. (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cem.	March 4. 1917
20-UNDERTAKER	ADDRESS
H. & M. G. Flynn	1422 Light St.

N.B.—Every item of information should be carefully supplied. AGE should be carefully classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2922 — 120 ✓ — D 2922

CERTIFICATE OF DEATH.

REGISTERED NO. C ....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1425 N Gay ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Franz Voit

(Residence in Baltimore: No. 1425 N Gay St.) 30 yrs., — mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Mal	White	Married

6-DATE OF BIRTH, December 3, 1862
(Month) (Day) (Year)

7-AGE, 54 yrs. 3 mos. ... ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE (State or Country): Eager. Bohemia Austria

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Lottie Voit

(Address) 1415 N. Gay St.

15- MAR 3 1917 Filed ..., 191... ROBERT R. KRAUTER Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 2, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1917, to March 2 1917, that I saw him alive on March 2 1917, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Endocarditis

unknown (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Chronic Bright Disease

... (Duration) unknown yrs. ... mos. ... ds.

(Signed) B. P. Dixon M.D. M. D.

March 7, 191.7 (Address) 1305 N Patterson Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery | DATE OF BURIAL, March 5, 191.7.

20-UNDERTAKER Henry Hoch Son | ADDRESS 1301 E Eager St

N.B.—Every item of information must be properly classified. Each question must be answered. Write plainly in ink. Do not use abbreviations. CAUSE OF DEATH in plain terms, so that it may be properly classified. Each question must be answered. Write plainly in ink. Do not use abbreviations. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2923 28 D 2923

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 55 Lemmon ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Daisy Coates

(Residence in Baltimore: No. 55 Lemmon St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown, ... (Month) ..... (Day) 1 (Year)

7-AGE, 23 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Private

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William Coates

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ellen Bowers

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose Coates

(Address) 13 N. Dinwiddie

15- Filed MAR 3 1917, 191.. ROBERT R. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 19th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 8th 191 7, to March 19 191 7, that I saw her alive on Feb. 28th 191 7, and that death occurred, on the date stated above, at 1:30 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Interval

(Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. Jos. Elser M. D.

March .., 191 7. (Address) 924 Mad. Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, March 3, 191..

20-UNDERTAKER Daniel Gaston — ADDRESS 916 Bernard Ave

N.B.—Every item of information must be given in plain terms, so that it may be properly classified. Especially important is the CAUSE OF DEATH in plain terms, so that it may be properly classified. Every item of information must be given in plain terms, so that it may be properly classified. Especially important. See instructions on back of certificate.

D 2924

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

D 2924

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1848 Penna Ave, St. 14 WARD)

(If death occured in a Hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emily Freedenburg

(Residence in Baltimore: No. 1848 Penna. Ave, St.: 40 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: December, 1846 (Month) (Day) (Year)

7-AGE: 71 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): None.

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Karl Koon

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Karl Koon

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Hen Bzenn

(Address) 1848 Penna ave

15 MAR 3 1917 Filed ....., 191.... ROBERT R. KRAUTER REGISTRAR

Burial Permit 9104

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 2nd 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1917, to. March 2 1917. that I saw h e alive on March 1, 1917 and that death occurred, on the date stated above, at 7a, m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. 4 ds

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Chas W Burkert M. D.

March 2, 1917 (Address) 1100 W Laf. Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: March 5th, 1917

20-UNDERTAKER: Daniel Easton — ADDRESS: 916 Penna ave

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-14-14—M. & T.—2000 Bks.

Carl A Johnson

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2925

CERTIFICATE OF DEATH.

91 D 2925

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1025 Penna ave ST.; 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carl A Johnson

(Residence in Baltimore: No. 1025 Penna ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, Dec — (Month) (Day), 1914 (Year)

7-AGE, 2 yrs. 3 mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Washington

PARENTS:

10-NAME OF FATHER: James Johnson

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Blanch Johnson

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Blanch Johnson

(Address) 1025 Penna ave

15- Filed MAR 3 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 25 1917, to March 1 1917, that I saw him alive on March 1 1917, and that death occurred, on the date stated above, at 5.45 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Heart Failure

(Duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) ... yrs. ... mos. 4 ds.

(Signed) L. L. Gilkemmard M. D.

March 2, 1917. (Address) 708 Eutaw st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	March 3, 191...
20-UNDERTAKER	**ADDRESS**
Daniel Easton	916 Penna ave

N. B.—Every item of information should be given, and be properly classified. Each CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

James E. Ernest.

D 2926

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

150 D 2926

8

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1522 Brunt ST.: 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James E. Ernest

(Residence in Baltimore: No. 1522 Brunt St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col	Single

6-DATE OF BIRTH, Dec. 25, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 8 da.
If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James E. Ernest Sr.

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Lula Swift

13-BIRTHPLACE OF MOTHER (State or Country), N. York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 1522 Brunt St.

15- MAR 3 1917 ROBERT R. KRAUTER
Filed....., 191.... Registrar.
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 2, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Toxic Cause of Kidney Trouble

Chronic

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. da.

(Signed) H. Mollahan M. D.
(Coroner)
Mch 7, 1917 (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death? At home

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem	March 5, 19 17
20-UNDERTAKER,	ADDRESS
Daniel Easton	912 Penna Ave

N.B.—Every item of information should be carefully supplied. AGE in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Letitia Stanley

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2927 ✓ 79 ✓ D 2927

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 N. Eden St.; 5 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Letitia Stanley

(Residence in Baltimore: No. 209 N. Eden St St.; ....yrs., ...mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Widowed

6-DATE OF BIRTH, Unknown (Month), 1 (Day) ..... (Year)

7-AGE, 67 yrs. — mos. — da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: cook
(b) General nature of industry, business, or establishment in which employed (or employer): Pd. Occupation

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Osborne Gordon

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marian Purrance

(Address) 209 N. Eden St.

15- Filed MAR 3 1917 191. ROBERT R. KRAUTER Burial Permit Registrar.

N.B.—Every item of information should be carefully supplied. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 1 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan 8a 1917, to March 1 1917, that I saw h[illegible] alive on Feb 27 1917, and that death occurred, on the date stated above, at 7P m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

Coma

Arterio Sclerosis

(Duration) ....yrs. ....mos. ....da.

CONTRIBUTORY (Secondary) Rheumatism

(Duration) 3 yrs. ....mos. ....da.

(Signed) [illegible] M. D.

March 3, 1917. (Address) 1220 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. [illegible]da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel	March 4, 1917.
20-UNDERTAKER	**ADDRESS**
John W Henderson	31 N Eden St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2928 ✓ D 2928

CERTIFICATE OF DEATH.

91

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1822 N. Monroe ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Selma Berlin

(Residence in Baltimore: No. 1822 N. Monroe St.; ~ yrs., ~ mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb. 13, 1917
(Month) (Day) (Year)

7-AGE, ~ yrs. ~ mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, Wm Berlin

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Hattie Weiss

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Berlin

(Address) 1822 N. Monroe St.

15- MAR 3 1917 ROBERT R. KRAUTER

Filed....., 191 Burial Permit Clerk.

N.B.—Every item of information must be given, so that it may be properly classified. Exact CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 3, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 28 1917, to Mar. 3 1917, that I saw her alive on Mar. 2 1917, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

..... (Duration)... yrs.... mos. 3 ds.

CONTRIBUTORY (Secondary) Bronchitis

..... (Duration)... yrs.... mos. 4 ds.

(Signed) R. C. Metzel M. D.

Mar. 3 1917. (Address) 190 E. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 1822 N. Monroe St.

19-PLACE OF BURIAL, OR REMOVAL, Hebrew Mt Carmel — DATE OF BURIAL, Mar. 7, 1917

20-UNDERTAKER S. Lutsenyt Bro — ADDRESS 1107 E. Balto St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2929

CERTIFICATE OF DEATH.

+169

D 2929

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Quay Alley & William St. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edgar Lee Gordon.

(Residence in Baltimore: No. Sandy Hook, Md. St.; yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male.	White.	Married.

6-DATE OF BIRTH, August 6th. 1880. , 1 .....
(Month) (Day) (Year)

7-AGE, 36 yrs. 6 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Former R.R. Conductor.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Brownsville Md.

PARENTS.

10-NAME OF FATHER, Isaac L. Gordon.

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Lucy E. Nield.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cleveland C. Gordon. (brother)

(Address) Sandy Hook, Md.

15- FILED MAR 3 1917 191 ROBERT B. KRAUTER Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March, 1st. 1917. , 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.
Automobile driven overboard.
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt (Coroner) M. D.

March 3, 1917. (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State 36 yrs. 6 mos. 22 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Sandy Hook, Md.

19-PLACE OF BURIAL OR REMOVAL, Sandy Hook. Md. DATE OF BURIAL, March 3rd 1917.

20-UNDERTAKER E. B. Harle ADDRESS 115 E West St

N. B.—Every item of information should be carefully supplied. Age should be stated in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~D 2930~~ 129 D 2930

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Woods

(Residence in Baltimore: No. Mercy Hospital St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Feb. 7, 1872
(Month) (Day) (Year)

7-AGE, 45 yrs. 0 mos. 24 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ~~Waitress~~
(b) General nature of industry, business, or establishment in which employed (or employer) " Wife

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Burford

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Julia Gott

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp

(Address) Calvert & 22

15- Filed MAR 3 1917, 191.... ROBERT R. KRAUTER Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 3, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 23 1917, to Mar 3 1917, that I saw her alive on Mar 3 1917 and that death occurred, on the date stated above, at 12.50 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) Great Part

CONTRIBUTORY (Secondary) Senile Prostration

(Duration) 2 yrs. mos. 8 ds.

(Signed) Edward L. Smith M. D.

Mar 3, 1917. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 8 ds. In the State ....yrs. ....mos. Some yrs.

Where was disease contracted, if not at place of death? Rochester N.Y.

Former or usual residence Rochester N.Y.

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Mar 6, 1917

20-UNDERTAKER F. A. Krause ADDRESS 703 Hanover

N.B.—Every item of information called for in CAUSE OF DEATH in plain terms, so that it may be properly classified. Each item is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2931

CERTIFICATE OF DEATH.

D 2931

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 Ward) 109 REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Lyles

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Black	Married

6-DATE OF BIRTH, ... Mar. (Month) 19 (Day), 1900. (Year)

7-AGE, 16 yrs. 11 mos. 10 ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Cook
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Pd. Assistant

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Mercy Hosp

(Address) ..... Calvert St

15- Filed MAR 3 1917 191 ROBERT R. KRAUTER Registrar.

Burial Permit ISSUED

N.B.—Every item of information called for in this CERTIFICATE OF DEATH must be properly answered, so that it may be preserved in plain terms, so that it may be important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Mar. (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 27 1917, to Mar. 1 1917, that I saw h[illegible] alive on Mar. 1 1917, and that death occurred, on the date stated above, at 8:20 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction Duration Acute

Adhesions Band.

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Peritonitis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward L. Smith M. D.

Mar 2, 1917. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. 4½ mos. ..... ds.

Where was disease contracted, if not at place of death? Hollywood Md

Former or usual residence Hollywood Md

19-PLACE OF BURIAL, OR REMOVAL. Pottersville Md. DATE OF BURIAL, MAR 3 1917

20-UNDERTAKER Geo A Farley Fulton & Fayette ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2932 — 28 — D 2932

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2391 N Poppleton ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fr Lauchen

(Residence in Baltimore: No. 2391 N Poppleton St.; 30 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. February 1st, (Month) (Day) 1859 (Year)

7-AGE. 57 yrs. 1 mos. ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country), Germany

PARENTS.

10-NAME OF FATHER. John Lauchen

11-BIRTHPLACE OF FATHER (State or Country). Germany.

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs L Lorey

(Address) 917 N Lexington

15- Filed MAR 3 1917 1917 ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

N. B.—Every item in CAUSE OF DEATH in plain terms, so that it may be properly classified. Every item important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 28 1917, to March 1 1917, that I saw h... alive on March 1 1917, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Haemoptysis

(Duration) ... yrs. ... mos. 1 ds.

(Signed) H Norwood M. D.

March, 1917. (Address) 939 N Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Western Cemetery — DATE OF BURIAL, March 4, 1917.

20-UNDERTAKER. John J Townsend — ADDRESS 901 Hollins St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1933

CERTIFICATE OF DEATH.

64 D 2933

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2437 Eastern Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Heise

(Residence in Baltimore: No. 2437 Eastern Ave St.; 56 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Dec. (Month) 25 (Day), 1840 (Year)

7-AGE, 76 yrs. 2 mos. 5 ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Snyder

(Address) 2437 Eastern Ave

15-

Filed MAR 3 1917 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 26 191 7, to March 2 191 7, that I saw her alive on March 1st 191 7, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia Apoplexy

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. A. Tilden M. D.

March 2, 191 7 (Address) 100 S Bolton Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Bachman's | DATE OF BURIAL, March 4 191 7

20-UNDERTAKER Zirkler & Zirkler | ADDRESS 1739 E. Eager

N. B.—Every item of information should be carefully supplied. Age, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1769 D 2934

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Quay Alley & William St. ST.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna Kirby. (Stage name, Edna King)

(Residence in Baltimore: No. 702 E. Baltimore St. St.; yrs., mos. 3 ds.)

N. B.—Every item of information should be carefully supplied. AGE must be supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female.	White.	Single

6-DATE OF BIRTH, November 26th, 1884. (Month) (Day) , 1 (Year)

7-AGE, 32 yrs. 3 mos. 3 ds. IF LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Theatrical Performer.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). New York.

PARENTS.

10-NAME OF FATHER. John Kirby.

11-BIRTHPLACE OF FATHER (State or Country). New York.

12-MAIDEN NAME OF MOTHER Do not know.

13-BIRTHPLACE OF MOTHER (State or Country). Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
Anna Burnette. (Informant)
Farmington. Me. (Address)

15- Filed MAR 3 1917 191 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1st. 1917. (Month) (Day) , 191 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) found that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.
Automobile driven overboard.

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) (Duration) ....yrs....mos....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

March, 3rd, 1917. 1017 S. Charles (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos. 3 ds.
Where was disease contracted, if not at place of death?
Former or usual residence New York.

19-PLACE OF BURIAL OR REMOVAL, M. J. City DATE OF BURIAL, Mch 3, 1917

20-UNDERTAKER A. Fitzpatrick ADDRESS 2033 Wash. Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 2935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

D 2935

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Elizabeth Home St.; 4 WARD)
REGISTERED No. C
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Fallin
(Residence in Baltimore: No. St Eelizabeths Home St.; (yrs., 6 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male
4-COLOR OR RACE: colored
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single
6-DATE OF BIRTH, (Month) Sept (Day) (Year) 1915
7-AGE, 1 yrs. 6 mos. da. If LESS than 1 day, hrs. or min.?
8-OCCUPATION: (a) Trade, profession, or particular kind of work: None (b) General nature of industry, business, or establishment in which employed (or employer):
9-BIRTHPLACE, (State or Country), St. Marys Co.

PARENTS.
10-NAME OF FATHER, Unknown
11-BIRTHPLACE OF FATHER (State or Country), Unknown
12-MAIDEN NAME OF MOTHER Unknown
13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Rev. M. M. Mildred
(Address) St. Elizabeths Home

15-MAR 3 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 1 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 1916, to Mar 1917, that I saw him alive on Feb 28 1916, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Diffuse Nephritis
(Duration) yrs. 5 mos. da.
CONTRIBUTORY (Secondary) Bronchopneumonia
(Duration) yrs. mos. 5 da.

(Signed) Edgar V. Freidenwald M. D.
Mar 1, 1917 (Address) 616 Lambert Bldg.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. da. In the State yrs. mos. da.
Where was disease contracted, if not at place of death? Not known
Former or usual residence St. Elizabeths Home

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery
DATE OF BURIAL, Mar. 3rd, 1917

20-UNDERTAKER Geo. H. Holland
ADDRESS 5 E. Robert St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

D 2936

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 Park ave ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred Norris.

(Residence in Baltimore: No. 514 Park ave St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female.	White.	Single.

6-DATE OF BIRTH, Nov. 8, 1899 (Month), (Day), 1 (Year)

7-AGE, 17 yrs. 3 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), St. Mary's Co., Md

PARENTS.

10-NAME OF FATHER, Frederick A. Norris

11-BIRTHPLACE OF FATHER (State or Country), St. Mary's Co., Md.

12-MAIDEN NAME OF MOTHER Alice Stone

13-BIRTHPLACE OF MOTHER (State or Country), St. Mary's Co., Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Frederick A. Norris.

(Address) St. Mary's Co., Md.

15- MAR 3 1917 ROBERT B. KRAUTER
Filed....., 191.. Burial Permit Registrar.

CAUSE OF DEATH in plain terms, so that any one may understand it. Any unusual or important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 3d, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 23 1917, to March 3 1917, that I saw h er alive on March 1 1917, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
Acute Miliary tuberculosis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Charles O Moran M. D.

March 3, 1917. (Address) 5 E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Soldiers & Sailors Monument — DATE OF BURIAL, 3/3, 1917.

20-UNDERTAKER Henry W. Meau & Son — ADDRESS 1052 N. Eutaw St

Dis Mo. Dist. E Div. R. W. — Exam Mrs F. A. Norris

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2937

CERTIFICATE OF DEATH.

18

REGISTERED NO. C

D 2937

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 300 Albemarle ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Angelo Iori

(Residence in Baltimore: No. 300 Albemarle St.; ..... yrs., 1 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... Jan. (Month) 23 (Day), 1917 (Year)

7-AGE, ... yrs. 1 mos. 6 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltd.

PARENTS.

10-NAME OF FATHER, John Iori

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Panone Beatrice

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Iori

(Address) 300 Albemarle St.

15- MAR 3 1917 ROBERT R. KRAUTER

Filed ....., 191.... Registrar

Burial Permit Issued

CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Mar. (Month) 2nd (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from 7 A 18 1917, to Mar 2 1917, that I saw h in alive on Mar 2 1917, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

..... Marasmus, Lack of Food

..... (Duration) ..... yrs. ..... mos. 1/2 ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Mar 3, 1917. (Address) 1038 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Denis	Mar. 3, 1917.
20-UNDERTAKER	ADDRESS
Wendell Tippet & Son	330 S. Bond St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2938

CERTIFICATE OF DEATH.

28

D 2938

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 S. Port ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Gardzelewski.

(Residence in Baltimore: No. 707 S. Port St.; 25 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Nov. (Month) 16 (Day), 1876. (Year)

7-AGE, 40 yrs. 3 mos. 17 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Iron Moulder.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), German Poland.

PARENTS.

10-NAME OF FATHER, Dont know.

11-BIRTHPLACE OF FATHER (State or Country), German Poland

12-MAIDEN NAME OF MOTHER Dont know.

13-BIRTHPLACE OF MOTHER (State or Country), German Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosa Gardzelewska

(Address) 707 S. Port St.

15- Filed MAR 3 1917 19.. ROBERT B. KRAUTER Registrar

Burial Permit (Clerk)

CAUSE OF DEATH in plain terms, of what is important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1st, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 28 1917, to March 1 1917, that I saw h[e] alive on March 1 1917, and that death occurred, on the date stated above, at 7.50 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Fatty Infiltration of Heart

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Wheeler M. D.

March 1917. (Address) 16 E. Eager

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St. Stanislaus.	March 5th, 1917.
20-UNDERTAKER	ADDRESS
M. V. Sadowski	705 S. Ann St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2939

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; W WARD)

REGISTERED No. C D 2939

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Strohmaier

(Residence in Baltimore: No. 42 E. York St St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word.)
Male	White	Widowed

6-DATE OF BIRTH. ..... Feb. (Month) 12 (Day), 1858 (Year)

7-AGE. 59 yrs. 0 mos. 17 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Georg Strohmaier

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hospital

(Address) Calvert St.

15 Filed MAR 3 1917, 191.. ROBERT B. KRAUTER Registrar

Burial Permit Issued

CAUSE OF DEATH in plain words. Do not use abbreviations. All items important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. ..... Mar (Month) 1 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 27 1917, to Mar 1 1917, that I saw him alive on Mar 1 1917, and that death occurred, on the date stated above, at 4:59 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) about 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward H. Davis M. D.

Mar. 1, 1917. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 42 E. York St.

Former or usual residence 42 E York St

19-PLACE OF BURIAL OR REMOVAL. Western Cemy

DATE OF BURIAL. March 4 1917

20-UNDERTAKER Jos Swenson Son

ADDRESS 217 S. Peac

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2940

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maternity Hospital ST.; 17 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Robinson

(Residence in Baltimore: No. 2424 Oak St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, January (Month) ..... (Day) 1879 (Year)

7-AGE, 38 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Porter
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Jacob Robinson

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Lucy Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Robinson

(Address) 2424 Oak St.

15- Filed MAR 3 1917 191 ROBERT B. KRAUTER Registrar

Burial Permit Issued

CAUSE OF DEATH in plain terms, so that it can be understood. Every item important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1st (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 14 1917, to March 1 1917, that I saw h[illegible] alive on March 1st 1917, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

Chronic Interstitial Nephritis

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) 5 yrs. ..... mos. 2 ds.

(Signed) J. Mosher M. D.

3/1, 191 7 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 15 ds. In the State 30 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ~

Former or usual residence 2424 Oak St. City.

19-PLACE OF BURIAL OR REMOVAL Mt. Cuba, Middlesex Co. Va. DATE OF BURIAL Mar. 4, 1917

20-UNDERTAKER Mrs. R. A. Elliott. ADDRESS 506 East St.

John Williams

D 2941

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2941

CERTIFICATE OF DEATH.

92

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1327 N. Woodyear ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Williams

(Residence in Baltimore: No. 1327 N. Woodyear St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1875 (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Porter
(b) General nature of industry, business, or establishment in which employed (or employer)..... Saloon

9-BIRTHPLACE, (State or Country), Washington D.C.

PARENTS.

10-NAME OF FATHER, Wm. Williams D.C.

11-BIRTHPLACE OF FATHER (State or Country), Washington D.C.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mary Spark

(Address)..... 1327 N. Calhoun

15- MAR 3 1917 ROBERT B. KRAUTER

Filed....., 191.... Registrar.

Burial

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 2, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Cirrhosis

..... (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) ..... M. D.
(Coroner)

..... March 2, 1917. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State None yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, W. J. Auburn. DATE OF BURIAL, March 4, 1917.

20-UNDERTAKER Edward Ringgold ADDRESS 1463 N. Carey St

N.B.—Every item of information should be carefully sought for. Exact statement of OCCUPATION is very important. CAUSE OF DEATH may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2942

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 7 University Hospital St.: 4 WARD)

REGISTERED No. C 175 D 2942

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Frederick Waldman

(Residence in Baltimore: No. Main St. Mt Wilson St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, May 5, 188.. (Month) (Day) (Year)

7-AGE, 29 yrs. 9 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Waldman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Katherine Gunther

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Henry Waldman
(Address) Mt Wilson

15- Filed MAR 3 1917 191. ROBERT B. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

1) Traumatic Shock Caused by being Struck by B&O R.R. Engine negligence imputed to R.R.
(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Albert L Brocatt (Coroner.) M. D.
March 1 191.7 (Address) 312 N Carrollton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place University Hospital In the of death.....yrs.....mos. 1 ds. State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death? Mt. Wilson, Crossing
Former or usual residence Main St. Mt Wilson

19-PLACE OF BURIAL OR REMOVAL, Westview Cemetery
DATE OF BURIAL, Mar 4, 1917

20-UNDERTAKER, P. B. Hubbert
ADDRESS Fremont Ave

N. B. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2943 — 81 — D 2943

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 Denver ST.; 21 WARD) REGISTERED No. C

2-FULL NAME Louisa Breslear

(Residence in Baltimore: No. 1113 Denver St.; 11 yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Feb. 17, 1813 (Month) (Day) (Year)

7-AGE, 74 yrs. — mos. 13 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Hoffers

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lena Rath

(Address) 1113 Denver St.

15- Filed MAR 3 1917 191 ROBERT R. KRAUTER Registrar.
Burial Permit

CAUSE OF DEATH in plain words. Every item important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 2, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 1 191 , to Mar 2 191 , that I saw her alive on Mar 2 191 , and that death occurred, on the date stated above, at 1:30 p.m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(Duration) yrs. unknown mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John G. Wisemelberg M. D.

Mar 3, 191 (Address) 1120 W. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Westview — DATE OF BURIAL, Mch. 5, 1917

20-UNDERTAKER Von Leach — ADDRESS 702 E. North Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2944

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2944

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 Jefferson ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Hill

(Residence in Baltimore: No. 1213 Jefferson St.

(If non-resident give STATE or COUNTRY.) (If under 1 day, hrs.; under 1 mo., da.; under 1 yr., mos. and da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col.	Married

6-DATE OF BIRTH, Oct. 16, 1864.
(Month) (Day) (Year)

7-AGE, 50 yrs. 4 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Hill

11-BIRTHPLACE OF FATHER (State or Country), a a Co

12-MAIDEN NAME OF MOTHER Susie Edwards

13-BIRTHPLACE OF MOTHER (State or Country), a a Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Hill

(Address) 1213 Jefferson St.

15- Filed MAR 3 1917, 191.. ROBERT R. KRAUTER Registrar.

Burial Permit Given

CAUSE OF DEATH in plain terms, so that it may be properly classified. Omissions important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 3, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 28, 1917, to Mar 3, 1917, that I saw h..... alive on Mar 2, 1917, and that death occurred, on the date stated above, at 5.45 p.m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. E. Burns M. D.

Mar. 3, 191.. (Address) 2218 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Ashbury Cemetery	Mch 5, 1917.
20-UNDERTAKER Wm. Cook	ADDRESS 502 E. North Ave

FILMED

Spec.—8-24-14—M. & T.—2000 Bks.

2945

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+38 D 2945

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

REGISTERED No. C

2-FULL NAME Bernardo Otia

(Residence in Baltimore: No. Mercy Hospital St.; ....yrs.. ....mos. ....ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ ~~DIVORCED~~ (Write the word.) Single

6-DATE OF BIRTH. Feb. 12, 1872 (Month) (Day) (Year)

7-AGE. 45 yrs. 0 mos. 18 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) Guard

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Andrew Lewis

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Minnie Lewis

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. Mercy Hosp.

(Address) Calvert St.

15- Filed MAR 3 1917 1917. ROBERT R. KRAUTER Registrar.

Burial Permit Issued.

CAUSE OF DEATH in plain terms. If violence, state means. Name of disease alone not sufficient. Omissions will cause delay. Be particular and write plainly. Every item important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 2, 1917 (Month) (Day) (Year).

17- I HEREBY CERTIFY, That I attended deceased from Feb. 27 1917, to Mar 2 1917, that I saw h[illegible] alive on Mar 2 1917, and that death occurred, on the date stated above, at 4.30 p. m.

The CAUSE OF DEATH* was as follows:

a. Pericarditis and Pleurisy

b. Tuberculosis

c. Gonorrhoea (Duration) Over 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart Dis.

(Duration) 5 yrs. 1 mos. 1 ds.

(Signed) Geo. D. Smith M. D.

Mar 2, 1917. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. ....mos. 4 ds.

Where was disease contracted, if not at place of death? Farnham Va

Former or usual residence Farnham Va.

19-PLACE OF BURIAL OR REMOVAL, Sharps Wharf Va

DATE OF BURIAL, Mar 5, 1917

20-UNDERTAKER Wm. M. Gardner

ADDRESS 1634 Mt Royal

SOCIETY OF GENEALOGISTS

Spec.—8-24-14—M. & T.—2000 Bks.

2946

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 2946

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2432 E. Eden St ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ada Fichler

(Residence in Baltimore: No. 2432 E. Eden St St.: 25 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, May ....., 1865
(Month) (Day) (Year)

7-AGE, 51 yrs. 10 mos. ..... da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Prussia

PARENTS.

10-NAME OF FATHER, Jacob Kursien

11-BIRTHPLACE OF FATHER (State or Country), Prussia

12-MAIDEN NAME OF MOTHER Bruce

13-BIRTHPLACE OF MOTHER (State or Country), Prussia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E Baltimore

15- Filed MAR 4 1917 19... ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

CAUSE OF DEATH to be plainly written, and all questions answered so far as practicable. Physicians are requested to fill out certificates immediately after death, and to state the cause of death in plain terms, so that it may be understood by persons not physicians. Indefinite terms, such as "Fever," "Debility," "Inflammation," "Congestion," "Old Age," "Dropsy," "Cancer," "Tumor," "Abscess," "Child-bed," "Consumption," "Lung Disease," "Heart Disease," "Kidney Disease," "Stomach Trouble," "Bowel Trouble," "Liver Complaint," "Blood Poison," "Premature Birth," "Still Born," "Whooping Cough," "Scarlet Rash," "Measles," "Erysipelas," "Spinal Disease," "Brain Disease," "Womb Disease," "Rheumatism," "Neuralgia," "Hernia," "Fistula," "Ulcer," "Gangrene," "Jaundice," "Canker," "Worms," "Teething," "Locked Jaw," "Lockjaw," "Childbirth," "Miscarriage," "Abortion," "Suddenly," "Unknown," "Found Dead," "Coroner's Case," are not sufficient. Causes of death which may prevail epidemically, contagiously, or sporadically, must be reported with the utmost precision. Violent deaths must be reported in detail as to the manner of occurrence, and whether accidental, suicidal, or homicidal. Deaths during childbirth must be so reported as to show clearly the connection of the childbirth with the fatal result. Deaths from any of the diseases dangerous to the public health must be reported forthwith by telephone or otherwise. Causes of death which are not satisfactorily explained will be investigated by the Coroner. Any person who shall refuse to bury or permit burial of the dead of any person, or who shall refuse to give information concerning the dead to any person charged with the duty of burying the dead, or who shall bury or permit burial of the dead of any person without a certificate of death or burial permit, as required by the Ordinances of Baltimore City, shall be guilty of a misdemeanor and subject to a fine of not more than $100.00 for each offense.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 2, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1916, to March 2 1917, that I saw h[illegible] alive on March 2 1917, and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis with Mitral and Aortic insufficiency

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Hermann Seidel M. D.

March 2, 1917. (Address) 1931 E. Pratt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Zion Cem. DATE OF BURIAL, 3/4, 1917

20-UNDERTAKER Jack Lewis ADDRESS 1411 E Balt St

KODAK

Spec.—8-24-14—M. & T.—4000 Bks.

D 2947

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 2947

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 15 WARD)
REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sheldon Wallerstein

(Residence in Baltimore: No. 2251 N. Fulton Ave St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, January 20, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 11 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Sam Wallerstein

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Annie Swintzer

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) W. Swintzer
(Address) Johns Hopkins Hospital

15-Filed MAR 4 1917, 191.... ROBERT R. KRAUTER, Registrar.
Burial Permit Given

CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 3, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 28 1917, to March 3 1917, that I saw h... alive on March 3 1917, and that death occurred, on the date stated above, at 5-30 p. m.

The CAUSE OF DEATH* was as follows:
Pneumonia, Acute Lobar
(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) Milo R. Walker M. D.
March 3, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 4 ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death? ?
Former or usual residence 2251 N. Fulton Ave

19-PLACE OF BURIAL OR REMOVAL, Hebrew Herman — DATE OF BURIAL, 3/4, 191..

20-UNDERTAKER Jack Lewis — ADDRESS 1411 E Lan...

Spec.—8-24-14—M. & T.—2000 Bks.

D 2918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 2948

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 W. Lee St ST.; 22 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miriam Leah Barr

(Residence in Baltimore: No. 10 W Lee St St.; ..... yrs., 7 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Femal	white	Sing'l

6-DATE OF BIRTH, Jan. ..... (Month) ..... (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
..... yrs. 7 mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... child .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balt city Md

PARENTS.

10-NAME OF FATHER, Barney Barr

11-BIRTHPLACE OF FATHER (State or Country), Bact Md

12-MAIDEN NAME OF MOTHER Sarah Cohen

13-BIRTHPLACE OF MOTHER (State or Country), Bact. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Lewis .....

(Address)..... 1411 E Balto St .....

15- Filed MAR 4 1917, 191... ROBERT R. KRAUTER Registrar

Burial Permit Issued

CAUSE OF DEATH is plain writing, as concise as important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 2 1917, to March 2 1917, that I saw h e alive on March 2 1917, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

..... Gastro - Enteritis .....

.....

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) ..... Inanition .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) William F. Ruhl M. D.

Mar 3, 1917. (Address) 22 E. Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Balto Hebrew	3/4, 1917
20-UNDERTAKER	**ADDRESS**
Jos H Lewis	1411 E Balto

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 2949

CERTIFICATE OF DEATH.

D 2949

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 Jefferson ST.; 6 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert H. Theban

(Residence in Baltimore: No. 1715 Jefferson St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct 13, 1855. (Month) (Day) (Year)

7-AGE, 61 yrs. 4 mos. 15 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter House
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country) Balto City

PARENTS.

10-NAME OF FATHER, Henry Theban.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Rohda Stephens.

13-BIRTHPLACE OF MOTHER (State or Country), England.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katherine F. Theban

(Address) 1715 Jefferson St

15-

Filed MAR 4 1917 ROBERT R. KRAUTER Registrar

Burial Permit Issued

CAUSE OF DEATH in plain terms; of small importance. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 2 1916, to February 25 1917, that I saw him alive on Feb. 28 1917, and that death occurred, on the date stated above, 5.45 A m.

The CAUSE OF DEATH* was as follows:

"Carcinoma of face & jaw

(Duration) yrs. 7 mos. da.

CONTRIBUTORY (Secondary) Anaemia Cons.

(Duration) yrs. 7 mos. da.

(Signed) J. H. Gallenberg M. D.

March 3., 1917. (Address) 1810 E. Balto. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Greenmt Cemy	Mar. 4., 1917.
20-UNDERTAKER	ADDRESS
Albert E. Fuller	cor N Broady

D 2950

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

17 D 2950

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1610 E. Baltimore ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Addie Williams

(Residence in Baltimore: No. 1424 E. Fairmount Ave St.: yrs., 8 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH. July 7, 1907
(Month) (Day) (Year)

7-AGE. 10 yrs. mos. 24 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Squire Williams

11-BIRTHPLACE OF FATHER (State or Country) Virginia

12-MAIDEN NAME OF MOTHER Sarah Crockett

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Williams

(Address) 1424 E Fairmount Ave

15- Filed MAR 4 1917, 191... ROBERT R. KRAUTER, Registrar.

Burial Permit Given.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 7, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Being struck & run over by an Automobile (accidental)

(Duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary) Fracture of Skull

(Duration)..... yrs. 1 mos. ..... ds.

(Signed) C. Edward Engel M. D.
(Coroner)

3/3, 191 7. (Address) 910 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Asbury Cem	Mar 5 1917

20-UNDERTAKER Harry A Vodry ADDRESS 1126 Eastern Ave

N. B.—Every item of information should be carefully and fully given. Exact statement of OCCUPATION is very important. CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2951

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 2951

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 531 N Central Ave ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Lee Richardson

(Residence in Baltimore: No. 531 N Central Ave St.: 3 yrs., 10 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Married

6-DATE OF BIRTH, May (Month) 10 (Day) 1882 (Year)

7-AGE, 34 yrs. 10 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Wm H. Lee

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Susan Foote

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Nettie Lee

(Address) 531 N Central

15-

Filed MAR 4 1917 191.. ROBERT R. KRAUTER, Registrar.

Burial Permit 01611

CAUSE OF DEATH in plain terms, so that it may be properly classified. All items important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 28th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 19th 191.., to Feb 28th 191 7. that I saw h.. alive on Feb 28th 191 7. and that death occurred, on the date stated above, at 4:30 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Laryngitis

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Dr Kunkle

(Duration) yrs. 1 mos. 7 ds.

(Signed) L Benj Dan'l Cleary M. D.

3/3, 1917 (Address) 400 N Pa Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, Mar 4, 191 7

20-UNDERTAKER Harry A Vodery — ADDRESS 1725 Orleans

Rachel or Baldassare

D 2952

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 D 2952

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1427 Bank St. ST. 3 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Rachel Baldassare

(Residence in Baltimore: No. 1427 Bank St. St.: ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, ~~MARRIED~~ ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Single

6 DATE OF BIRTH: May (Month) 31 (Day), 1916 (Year)

7 AGE: ... yrs. 9 mos. 2 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Domenico Baldassare

11 BIRTHPLACE OF FATHER (State or country): Italy

12 MAIDEN NAME OF MOTHER: Gurzia Facchetti

13 BIRTHPLACE OF MOTHER (State or country): Italy

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Domenico Baldassare

(Address) 1427 Bank St

15 MAR 4 1917 Filed ... 191 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 3 (Month) 3 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1917, to March 3 1917, that I saw her alive on March 2, 1917, and that death occurred, on the date stated above, at 3.30 p.m.

The CAUSE OF DEATH* was as follows:

Fulminating Broncho Pneumonia

(Duration) ... yrs. ... mos. 3 ds

Contributory (SECONDARY) Oedema of Lungs

(Duration) ... yrs. ... mos. ... ds.

(Signed) A. L. Hornstein M. D.

3/3, 1917. (Address) 733 Aisquith St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence ...

19 PLACE OF BURIAL OR REMOVAL: St. Stanislaus Cem. DATE OF BURIAL: March 4, 1917

20 UNDERTAKER: John Henrigs & Co ADDRESS: 2008 Eastern

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. The state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2953

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

28 D 2953

CITY OF BALTIMORE: (No. 525 S Polonia e. ST.; 1 WARD)

REGISTERED No. C

2-FULL NAME Clifton Scott

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 625 S Polonia e St.; ..yrs.. ..mos. ..ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, September (Month), 1 (Day), 1 (Year)

7-AGE, 36 yrs. ..mos. ..ds.

If LESS than 1 day, ..hrs. or ..min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Mechanist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER, Vincent D. Scott

11-BIRTHPLACE OF FATHER (State or Country) Washington D C

12-MAIDEN NAME OF MOTHER Mary J. Draudzell

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Vincent D. Scott

(Address) 525 S. Vincent St.

15- Filed MAR 4 1917 191.. ROBERT R. KRAUTER, Registrar.

Burial Permit

CAUSE OF DEATH. In plain terms, so that it can be understood by a layman, and as important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 2 1917 (Month) (Day), 191.. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1917, to Mar 3 1917, that I saw h im alive on Feb 20 1917, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuburculosis

(Duration) 1 yrs. ..mos. ..ds.

CONTRIBUTORY (Secondary)

(Duration) ..yrs. ..mos. ..ds.

(Signed) J. H. Evans Coulter M. D.

191.. (Address) 2938 E. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, W Lutheran Cem. DATE OF BURIAL, March 5, 1917.

20-UNDERTAKER John F. Howard Sons ADDRESS 907 Hollins St.

D 2954 HEALTH DEPARTMENT—CITY OF BALTIMORE D 2954

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Franklin Street Hospital ST.) 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Johnson

(Residence in Baltimore: No. 107 Stockton alley St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, ... Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
25 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Driver .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Coal Cart .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Johnson

(Address) 1211 Pabor St.

15- MAR 4 1917 ROBERT R. KRAUTER

Filed ....., 191... Burial Permit Clerk.
Registrar.

N. B.—Every item of information must be given, so that it may be properly classified. Exact statement of OCCUPATION is important. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March 3 ....., 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Hemorrhage of Lungs

(Duration) ..... yrs. ..... mos. 1/2 ds.

CONTRIBUTORY (Secondary) Probably Pulmonary Tuberculosis (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M. Hamlon M. D.
(Coroner.)

Mar 3, 1917. (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1/2 ds. State Maryland 26 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

107 Stockton alley

Former or usual residence 107 Stockton alley.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Auburn	Mar 5, 19 17
20-UNDERTAKER	ADDRESS
John J Cowan & Son	901 Hollins St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 2955

CERTIFICATE OF DEATH.

120 D 2955

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lanice Jaeger

(Residence in Baltimore: No. 746 N. Lexington St.: 2 yrs., — mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, (Month) Unknown (Day) ..... (Year) 1855

7-AGE, 62 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House work.
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Gast

(Address) 746 N. Lexington St.

15-

Filed MAR 4 1917 191 ROBERT R. KRAUTER

Registrar

Burial Permit

CAUSE OF DEATH in plain English and as important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 3, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 14 1917, to March 3 1917, that I saw h[illegible] alive on March 3 1917, and that death occurred, on the date stated above, at 7 [illegible] m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Several years

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Senility

(Duration) ....yrs. 1 mos. ....ds.

(Signed) J E Evans M. D.

31 3, 191 7. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 17 ds. In the State unknown yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 746 N. Lexington St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, March 5, 191 7

20-UNDERTAKER Louis Heeman ADDRESS 32 N. Broadway

Spec.—8-24-14—M. & T.—2000 Bks. Sarah A. Fetherbridge

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2956 CERTIFICATE OF DEATH. 10 D 2956

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2309 N. Charles ST.; 17 WARD) REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah A. Fetherbridge

(Residence in Baltimore: No. 2309 N Charles St.; 87 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	White	Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) 1830 (Year)

7-AGE, 87 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. M. Orr

(Address) 81 N. 17th St. E. Orange N.J.

15- Filed MAR 4 1917, 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

CAUSE OF DEATH to be plainly written, and important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 2 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Feb 9 1917, to March 2 1917, that I saw h alive on March 1st 1917, and that death occurred, on the date stated above, at 8.45 a.m.

The CAUSE OF DEATH* was as follows:

Old Age

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Influenza (Duration) ..... yrs. ..... mos. 21 ds.

(Signed) Wm T. Watson M. D.

March 3, 1917. (Address) 711 St Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cem. DATE OF BURIAL, March 4, 1917.

20-UNDERTAKER Joseph Cook ADDRESS 1003 W. Balto St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2957. HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

115 D 2957.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Wallace

(Residence in Baltimore: No. University Hospital St.; yrs., mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) ....., 18?? (Day) (Year)

7-AGE, ?3 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Pa

PARENTS.

10-NAME OF FATHER, John Wallace

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Matilda Shreve

13-BIRTHPLACE OF MOTHER (State or Country), N. J.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hospital Records

(Address) Lombard and Greene Sts

15- Filed MAR 4 1917, 191... ROBERT R. KRAUTER Registrar

Burial Permit Given

CAUSE OF DEATH must be stated in every case. Items are important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 2 191 7, to Mar 2 191 7, that I saw h... alive on Mar 2 191 7, and that death occurred, on the date stated above, at 8.25 a m.

The CAUSE OF DEATH* was as follows: —

Septicaemia

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Streptococcus

..... (Duration) ..... yrs. 9 mos. ..... ds.

(Signed) C Terry Hall M. D.

3/3, 191 7 (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 10 ds. In the State ..... yrs. ..... mos. 10 ds.

Where was disease contracted, if not at place of death? Former Residence

Former or usual residence Philadelphia, Pa.

19-PLACE OF BURIAL OR REMOVAL, Philadelphia Pa — DATE OF BURIAL, Mar 4, 191 7

20-UNDERTAKER Joseph Block — ADDRESS 1002 W Balto St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2958
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

61 D 2958
REGISTERED NO. C

CITY OF BALTIMORE: (No. 2232 E Hennemann ave ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Earl Lindsay

(Residence in Baltimore: No. 2232 E Hennemann ave St.; ..... yrs., 8 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June 7, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. 8 mos. 26 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. md

PARENTS.

10-NAME OF FATHER, George M. Lindsay

11-BIRTHPLACE OF FATHER (State or Country), N. Va.

12-MAIDEN NAME OF MOTHER Emma Steiner

13-BIRTHPLACE OF MOTHER (State or Country). Balto. md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Geo. M. Lindsay

(Address) 2232 E. Hennemann ave

15-
Filed MAR 4 1917, 191.. ROBERT R. KRAUTER
Registrar.
Burial Permit Clerk

CAUSE OF DEATH in plain terms, so that it may be properly classified. All items are important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 3, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 22nd 1917, to March 3rd 1917, that I saw him alive on March 3rd 1917, and that death occurred, on the date stated above, at 6 45 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia.

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Clifton T. Dingwall M. D.

3/4/, 191.. (Address) 1914 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, March 5, 191.7

20-UNDERTAKER Henry Hoech Son — ADDRESS 139 E Eager

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2959

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

81 D 2959

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1142 N. Gilmor ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Drohan

(Residence in Baltimore: No. 1142 N. Gilmor St.; 83 yrs., 1 mos. 30 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Dec 3, 1833 (Month) (Day) (Year)

7-AGE: 83 yrs. 1 mos. 30 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Policeman

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: Thomas Drohan

11-BIRTHPLACE OF FATHER (State or Country): Ireland.

12-MAIDEN NAME OF MOTHER: Mary Mount

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A. Drohan

(Address) 1142 N. Gilmor St

MAR 4 1917

Filed....., 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

CAUSE OF DEATH must be stated in every case. Physician's or coroner's certificate required. Every question must be answered if possible. Omissions cause delay. Be particular and write plainly. Ink is important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch 2, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1917, to Mch 2 1917, that I saw h[illegible] alive on Mch 1 1917, and that death occurred, on the date stated above, at 1.40 P, m.

The CAUSE OF DEATH* was as follows:

Senerat Infirmities

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) yrs. mos. 1 ds.

(Signed) E. Otis Murray M. D.

Mch 3, 191 7 (Address) 1221 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill Cemetery DATE OF BURIAL: Mch 5, 191 7

20-UNDERTAKER: Mrs A Rohde & Son ADDRESS: 730 Fa Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2960

CERTIFICATE OF DEATH.

D 2960

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 N. Gilmor ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Drucella Butler

(Residence in Baltimore: No. 401 N Gilmor St.: ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, unknown, 1 .....
(Month) (Day) (Year)

7-AGE, 32 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Plural Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Col Home

9-BIRTHPLACE, (State or Country), Georgia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose Butler

(Address) 401 N. Gilmor

15-

Filed MAR 4 1917 ROBERT R. KRAUTER

191.....

Burial Permit Registrar.

CAUSE OF DEATH must be stated by physician if possible. Otherwise by coroner. Every item is important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 2, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 22 1917, to March 2 1917, that I saw h[er] alive on ..... 191 7, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Senile exposure

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. N. Carter M. D.

3-4-17 (Address) 1624 Dill ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Pt Lookout Cem — DATE OF BURIAL, May 4, 1917

20-UNDERTAKER, Samuel Hemsley — ADDRESS 518 N Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

D 2961

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 D 2961

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St.; 1st WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucius Basco

(Residence in Baltimore: No. 1920 Brunt St. St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, September 3, 1891
(Month) (Day) (Year)

7-AGE, 26 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Lloyd W. Basco

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Maria Whilton

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Basco

(Address) 614 S. Hoffman

15-

Filed MAR 4 1917 191...

ROBERT R. KRAUTER
Registrar.

Burial Permit

CAUSE OF DEATH in plain terms, so that it may be understood. Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 4, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 3 1917, to March 4 1917, that I saw him alive on March 4 1917, and that death occurred, on the date stated above, at 1:45 a.m.

The CAUSE OF DEATH* was as follows:

Peritonitis

(Duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Appendicitis

(Duration) ... yrs. 4 mos. 15 ds.

(Signed) W. Whitehead M. D.

March 4, 1917. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 1 mos. 2 ds. In the State ... yrs. 1 mos. 2 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1920 Brunt St.

19-PLACE OF BURIAL OR REMOVAL, Greenlawn Cem. DATE OF BURIAL, Mar. 7, 1917

20-UNDERTAKER Samuel S. Hemsley ADDRESS 5 Bond St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2962

CERTIFICATE OF DEATH.

64 D 2962

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 529 Orchard ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie A. Jones

(Residence in Baltimore: No. 529 Orchard St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, Col. | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, Unknown, ... (Month) ..... (Day) ..... (Year)

7-AGE 65 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) ..... At Home.

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, Benj. Hall

11-BIRTHPLACE OF FATHER (State or Country), U.S.

12-MAIDEN NAME OF MOTHER Sarah Smith

13-BIRTHPLACE OF MOTHER (State or Country), U.S.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Jones

(Address) 529 Orchard St

15- Filed MAR 4 1917 191.. ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1st, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 28th 191 7, to Mch 1st 191 7, that I saw h.. alive on Feb. 28th 191 7, and that death occurred, on the date stated above at 8:30 P.M.

The CAUSE OF DEATH* was as follows:

..... Hemiplegia

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY, (Secondary) Arteriosclerosis

..... (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) A. Lincoln Ellis M. D.

3/3, 191 7 (Address) 724 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. | DATE OF BURIAL, March 4th, 191 7

20-UNDERTAKER Samuel J. Hemsley | ADDRESS 538 W. Lafayette

CAUSE OF DEATH ... important. See instructions on back of certificate.

D 2963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

174 D 2963

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Joseph Hospital St. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Wavlo

(Residence in Baltimore: No. 130 N Bradford St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Nov 16, 1863
(Month) (Day) (Year)

7-AGE, 53 yrs. 3 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Longshorman
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Louis Davis
Dont know

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Louise Malling
Dont know

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Davis

(Address) 130 N Bradford

Filed MAR 4 1917 191.....

ROBERT R. KRAUTER
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said
(Inquest, au-
Inquiry found that said deceased came to death
topsy or inquiry.)
on the day stated above.
The CAUSE OF DEATH* was as follows:
Traumatism struck by
shackle of derrick Accident
(Duration) yrs. mos. ds.
CONTRIBUTORY
(Secondary)
(Duration) yrs. mos. ds.

(Signed) Wm. Ruley M. D.
(Coroner)
Mar 3 1917, 191... (Address) N. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Pier 4 Locust Point

Former or usual residence 130 N. Bradford St.

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, March 5 1917

20-UNDERTAKER Wendell Ryffel & Son — ADDRESS 378 Hanover

CAUSE OF DEATH in plain terms, so that it may be properly classified. Data important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2964

CERTIFICATE OF DEATH.

44 D 2964

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 East ST. 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. H. Pallinson

(Residence in Baltimore: No. 127 East St.; 45 yrs.. mos.. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male | 4-COLOR OR RACE, Cau | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 66 yrs. mos. ds. | If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Jeweler
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary S. Hall

(Address) 127 East

15-

Filed. MAR 4 1917 ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 1, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 3 1916, to March 1 1917, that I saw h[illegible] alive on Feb 28 1917, and that death occurred, on the date stated above, at 1.25 p.m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

Coming side to Back (Clinical)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. C. Burns M. D.

Mar 3, 1917. (Address) 2-2 18 E. Chase

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Lion Cemetery | DATE OF BURIAL, Mar 4th, 1917.

20-UNDERTAKER R B Ennis | ADDRESS 1405 McElderry St

CAUSE OF DEATH. Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2965

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 2965

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1935 Jefferson ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth M. Meyer

(Residence in Baltimore: No. 1935 Jefferson St.; Life yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, March 12, 1879
(Month) (Day) (Year)

7-AGE, 37 yrs. 11 mos. 19 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Sewing at
(b) General nature of industry, business, or establishment in which employed (or employer)..... Home

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Frank E Meyer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margrate Glenkle

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mary E Meyer

(Address)..... 1935 Jefferson

15-

Filed MAR 4 1917 191.. ROBERT R. KRAUTER Registrar

Burial Permit Given

CAUSE OF DEATH to be filled in plainly with ink or indelible pencil. Read carefully and answer all questions as directed. Every question is important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 24 1917, to Mch. 1 1917, that I saw h er alive on Mch 1 1917, and that death occurred, on the date stated above, at 1 PM m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart disease

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Pleurisy

..... (Duration) ..... yrs. ..... mos. 10 ds.

(Signed) Geo. Heller M. D.

3-2, 1917. (Address) 1937 Jefferson St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	March 5, 1917
20-UNDERTAKER	ADDRESS
Robt J. Turner	1912 N. Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2966

CERTIFICATE OF DEATH.

97 D 2966

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1021 S. Kenwood ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane Doyle

(Residence in Baltimore: No. 1021 S. Kenwood ave St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Mar. 1st, 1863
(Month) (Day) (Year)

7-AGE, 54 yrs. mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Thos. Doyle

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget McInerney

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ann Crowley

(Address) 1021 S. Kenwood ave.

15 Filed MAR 4 1917, 191.. ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

CAUSE OF DEATH must be filled in by a physician. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 2, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 26 1917, to March 2 1917, that I saw h er alive on March 2 1917, and that death occurred, on the date stated above, at 6.30a. m.

The CAUSE OF DEATH* was as follows:

Cerebro Tuberculosis
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia
(Duration) yrs. mos. 5 ds.

(Signed) Jno. J. McAvoy M. D.

March 3, 191.7. (Address) 839 S. Ellwood ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cem	March 5th, 191.7.
20-UNDERTAKER John J. Moran	ADDRESS 3000 E. Baltimore St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2967

CERTIFICATE OF DEATH.

137

D 2967 REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucile Nell

(Residence in Baltimore: No. 1002 Fremont Ave St.; ..... yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-CONDITION, Married, Widowed or Divorced, (Write the word.) Married

6-DATE OF BIRTH, Oct 21, 1892 (Month) (Day) (Year)

7-AGE, 24 yrs. 6 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Waitress
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Benjamin F. Quirk

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Elizabeth Bates

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Calvert St

15- Filed MAR 4 1917 191.... ROBERT R. KRAUTER Registrar

Burial Permit

CAUSE OF DEATH. This line must be filled out. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 4, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 2 1917 to Mar 4 1917, that I saw h[illegible] alive on Mar. 1917, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Uterine Infection Following Child birth at Term — Child wife delivery

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Fatal Contusion & Laceration

(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) Edward L. Cornick M. D.

Mar 4, 191.. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at places of death? 1002 Fremont Ave.

Former or usual residence 1002 Fremont Ave

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill — DATE OF BURIAL, Mar 7, 191.

20-UNDERTAKER Wm. Cook — ADDRESS 502 E. Mo. Ave

Spec.—3-24-14—M. & T.—2000 Bks.

D 2968

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2968

CERTIFICATE OF DEATH.

18

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2005 Homewood Av ST.; 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isadora F. Kaul

(Residence in Baltimore: No. 2005 Homewood Ave St.; 82 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, ? (Month) ? (Day) 183[illegible] (Year)

7-AGE, 83 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Cleveland Ohio

PARENTS.

10-NAME OF FATHER, John Kennedy.

11-BIRTHPLACE OF FATHER (State or Country), Ohio

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. J. Blakesley

(Address) 2005 Homewood Ave.

15-MAR 4 1917 Filed, 191

ROBERT R. KRAUTER Registrar

Burial Permit Given

CAUSE OF DEATH to be plainly written, and important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 3 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 28 1917, to March 3 1917, that I saw her alive on March 3 1917, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Facial Erysipelas

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Old age (Duration) yrs. mos. ds.

(Signed) Wm. J. Watson M. D.

March 4, 1917. (Address) 2178 St. Paul

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cleveland Ohio	Mar. 6, 1917.
20-UNDERTAKER	ADDRESS
Wm Cook &	5026 Hamilton Av

Dr. Watson 2178 St. Paul St.

D 2969 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

19 D 2969

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. In front of 1632 Paca St.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gilbert J. McCullough.

(Residence in Baltimore: No. 1427 W. Mulberry St.

St.: life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April (Month) 13 (Day), 1887 (Year)

7-AGE, 29 yrs. 10 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Auditor
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James McCullough

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary V. McCaffrey

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary V. McCullough

(Address) 1427 W. Mulberry

15- Filed MAR 4 1917 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Gilbert D. Driscoll M. D. (Coroner.)

March 3, 1917 (Address) 312 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St Peters

DATE OF BURIAL, 3/2, 19 17

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

D 2970 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

185 D 2970

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nicholas Scheffer

(Residence in Baltimore: No. 1900 Homewood ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	white	Married

6-DATE OF BIRTH, Feb (Month) 28 (Day), 1866 (Year)

7-AGE, 51 yrs. mos. V ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Paper hanger
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joseph Schiffer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna Knon

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catharine J Schiffer

(Address) 1900 Homewood Ave

15- Filed MAR 4 1917, 191... ROBERT R. KRAUTER Registrar

Burial Permit Issued

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 2 (Day) 1917 (Year), 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism fractured skul
1
cause not known

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J K Faulkner (Coroner.) M. D.

Mar 4 1917 191... (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1900 Homewood Ave.

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, March 5, 1917

20-UNDERTAKER William Ework — ADDRESS 502 E. North Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2971

CERTIFICATE OF DEATH.

28

D 2971

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 756 Bradley ST.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Nicholson

(Residence in Baltimore: No. 756 Bradley St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, ... November ....., 1 ..... (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
30 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Servant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Lemuel Nicholson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Margaret Queen

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosa Cargett

(Address) Cor 32 + Charles St

15- MAR 5 - 1917 Filed....., 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 2, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 4 1917, to Mar 2 1917, that I saw h[illegible] alive on Feb 28 1917, and that death occurred, on the date stated above, at 11 a! m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Leukemia

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) William E. [illegible] M. D.

Mar 3., 1917. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Patuxent, Anne Arundel Co. DATE OF BURIAL, March 5, 1917.

20-UNDERTAKER Daniel Easton ADDRESS 916 Penna Ave

CAUSE OF DEATH must be plainly stated. Items are important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 2972

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2972

CERTIFICATE OF DEATH.

108

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dora Yingling.

(Residence in Baltimore: No. Maryland General Hosp - St.; ....yrs., 6 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July 11, 1897
(Month) (Day) (Year)

7-AGE, 19 yrs. 7 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Nurse
(b) General nature of industry, business, or establishment in which employed (or employer) Md. Gen. Hosp.

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. William Yingling

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Lavinia J. Beatty

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James M. Stones

(Address) Westminster Md

15- MAR 5 - 1917 ROBERT H. KRAUTER

Filed....., 191.... Burial Permit Clerk
Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. All items important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 4, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1917, to Mar. 4, 1917, that I saw her alive on March 4, 1917, and that death occurred, on the date stated above, at 3.10 p. m.

The CAUSE OF DEATH* was as follows:

Influenza Complicated with Sup. Appendicitis and Gen. Peritonitis (Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Lorraine

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. H. Barnden M. D.

Mar. 4, 1917 (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 6 mos. 8 ds. In the State 19 yrs. 7 mos. 16 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Same - Westminster Md

19-PLACE OF BURIAL OR REMOVAL. Westminster Md. DATE OF BURIAL, Mar. 4, 1917.

20-UNDERTAKER Chas. F. Wood & Son ADDRESS 11 St. Paul Place

Spec.—8-24-14—M. & T.—2000 Bks.

D 2973

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D 2973

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital WARD) 5

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nathan Mecker.

(Residence in Baltimore: No. 267 N Exeter St. St.; -- yrs. -- mos. -- ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each question is important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, September (Month) (Day) 1916 (Year)

7-AGE, -- yrs. 6 mos. -- ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Harry Mecker

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Katie Shulman

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. J. Heard

(Address) J. H. H.

15- Filed MAR 5 - 1917, 191 HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 4 (Month) (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 2 1917, to Mar 4 1917, that I saw h alive on Mar 4. 1917, and that death occurred, on the date stated above, at 2-P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar Acute

(Duration) 0 yrs. 0 mos. 4 ds.

CONTRIBUTORY (Secondary) Septicemia

(Duration) 0 yrs. 0 mos. 2 ds.

(Signed) Henry B. Conrad M. D.

, 191... (Address) J. H. H.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death .... yrs. .... mos. 3 ds. In the State -- yrs. -- mos. -- ds.

Where was disease contracted, if not at place of death?

Former or usual residence 267 N Exeter St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Herring Run

DATE OF BURIAL, March 5 191 7

20-UNDERTAKER M. Levinson & Sons

ADDRESS 1107 E Balto St

D 2974 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 D 2974

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 32 W. Cross St. ST. 23 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Mack

(Residence in Baltimore: No. 32 W. Cross St. St.; 20 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Black	Single

6-DATE OF BIRTH Feb 14, 1891
(Month) (Day) (Year)

7-AGE 26 yrs. — mos. 16 ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Md

PARENTS

10-NAME OF FATHER [illegible] Sakofield

11-BIRTHPLACE OF FATHER (State or country) Md

12-MAIDEN NAME OF MOTHER Ellen Black

13-BIRTHPLACE OF MOTHER (State or country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Richard Hack

(Address) 32 W. Cross St

15. Filed MAR 5 - 1917, 191 HARRY O. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 2, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 25, 1917, to, March 2 1917, that I saw h[illegible] alive on March 2, 1917, and that death occurred, on the date stated above, at 7 P. m.
The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ... yrs. ... mos. 5 ds

Contributory (SECONDARY) Grippe

(Duration) ... yrs. ... mos. 6 ds.

(Signed), H Hedrick M. D.

Mar 3, 1917 (Address) 32 E Lemmert

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. In the ds. State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mt Auburn Cemetery | DATE OF BURIAL March 5, 1917.

20-UNDERTAKER Geo H Hooper | ADDRESS 60 Little Rock

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION may be properly classified. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2975

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 2975

79

1 PLACE OF DEATH

REGISTERED NO. C .....

CITY OF BALTIMORE (No. Home for the Aged of the M. E. Church St. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Hensel

(Residence in Baltimore: No. S. W. cor Fulton Ave and Franklin St.; 64 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: July 26, 1834 (Month) (Day) (Year)

7-AGE: 82 yrs. 7 mos. 7 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany. Living in city 67

PARENTS

10-NAME OF FATHER: Michael Hensel.

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Wilke Rader.

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. Rebekah Newshaw, Supt.

(Address) Methodist Home for Aged.

MAR 5 - 1917

Filed ....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

N. B.-Every item of information should be carefully supplied. Exact statement of OCCUPATION state CAUSE OF DEATH in plain terms, so that it may be properly classified. is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 4 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Febry 17, 1917, to March 4 1917, that I saw h-- alive on March 3, 1917, and that death occurred, on the date stated above, at 2.25 a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) - yrs. - mos. 16 ds

Contributory (SECONDARY) Mitral Regurgitation

(Duration) Indefinite yrs. mos. ds.

(Signed), George L. Shannon M. D.

Mar. 4, 1917 (Address) 708 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 6 yrs. mos. ds. In the State 64 yrs. mos. ds.

Where was disease contracted, if not at place of death? at the Home for the Aged

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: Mar 5, 1917

20-UNDERTAKER: [illegible]

ADDRESS: [illegible]

D 2976 HEALTH DEPARTMENT—CITY OF BALTIMORE 175 D 2976

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel D Cunningham

Residence in Baltimore: No. 1752 Gorsuch ave St. yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
male	white	Single

6-DATE OF BIRTH, Sept 19 1873, 1
(Month) (Day) (Year)

7-AGE, 43 yrs. 5 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), John Cunningham Md

PARENTS.

10-NAME OF FATHER, John Cunningham

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Mary E Cunningham

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marry Cunningham

(Address) 1752 Gorsuch ave

15- Filed MAR 5 - 1917 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 2 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism

Sand pit caved in on him

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J Wm L Gourley M. D. (Coroner.)

Mar 2 1917 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Waverly Patio City Md

Former or usual residence 1752 Gorsuch Ave

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery DATE OF BURIAL, March 5 1917

20-UNDERTAKER J Stewart Warren Co ADDRESS 1038 W North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Every answer important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2977 HEALTH DEPARTMENT—CITY OF BALTIMORE D 2977

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1009 St. Paul St.; 11 WARD)

2-FULL NAME Sullivan Pitts

(Residence in Baltimore: No. 1009 St Paul St.; 71 yrs., mos., ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January 14th, 1846
(Month) (Day) (Year)

7-AGE, 71 yrs. 1 mos. 14 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Thos Griffith Pitts

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Elizabeth Sullivan

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. E. Pitts

(Address) 1009 St Paul St

15- MAR 5 - 1917 EMILY F. ANDREWS
Filed ....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 3rd, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1916, to March 3rd 1917, that I saw h[illegible] alive on March 3rd 1917, and that death occurred, on the date stated above, at 4-10 P.M.

The CAUSE OF DEATH* was as follows:
Mitral Regurgitation
Myocarditis Cardiac failure

(Duration) yrs. 11 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. 4 ds.

(Signed) C Blanton M. D.

March, 1917. (Address) 26 E Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, 3-6-, 191.7

20-UNDERTAKER Henry W. Jenkins & Son Co ADDRESS Orchard & McCulloh Sts

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2978

CERTIFICATE OF DEATH.

170 D 2978

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2428 Fleet ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George R. Hartlove

(Residence in Baltimore: No. 2428 Fleet St.)

(If less than 1 day, 1 hrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Oct (Month) 28th (Day); 1846 (Year)

7-AGE.	If LESS than 1 day, ...hrs. or.....min.?
70 yrs. 4 mos. 2 da.	

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City Md.

PARENTS.

10-NAME OF FATHER, George R. Hartlove

11-BIRTHPLACE OF FATHER (State or Country) Balto City Md.

12-MAIDEN NAME OF MOTHER Catherine Simms

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Hartlove

(Address) 2428 Fleet St

15-

Filed MAR 5 - 1917, 191.... HARRY O. ANDREWS

Burial Permit Registrar.

CAUSE OF DEATH must be plainly written. Every question must be answered if possible. Physician's certificate is important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 2nd (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 7 1917, to March 1 1917, that I saw h— alive on March 1 1917, and that death occurred, on the date stated above, at 12.15 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 2 yrs. mos. da.

CONTRIBUTORY (Secondary) Cerebral Hyperthrophy

(Duration) 1 yrs. 2 mos. da.

(Signed) O. L. Levy M. D.

3/7, 191.. (Address) 2701 Eastern

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cem. DATE OF BURIAL, March 5th, 1917.

20-UNDERTAKER H. Sander Sons ADDRESS 1710 Fleet St.

Spec.—8-24-14—M. & T.—2000 Blks.

D 2979

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1917 D 2979

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital ST.; 17 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph E. Young

(Residence in Baltimore: No. 308 E 26 St.; 45 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Feb 23, 1866 (Month) (Day) (Year)

7-AGE, 51 yrs. 0 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country), Ohio

PARENTS.

10-NAME OF FATHER, Henry Young

11-BIRTHPLACE OF FATHER (State or Country), Ohio

12-MAIDEN NAME OF MOTHER Mary Burr

13-BIRTHPLACE OF MOTHER (State or Country), Ohio

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rec'd Mercy Hosp

(Address) Calvert St

15-Filed MAR 5 - 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk (Registrar)

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 4, 1917 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1917, to Mar 4 1917, that I saw h m alive on Mar 4 1917, and that death occurred, on the date stated above, at 12.40 p.m.

The CAUSE OF DEATH* was as follows:

Acute Parenchymatous Nephritis
Ens Myocarditis

(Duration) Short Term yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Edward E. Smith M. D.

Mar 4 1917 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 26 ds. In the State 45 yrs. mos. ds.

Where was disease contracted, if not at place of death? 308 E. 26 St.

Former or usual residence 308 E. 26 St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cem	Mar 7, 191..

20-UNDERTAKER Elias Mowat & Son ADDRESS 118 W North Ave

FILE COPY

Spec.—8-24-14—M. & T.—2000 Bks.

D 2980

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

20 D 2980

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph's Hospital St.; 10 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Simonds

(Residence in Baltimore: No. 1013 E. Eager St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1858 (Year)

7-AGE, 59 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hosp. Record

(Address) St. Joseph's Hosp.

15- Filed MAR 5 - 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 4, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 2 191.., to March 4 191.., that I saw h.. alive on March 4 191.., and that death occurred, on the date stated above, at 4.15 P.M.

The CAUSE OF DEATH* was as follows:

Tuberculosis Hand

Septicaemia

..... (Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Tuberculosis Hand

..... (Duration) ....yrs. 1 mos. 3 ds.

(Signed) J. B. Donovan M. D.

3/4, 191.. (Address) St. Joseph's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. ....ds. In the State ....yrs. mos. ....ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 1013 E. Eager St

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Mar 7, 191..

20-UNDERTAKER Chas. L. Ware & Son ADDRESS 1000 N. Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 2981

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

18 D 2981

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2327 E. Madison ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leo. R. Kleus

(Residence in Baltimore: No. 2327 E Madison St. St.; ..... yrs., 1 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July 2 (Month) (Day), 1917 (Year)

7-AGE, ... yrs. 1 mos. 2 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, Leo J. Kleus

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Caroline Fasher

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leo. J. Kleus

(Address) 737 N. Kenswood Ave

15- Filed MAR 5 - 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Fill all items. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 4 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 25 1917, to March 4 1917, that I saw him alive on March 3 1917, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Erysipelas

..... (Duration) .... yrs. .... mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) .... yrs. .... mos. 1 ds.

(Signed) Adolph C. Eisenhoy M. D.

March 4, 1917. (Address) 2201-2203 O'Leary St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Loudon Park

DATE OF BURIAL. Mch 7, 1917.

20-UNDERTAKER Will Cook

ADDRESS 700 E Northern

D 2982

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 2982

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 404 S. Vincent St. 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Regina Schaefer

Residence in Baltimore: No. 404 S. Vincent St.; yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female

4-COLOR OR RACE White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) Single

6-DATE OF BIRTH Dec 15th, 1917
(Month) (Day) (Year)

7-AGE 4 yrs. 2 mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Wash. D.C.

PARENTS

10-NAME OF FATHER Bernhard Schaefer

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Elizabeth Falk

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elizabeth Schaefer (Mother)

(Address) 404 S. Vincent St.

15 MAR 5 . 1917 Filed ....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

4 P.M.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 5th, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 28th, 1917, to, Mch 5th 1917, that I saw her alive on March 4th, 1917, and that death occurred, on the date stated above, at 4.30 A.M.

The CAUSE OF DEATH* was as follows:

Scarlet fever

(Duration) ..... yrs. ..... mos. 6 ds

Contributory (SECONDARY) Lobar pneumonia-R. lung.

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) N. G. Jones M. D.

March 5, 1917 (Address) 1235 W. Lafayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL London Park. DATE OF BURIAL Mar. 5, 1917

20-UNDERTAKER Geo. L. Schwab & Bro. ADDRESS 2101 Frederick Ave.

N. B.—Every item of information should be carefully supplied. Any item may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2983

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 2983

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3650 Elm Ave. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E. Dandy.

(Residence in Baltimore: No. 3650 Elm. Ave St.; 16 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July 26, 1885
(Month) (Day) (Year)

7-AGE, 31 yrs. 7 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Samuel Dandy.

11-BIRTHPLACE OF FATHER (State or Country) Virginia

12-MAIDEN NAME OF MOTHER Mary E. Leonard

13-BIRTHPLACE OF MOTHER (State or Country) Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Dandy.

(Address) 3650 Elm Ave

15- MAR 5 1917

Filed....., 191.... HARRY C. ANDREWS

Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 4, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 25 1917, to Feb 4 1917, that I saw h[illegible] alive on Feb 3 1917, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculer Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Tuberculosis of Larynx

(Duration) 1 yrs. 2 mos. ds.

(Signed) [illegible] M. D.

March 4, 1917. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hollidaysburg Pa

DATE OF BURIAL, March 7, 1917

20-UNDERTAKER Thurnwald & Son

ADDRESS [illegible]

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2984

CERTIFICATE OF DEATH.

67 D 2984

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Penitentiary, ST.; 18 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Perry

Residence in Baltimore: No. 819 Mulberry Court St.; 24 (yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH. Unknown, 1 (Month) (Day) (Year)

7-AGE. 39 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: General
(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. John H Perry

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H Hammond

(Address) Maryland Penitentiary

15- Filed MAR 5 1917, 191.... HARRY C. ANDREAS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March - 3, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct - 16 1915, to March - 3 1917, that I saw him alive on March - 2 1917, and that death occurred, on the date stated above, at 7.45 A. m.

The CAUSE OF DEATH* was as follows:

Was found dead (Later)
Acute Cardiac Dilatation
Suddenly (Duration) yrs. mos. ds.

CONTRIBUTORY, (Secondary) General Paresis (Duration) 2 yrs. 17 mos. ds.

(Signed) William A. Stewart M. D.

3/3, 1917. (Address) Md. Penitentiary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 4 yrs. 4 mos. 5 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 819 Mulberry Court.

19-PLACE OF BURIAL OR REMOVAL mt Auburn Cemetery DATE OF BURIAL, March 6, 1917.

20-UNDERTAKER Joseph A Farrell ADDRESS 4349 Pimlico

Morgue

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 2985

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2985

CERTIFICATE OF DEATH.

15

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 709 Church ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Cone.

(Residence in Baltimore: No. 709 Church St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
male	Black	Single.

6-DATE OF BIRTH, Mar 3, 1917.
(Month) (Day) (Year)

7-AGE, ~ ~
...yrs. ...mos. ...ds.
If LESS than 1 day, 1 hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Joseph Smith.

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Edna Elizabeth Cone.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edna Cone.

(Address) 709 Church St

15-
Filed MAR 5 1917 191...
HARRY C. ANDREWS
Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 3, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 3 1917, to Mar 3 1917, that I saw h[illegible] alive on Mar 3 1917, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Edward J. Dunn M. D.

Mar 7, 191... (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Farmer or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

COLLEGE OF P. & S.
Commissioner Health.
WOODALL

important. See instructions on back of certificate.

D 2986

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 2986

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1111 E. Fayette ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Farman

(Residence in Baltimore: No. 305 N. Exeter St., yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Widow

6-DATE OF BIRTH, Unknown (Month) 1, (Day) 1856 (Year)

7-AGE, 61 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Toddle needle
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Fisher Farman

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Lutman

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Diller

(Address) Calvin & Eutaw Sts

15- Filed MAR 5 1917 191 HAROLD J. ARNOLD Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

2 weeks (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. J. Kelly (Coroner.) M. D.

March 4 1917 (Address) 1629 Linden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State 17 yrs. mos. ds.

Where was disease contracted, if not at place of death? 1111 E. Fayette St

Former or usual residence 305 N. Exeter St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale — DATE OF BURIAL, 3/5, 1917

20-UNDERTAKER Jack Lewis — ADDRESS 1411 E. Baltimore

CAUSE OF DEATH to be plainly written. Every question must be answered if possible. Omissions cause delay. Be particular to fill all items important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 2987

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37 ✓ D 2987

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Carroll

(Residence in Baltimore: No. University Hospital St.; — yrs., 1 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Married

6-DATE OF BIRTH, Unknown, 1878
(Month) (Day) (Year)

7-AGE, 39 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Geo. Carroll

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Caroline Colton

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Univ. Hospital

(Address) Eutaw & Lexington

15- Filed MAR 5 1917 191.... HARRY C. ANDREWS, Burial Permit Officer. Registered

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 4, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 2 1917, to March 4 1917, that I saw h[illegible] alive on March 4 1917, and that death occurred, on the date stated above, at 9 15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic valvular Heart disease (Rheumatic)
Chronic interstitial Nephritis
(Duration) 1 yrs. mos. ds. (about)

CONTRIBUTORY (Secondary) Pulmonary Edema
(Duration) 2 yrs. mos. 6 ds.

(Signed) J McPhee M. D.
3/4, 191 7 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Chestertown, Maryland

19-PLACE OF BURIAL OR REMOVAL, Chestertown Md. DATE OF BURIAL, March 5, 191 7

20-UNDERTAKER Stewart & Mowen Co. ADDRESS 108 W. 6th

Spec.—8-24-14—M. & T.—2000 Blks.

D 2988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 2988

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 Jefferson ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles T. Carey

(Residence in Baltimore: No. 1608 Jefferson St.; 1 yrs., 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, Unknown, (Month) (Day) 1 (Year)

7-AGE, 1 yrs. 11 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Howard Cromwell

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Lottie Carey

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lottie Carey

(Address) 1608 Jefferson St.

15- Filed MAR 5 1917, 191... HENRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 3, 191.. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/3/ 191.., to 3/3/ 191.., that I saw h alive on 3/3/ 191.., and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonic-Pneumonia

Unknown

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) yrs. mos. ds.

(Signed) Elias Fiel of Dr. M. D.

3/4, 191.. (Address) 430 N. Carlin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel cemetery — DATE OF BURIAL, 3/5, 191..

20-UNDERTAKER Chas. H. Gibson — ADDRESS 416 N Carlin A

important. See instructions on back of certificate.

B 2989

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

130 ✓ D 2989

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1433 Ward ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy Moloch

(Residence in Baltimore: No. 1433 Ward St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: Unknown (Month) (Day) 1863 (Year)

7-AGE: 54 yrs. — mos. — ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Private family

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ephriam Moloch

(Address) 1433 Ward st

15- Filed MAR 5 1917, 191.....

HARRY O. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 1 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 4, 1917, to, Mch 1 1917, that I saw h[illegible] alive on March 1 1917, and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis
(Duration) 6 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Uraemia
(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) H. E. McCord M. D.

3/5, 1917 [Address] 2005 Wilkins

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn cem'y

DATE OF BURIAL: MAR 5 - 1917

20-UNDERTAKER: JAMES H. DENNIS

ADDRESS: 1303 PRESTMAN ST

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 2990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74

D 2990

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 848 N Howard ST. 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Ida E Bass

(Residence in Baltimore: No. 848 N Howard St. 2 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Dec 5, 1851 (Month) (Day) (Year)

7 AGE: 66 yrs. 2 mos. 27 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): NW

9 BIRTHPLACE (State or country): Italy

PARENTS

10 NAME OF FATHER: Thos Bucci

11 BIRTHPLACE OF FATHER (State or country): Italy

12 MAIDEN NAME OF MOTHER: Mangia Scapicchiando

13 BIRTHPLACE OF MOTHER (State or country): Italy

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert L Bass

(Address) 848 N Howard

MAR 5 1917 Filed ..... 191 HARRY C. ANDREWS Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 24, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1917, to March 24 1917, that I saw h-- alive on March 24, 1917, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Tumor

(Duration) 3 yrs. ... mos. ... ds.

Contributory (SECONDARY) Hypostatic Pneumonia

(Duration) ... yrs. mos. 10 ds.

(Signed) W Kim Williams M. D.

3-25, 1917 (Address) 601 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Greenmount — DATE OF BURIAL: March 27, 1917

20 UNDERTAKER: W J Fetherston — ADDRESS: 1116 Park Ave

N. B.—EVERY ... that it may be properly classified. Exact statement of OCCUPATION state CAUSE OF DEATH in plain terms, so that it ... is very important. See instructions on back of certificate.

D 2991 HEALTH DEPARTMENT—CITY OF BALTIMORE 770 D 2991

CERTIFICATE OF DEATH

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1010 William ST.: 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Frank J Wade

(Residence in Baltimore: No. 1010 William St.: 40 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE White

5 ~~SINGLE~~ MARRIED ~~WIDOWED~~ OR DIVORCED (Write the word) Married

6 DATE OF BIRTH June (Month) 20 (Day), 1857 (Year)

7 AGE 59 yrs. 8 mos. 11 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Va.

PARENTS

10 NAME OF FATHER Robert H Wade

11 BIRTHPLACE OF FATHER (State or country) Va.

12 MAIDEN NAME OF MOTHER Jane S Coale

13 BIRTHPLACE OF MOTHER (State or country) Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs F J Wade

(Address) 1010 Williams St

15 Filed MAR 5 1917, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

N. B.—Every item must be answered. Exact statement of OCCUPATION must be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 3 (Month) 3 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1917, to March 3 1917 that I saw him alive on Feb 27, 1917 and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) ..... yrs. 3 mos. ..... ds

Contributory (SECONDARY) Arteriosclerosis

(Duration) ..... yrs. ..... mos. 30 ds.

(Signed) George L Deane M. D.

March 4, 1917 (Address) 721 N Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL London Park Cem — DATE OF BURIAL Mar 6, 1917

20 UNDERTAKER John J Tabby & Sons — ADDRESS 1318 Light

Spec.—5-19-13—M. & T.—500 Bks.

D 2992 HEALTH DEPARTMENT—CITY OF BALTIMORE 10 D 2992

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 31 N Mount ST.; 19 WARD) REGISTERED NO. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John L Brown

(Residence in Baltimore: No. 31 N Mount St.; 15 yrs., 6 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, August 4th, 1901 (Month) (Day) (Year)

7-AGE, 15 yrs. 6 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School-Boy
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER, Harry Brown

11-BIRTHPLACE OF FATHER (State or Country). U S.

12-MAIDEN NAME OF MOTHER Agnes Edler

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. L. Edler

(Address) 31 N. Mount St

15- Filed MAR 5 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 2nd, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 21 1917, to Mch 2 1917, that I saw h im alive on Mch 2 1917, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 9 ds.

(Signed) W. E. Smith M. D.

Mch 4, 1917 (Address) 1152 Calhoun

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem DATE OF BURIAL, Mar 5th, 1917

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 W Balto St

important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 2993 64 D 2993

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001 Oakley St. St.: 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary F Freeman

(Residence in Baltimore: No. 2001 Oakley St St.; 5 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Unknown (Month) (Day) 1838 (Year)

7-AGE: 79 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: John Newcome

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Mary Echols

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma Newcome

(Address) 2001 Oakley St

15- Filed MAR 5 1917 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 4 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1, 1917, to, March 4 1917, that I saw h.. alive on March 4 1917, and that death occurred, on the date stated above, at 6 PM m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Cerebral Hemorrhage
(Duration) 2 yrs mos ds.
Contributory (SECONDARY) Hemiplegia (Paralysis Complete)
(Duration) yrs mos. 3 ds.

(Signed), Frank Jones M. D.

March 5, 1917 [Address] 2802 Rutgers

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..yrs..mos..ds. In the State ..yrs..mos..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: March 5 1917

20-UNDERTAKER: E. A. Fairchild — ADDRESS: 2433 Madison Ave

state CAUSE OF DEATH in plain terms, and TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2994

CERTIFICATE OF DEATH.

91 D 2994

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2110 Bank ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eleonora Lamka

(Residence in Baltimore: No. 2110 Bank St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ...March (Month) 12 (Day), 1916 (Year)

7-AGE, ...yrs. 11 mos. 21 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....none.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Walter Lamka

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Ane Borazki

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Walter Lamka.....

(Address)..2110 Bank St.....

15-Filed MAR 5 1917, 191.... ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...March (Month) 5 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Febru 28 1917, to March 4 1917, that I saw h alive on March 4 1917, and that death occurred, on the date stated above, at 8:30 A. m.

The CAUSE OF DEATH* was as follows:

.....

.....Acute Bronchitis.....

..... (Duration)....yrs....mos....5....ds.

CONTRIBUTORY (Secondary) Pneumonia Chronic

..... (Duration)....yrs....mos....2....ds.

(Signed)....H. Simrad M.D. M. D.

March 5, 1917. (Address)..722 S. Ann St.....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, Mar. 6, 1917.

20-UNDERTAKER W. F. Sadowski ADDRESS 905 S. Ann

CAUSE OF DEATH should be stated in detail. Every item important. See instructions on back of certificate.

D 2995

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 2995

REGISTERED No. C ...

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2143 Aliceanna st) St Joseph Hospital (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michale Klineschmidt

(Residence in Baltimore: No. 2143 ~~Aliceanna~~ st Cambridge St.) 31 yrs., 0 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	White	Widower

6-DATE OF BIRTH, ... Sept 15 (Month) ..... 1853 (Day) ..., 1 ..... (Year)

7-AGE,	If LESS than 1 day,
63 yrs. 5 mos. 16 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Sexton in church
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Mike Klinschmidt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Johnwitz

(Address) 1730 fleet st

15-

Filed MAR 5 1917 191 ROBERT R. KRAUTER Registrar

Burial Permit Issued

CAUSE OF DEATH in plain terms, so that it may be properly classified. Omission of important facts may cause delay. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Mar 3 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism Accidental
fell down steps at St Stanisla
ws church (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....
(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Wm. Douglass M. D. (Coroner.)

Mar 3 1917 (Address) 107 E Dun

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 9 mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....St. Stanislaus Church.....

Former or usual residence 2143 Cambridge St

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus — DATE OF BURIAL, March 6, 1917.

20-UNDERTAKER W. F. Jacobs Sr. — ADDRESS 705 S. Ann St

Spec.—8-24-14—M. & T.—2000 Bks.

D 2996

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 2996

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 S Exeter St.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pauline Lavezza

(Residence in Baltimore: No. 415 S. Exeter St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Infant

6-DATE OF BIRTH. January 11, 1916 (Month) (Day) (Year)

7-AGE. 1 yrs. 1 mos. 20 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Infant
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Anthony Lavezza

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anthony Lavezza

(Address) 415 S Exeter St.

15-

Filed MAR 5 1917, 191.... ROBERT B. KRAUTER Registrar

Burial Permit 5895

CAUSE OF DEATH. See instructions on back of certificate. important.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 3, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1st 191 7, to March 3 1917, that I saw h alive on March 3 1917, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Weston M. D.

March 7, 1917 (Address) 16 E Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Vincent — DATE OF BURIAL, March 5., 1917.

20-UNDERTAKER Wendell Oppel & Son — ADDRESS 378 Penn

Spec.—8 24 16—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2997

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

170

D 2997

REGISTERED NO. C

CITY OF BALTIMORE: (No. 206 Durham ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME annie Dudley

Residence in Baltimore: No. 206 N Durham St. St.; ....yrs., ...mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) married

6-DATE OF BIRTH. December 1

(Month) (Day) (Year)

7-AGE. 60 yrs. ....mos. ....da.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Washing
(b) General nature of industry, business or establishment in which employed (or employer). Drowing

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. John Pearce

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER. Annie Pearce

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henretta Silverman

(Address) 206 Durham St

15-

Filed MAR 5 1917 191.... ROBERT B. KRAUTER Registrar.

Burial Permit 01571

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 2, 1917.

(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dem 15 1916, to March 2 1917, that I saw her alive on March 2 1917, and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

Dan Sept. asthma

Bright Disease

(Duration) ....yrs. 2 mos. 5 da.

CONTRIBUTORY (Secondary) Bright Disease

(Duration) ....yrs. 2 mos. 5 da.

(Signed) Dr. G. W. Kennard M. D.

March 4 1917. (Address) 708 Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel — DATE OF BURIAL, March 6, 1917.

20-UNDERTAKER John W Henderson — ADDRESS 512 Eager

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2998

CERTIFICATE OF DEATH.

9/ D 2998

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 Park Ave; ST.: ..... 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Henry Ross

(Residence in Baltimore: No. 411 Park Ave, St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (*Write* the word.) Widower

6-DATE OF BIRTH, May (Month) 2 (Day), 1834 (Year)

7-AGE, 82 yrs. 10 mos. 3 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... Had been Grocer

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mary Ross

(Address).... 411 Park Ave

15- MAR 5 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 5th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 2nd 191 7, to March 4th 191 7, that I saw h[illegible] alive on March 4th 191 7, and that death occurred, on the date stated above, at 7.15 A.M.

The CAUSE OF DEATH* was as follows:

Pneumonia (Catarrhal)

..... (Duration)..... yrs..... mos. 3 ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration)..... yrs..... mos..... ds.

(Signed) J. B. Schwatka M. D.

March 8th 191 7 (Address) 822 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, March 8, 191 7

20-UNDERTAKER, J. E. Hughes — ADDRESS 17 S. Broadway

important. See instructions on back of certificate.

John Hannigan

D 2999

HEALTH DEPARTMENT—CITY OF BALTIMORE

169 D 2999

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2006 Bank St.; ST.; WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Hannigan

(Residence in Baltimore: No. 2006 Bank St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Don't know, 1
(Month) (Day) (Year)

7-AGE, 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, Patrick Hannagan

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Mary Dishan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno Chas Hannigan

(Address) 2006 Bank St

15- MAR 5 1917 Filed, 191... ROBERT B. KRAUTER Registrar

Burial Permit Clerk

CAUSE OF DEATH in plain terms so that it may be important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 3, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquisition (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquisition (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Henry Grant Davis M. D.
(Coroner.)

March 4, 191.. (Address) 1600 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	Mar 6th, 1917
20-UNDERTAKER John A Horan	ADDRESS Bank St

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 3000

REGISTERED No. C 3000

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 32 E. Hill ST.: 22 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Thomas Melvin

(Residence in Baltimore: No. 32 E. Hill St.: 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 ~~SINGLE~~, MARRIED, ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): married

6 DATE OF BIRTH: March 12, 1856 (Month) (Day) (Year)

7 AGE: 60 yrs. 11 mos. 21 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Marketman
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): England

PARENTS

10 NAME OF FATHER: Edward Melvin

11 BIRTHPLACE OF FATHER (State or country): England

12 MAIDEN NAME OF MOTHER: Catherine

13 BIRTHPLACE OF MOTHER (State or country): England

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Melvin

(Address) 32 E. Hill St

15 Filed MAR 5 1917 ROBERT R. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 3, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 2, 1917, to March 3 1917, that I saw him alive on March 2, 1917, and that death occurred, on the date stated above, at ..... m. The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) 1 yrs. mos. 1 ds

Contributory (SECONDARY) Organic Heart Disease

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) H. S. Smith M. D.

March 5, 1917 (Address) 528 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: March 6, 1917

20 UNDERTAKER: D. J. McElligott — ADDRESS: 1422 Light St.

N. B.—EVERY ITEM must be answered, or the certificate will be returned to be completed. Exact statement of OCCUPATION state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 3001

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Kenney

(Residence in Baltimore: No. 619 Columbia Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1874 (Year)

7-AGE, 43 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Driver of Wagon
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Carriages

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Kenney

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Brown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Earl Kenney

(Address) 316 S. Green St

15- MAR 5 1917 Filed ....., 191... ROBERT R. KRAUTER Registrar.

Burial Permit

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 30 1917, to March 3 1917, that I saw him alive on March 3 1917, and that death occurred, on the date stated above, at 7 15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic tuberculosis of Peritoneum
and Chronic valvular
Heart disease
..... (Duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Syphilis Chronic
..... (Duration) ..... yrs. ..... mos. 15 ds.

(Signed) J E Evans M. D.

3 8, 191 7. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 619 Columbia Ave

19-PLACE OF BURIAL, OR REMOVAL, Holy Redeemer Cem. | DATE OF BURIAL, March 6, 191 7.

20-UNDERTAKER Geo Lewis Bash & Co. | ADDRESS 604 W Balto

Spec.—8-24-14—M. & T.—2000 Bks.

D 3002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 3002

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 Barkley ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amanda Duce

(Residence in Baltimore: No. 1614 Barkley St.; 20 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH. Mch. 5, 1849 (Month) (Day) (Year)

7-AGE. 67 yrs. 11 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) State of Pa.

PARENTS.

10-NAME OF FATHER, Wash Smith

11-BIRTHPLACE OF FATHER (State or Country), State of Pa

12-MAIDEN NAME OF MOTHER Deitel

13-BIRTHPLACE OF MOTHER (State or Country), State of Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. R. Duce

(Address) 2200 W. Royal ave

15- Filed MAR 5 - 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch. 04, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 30 1916, to Mch 4 1917, that I saw h.er alive on Mch 3rd 1917, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Brights Disease
and Paralysis of right
side
(Duration) Yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage
(Duration) Yrs. Dec mos. ds.

(Signed) C. E. Smith M. D.

Mch 4, 1917. (Address) 1605 N. Monroe St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemtry — DATE OF BURIAL, March 6, 1917

20-UNDERTAKER Wm Cook — ADDRESS 1020 E. North Ave.

Important.—See instructions on back of this sheet.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

3003

CERTIFICATE OF DEATH.

64 D 3003

1-PLACE OF DEATH 450 Whitridge ave

REGISTERED No. C

CITY OF BALTIMORE: (No. ST.; 12th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Schofield

(Usual residence in Baltimore: No. 450 Whitridge Ave St.; 19 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, May 8th 1836 (Month) (Day) (Year)

7-AGE, 80 yrs. 9 mos. 24 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer). At Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Jno. Dehlze

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Horst

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos. P. Dehlze

(Address) 334 E. 20th St

15- MAR 5 - 1917 Filed, 191 ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 4 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 27 1917, to Mar 4 1917, that I saw h[illegible] alive on Mar 4 1917, and that death occurred, on the date stated above, at 12.30 m.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Haemorrhage

(Duration) yrs. mos. ds.

(Signed) H. G. Curtis M. D.

Mar 5, 1917. (Address) 634 Gough av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, March 6, 1917

20-UNDERTAKER William Cook — ADDRESS 502 E. North Ave.

Important. See instructions on back of this certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3004

CERTIFICATE OF DEATH.

91 D 3004

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 900 E Biddle St. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 19.)

2-FULL NAME Christina Huether

(Residence in Baltimore: No. 900 E Biddle St.; 47 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, November 24th 1854
(Month) (Day) (Year)

7-AGE, 62 yrs. 3 mos. 9 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Kasper Loechelt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Huether Sr.

(Address) 900 E. Biddle St

15- Filed MAR 5 - 1917, 191 ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 5, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 12 1917, to mch 5 1917, that I saw h[illegible] alive on mch. 4 1917, and that death occurred, on the date stated above, at 2 15 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Cerebro Dilatation

(Duration) yrs. mos. 1 ds.

(Signed) Harvey A Beers M. D.

March 5, 1917. (Address) 900 E Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, March 8th, 1917.

20-UNDERTAKER George Schilling & Sons

ADDRESS 1126 E Monument

Important. See instructions on back of this sheet.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3005

CERTIFICATE OF DEATH.

28 D 3005

REGISTERED NO. C

PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Henry Smith

(Residence in Baltimore: No. 92 Eden Place (Sheila Place) St. Lifetime yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH. Unknown, 1 (Month) (Day) (Year)

7-AGE. About 45 yrs. mos. da.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Florist
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. Geo. Smith

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER. Mary Doe

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Lucas

(Address) 7 S Broadway

15- MAR 6 - 1917 HARRY ANGELIS

Filed....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 2d, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1st 1917, to March 2d 1917, that I saw h im alive on March 2nd 1917, and that death occurred, on the date stated above, at 7.4 m.

The CAUSE OF DEATH* was as follows:

[illegible] Carcinoma

(Duration) yrs. 3 mos. 2 da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) H. L. Gr [illegible] M. D.

March 3d, 1917. (Address) Franklin Square Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 da. In the State 27 yrs. mos. da.

Where was disease contracted, if not at place of death? at home

Former or usual residence Usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem.	Mar 6, 1917.
20-UNDERTAKER	ADDRESS
Saml Beasley	5 Parsells

Important. See instructions on back of this sheet.

HEALTH DEPARTMENT—CITY OF BALTIMORE

3006

CERTIFICATE OF DEATH.

64 D 3006

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Charles St near Clay ST. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Timothy C McCarthy

(Residence in Baltimore: No. Unknown St.; yrs., mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Unknown, 1888
(Month) (Day) (Year)

7-AGE, 29 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Clerk
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Donahue

(Address).....

15- MAR 6 - 1917 HARRY C. ANDREWS
Filed....., 191.... Burial Permit Clerk
Registrar.

CAUSE OF DEATH must be filled in all cases whether Physician has been in attendance or not. Information required is important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apthasy

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Sudden

(Duration).....yrs.....mos.....ds.

(Signed) Wm. T. Peter M. D.
(Coroner.)

March 6, 1917. (Address) 1629 Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs.....mos.....ds. In the State....yrs.....mos. 21 ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem. DATE OF BURIAL, 3/6/, 1917

20-UNDERTAKER Chas. E. Evans & Son ADDRESS 118 W. Mt. Royal ave.

Spec.—8-24-14—M. & T.—2000 Blks.

D 3007 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

81 D 3007

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1526 N. Wolfe ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Ann Guy

(Residence in Baltimore: No. 1526 N. Wolfe St.; Like yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, Aug 19 (Month) (Day), 1836 (Year)

7-AGE, 80 yrs. 6 mos. 13 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Noie
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. James Guy

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Jane Crawford

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maggie Guy

(Address) 1526 N. Wolfe St

15- Filed MAR 6 • 1917 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 4th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 3d 1917, to March 4 1917, that I saw h[illegible] alive on March 3 1917, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

General Arterio sclerosis

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edw. M. Townsend M. D.

March 6, 1917. (Address) 1-N Washington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, March 7th 1917

20-UNDERTAKER McLean & Jones

ADDRESS 833 Lindsay Ave

D 3008

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

91

D 3008

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 818 N. Woodyear St. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Randall.

(Residence in Baltimore: No. 818 Woodyear at St.; yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Sept (Month) 4 (Day), 1916 (Year)

7-AGE: 6 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: — None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Solomon Randall.

11-BIRTHPLACE OF FATHER (State or country): Baltimore Maryland

12-MAIDEN NAME OF MOTHER: Carrie Gross.

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Solomon Randall

(Address) 818. Woodyear

15- Filed MAR 6 - 1917, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 2, 191 , to, March 4 191 7, that I saw h alive on March 3 191 7, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia
(No History)

(Duration) yrs mos 4 ds.

Contributory (SECONDARY)

(Duration) yrs mos ds.

(Signed) Thomas Nelson M. D.

March 4 191 7 [Address] 1031 N Fulton Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Md | DATE OF BURIAL: March 6 191 7

20-UNDERTAKER: Sam'l H. Chase Inc | ADDRESS: 1400 Mosher

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3009

CERTIFICATE OF DEATH.

91 D 3009

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1922 Aliceanna ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Kobosinski

(Residence in Baltimore: No. 1922 Aliceanna St.; 1 yrs., 7 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, Dec. 23, 1915 (Month) (Day) (Year)

7-AGE, 1 yrs. 2 mos. 10 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): Infant.

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Kobosinski

11-BIRTHPLACE OF FATHER (State or Country), Galicia

12-MAIDEN NAME OF MOTHER Stefania Kozlowska

13-BIRTHPLACE OF MOTHER (State or Country), Galicia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stefania Kobosinska

(Address) 1922 Aliceanna

15-

MAR 6 - 1917 HARRY C. ANDREWS

Filed....., 191... Burial Permit Clerk.
Registrar.

Important. See instructions on back of Certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 5, 1917 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 1, 1917, to March 5, 1917, that I saw him alive on March 4, 1917, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Endocarditis Delalate

(Duration) yrs. mos. ds.

(Signed) W. J. Kpaur M. D.

March 6, 1917 (Address) 2008 E. Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary | DATE OF BURIAL, Mar 7, 1917

20-UNDERTAKER Jacob Gallowich | ADDRESS 428 S. Bond

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3010

CERTIFICATE OF DEATH.

D 3010

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1324 Reynold. St.; 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John. Miesz Rowsk,

Residence in Baltimore: No. 1324 Reynold. St.; 13 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-[illegible] (Write the word.) Widower

6-DATE OF BIRTH, June (Month) 24 (Day), 1872 (Year)

7-AGE. 45 yrs. 1 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer): Steamdocks.

9-BIRTHPLACE, (State or Country), Russian Poland.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Not Known.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Jarosenske

(Address) 1355 Reynold.

15-

Filed MAR 6 - 1917, 191.... HARRY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 5" (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1 1917, to Nov. 5 1917, that I saw h[illegible] alive on Nov. 4" 1917, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Labor Pneumonia

(Duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) — yrs. — mos. 0 ds.

(Signed) [illegible] M. D.

Nov. 6", 191.7 (Address) 1218 A Chase

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Mar. 8., 191.7

20-UNDERTAKER William Fallon & Co — ADDRESS 1618 Eastern Ave

Important. See instructions on page 2 of cover.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3011

CERTIFICATE OF DEATH.

D 3011

REGISTERED NO. C 8 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 N. Chapel ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theresia D. Dorn

(Residence in Baltimore: No. 1503 N. Chapel St.; about 50 yrs. \ mos. \ da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, February (Month) 16 (Day), 1842 (Year)

7-AGE, 75 yrs. \ mos. 18 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, M. Hurlenbrink

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Carrie Byrne

(Address) 1503 N. Chapel St

15- MAR 6 - 1917 Filed, 191.....Burial Permit Clerk Registrar. HARRY O. ANDREWS

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 4th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 28 1917, to Mch 4 1917, that I saw h[er] alive on Mch 4 1917, and that death occurred, on the date stated above, at 5 55 p. m.

The CAUSE OF DEATH* was as follows:

Influenza Pneumonia

Myocarditis

(Duration) yrs. mos. 5 da.

CONTRIBUTORY (Secondary) Acute Dilatation

(Duration) yrs. mos. 1 da.

(Signed) Orrick E Lewis M. D.

Mch 5., 191.7 (Address) 1419 E Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer Cemetery	March 7, 1917
20-UNDERTAKER	ADDRESS
Henry Hoeck Son	130 E Eager St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 3012

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christian H Myers

(Residence in Baltimore: No. University Hospital St.; yrs., mos. 23 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, (Month) Unknown (Day), (Year) 1839

7-AGE, ... yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Conrad Myers

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Caroline Walthony

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Decreased

(Address) Frederick Md.

15- MAR 6 - 1917 Filed ..., 191... HARRY C. ANDREWS Clerk Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 5, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10 1917, to March 5 1917, that I saw h m alive on March 5 1917, and that death occurred, on the date stated above, at 7:00 P. m.

The CAUSE OF DEATH* was as follows:

Bronchitis Pneumonia

Operation for Cataract Left Eye

(Duration) ... yrs. ... mos. 9 ds.

CONTRIBUTORY (Secondary) Post Operation

(Duration) ... yrs. ... mos. 22 ds.

(Signed) H Perry Boss M. D.

3/5, 1917 (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 23 ds. In the State — yrs. — mos. 23 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Walkersville, Md.

19-PLACE OF BURIAL OR REMOVAL, Walkersville Md. DATE OF BURIAL, Mar. 7., 1917

20-UNDERTAKER Geo J Smith ADDRESS 1000 Fayette St

Important. See instructions on back.

ver

Size.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3013

CERTIFICATE OF DEATH.

D 3013

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2357 W. North Ave. St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence M. Stehl.

(Residence in Baltimore: No. 2357 W. North Ave St.; 40 yrs., 1 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Feby 4 (Month) (Day), 1871 (Year)

7-AGE, 46 yrs. 1 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER. Geo. Kirpley.

11-BIRTHPLACE OF FATHER (State or Country) England.

12-MAIDEN NAME OF MOTHER Maria Haucock.

13-BIRTHPLACE OF MOTHER (State or Country), England.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arthur V. Stehl

(Address) 2357 N. North Ave

15-

Filed MAR 6 1917 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 5 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 25 1917, to Mch 5 1917, that I saw her alive on Mch 4th 1917, and that death occurred, on the date stated above, at 4 30 m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) ... yrs. ... mos. 8 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) ... yrs. ... mos. 7 ds.

(Signed) Thomas J. Tallett M. D.

Mch 5, 191.7 (Address) Marshburn Apts

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge — DATE OF BURIAL, Mar. 7, 191.7

20-UNDERTAKER Geo J. Emett — ADDRESS 1100 N. Fayette

Important. See instructions on back of certificate.

D 3014

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3014

CERTIFICATE OF DEATH.

159

REGISTERED NO. C

1-PLACE OF DEATH (a) dead (b) near Holliday + Lexington St.: (c) WARD)

CITY OF BALTIMORE (No. [illegible])

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry B. Dorsey

(Residence in Baltimore: No. former address 1825 N. Chapel St. Yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Divorced

6-DATE OF BIRTH, Mar. 13, 1873
(Month) (Day) (Year)

7-AGE, 43 yrs. 3 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Real Estate Agent
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, William A. Dorsey

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER, Eliz. J. Reed

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Dorsey

(Address) 323 N. Mechanic

15- MAR 6 - 1917 Filed....., 191.... HARRY C. ARNOLD Burial Permit Clerk Registrar.

CAUSE OF DEATH must be plainly stated. Items are important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 5, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Caused by pistol shot wound in brain

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) [illegible] M. D.
(Coroner.)

March 5, 1917. (Address) 432 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	March 7, 1917

20-UNDERTAKER Rabbi I. Turner ADDRESS 442 N. Broadway

D 3015

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

40 D 3015

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE (No. 1516 S. Charles St. 23 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME John L. Della

Residence in Baltimore: No. 1516 S. Charles St. Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: December (Month) 28 (Day), 1863 (Year)

7-AGE: 53 yrs. 2 mos. 4 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md.

PARENTS

10-NAME OF FATHER: Wm. Della

11-BIRTHPLACE OF FATHER (State or country): Balto Md.

12-MAIDEN NAME OF MOTHER: Hester Lawton

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Katherine Della

(Address) 1516 S. Charles St

15. Filed MAR 6 - 1917 HARRY C. ANDREWS Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 4 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 22 1917, to March 4 1917.
that I saw him alive on March 3 1917.
and that death occurred, on the date stated above, at 3 20 p. m.
The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach (Chronic)

(Duration) 1 yrs. 4 mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) A. H. Braeckelein M. D.

March 5, 1917 (Address) 1328 S Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: WESTERN

DATE OF BURIAL: MAR 7 1917

20-UNDERTAKER: ARMSTRONG-DENNY CO.

ADDRESS: 715 Light St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

KODAK

D 3016 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

79 D 3016

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1500 Covington St. St.: 24 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert W.Moler.

Residence in Baltimore: No. 1500 Covington St. St.: y 25 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male.	White.	Married.

6-DATE OF BIRTH, September.23rd.1859., 1 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
57 yrs. 5 mos. 8 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work R.R.Conductor.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Jefferson Co.W.Va.

PARENTS.

10-NAME OF FATHER, Robert W.Moler.

11-BIRTHPLACE OF FATHER (State or Country), W.Va.

12-MAIDEN NAME OF MOTHER Thursby.----------

13-BIRTHPLACE OF MOTHER (State or Country), W.Va,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Moler.(wife)

(Address) 1500 Covington St.

15- Filed MAR 6 - 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 3rd.1917., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D. (Coroner.)

March, 5, 1917. (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, MOUNT OLIVET. DATE OF BURIAL, MAR 6... 1917

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

CAUSE OF DEATH must be plainly written. All items important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 3017

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 3017

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 111 S. Chester ST.; 2 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William T. Groves

(Residence in Baltimore: No. 111 S. Chester St.; — yrs., — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Unknown, 1849
(Month) (Day) (Year)

7-AGE, 68 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Engineer.
(b) General nature of industry, business, or establishment in which employed (or employer)..... Stationery

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Groves.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William T. Groves

(Address) Willow St near York Rd.

15-

Filed MAR 6 - 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 3rd, 1917.
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mch 1 1917, to Mch 3 1917, that I saw h[illegible] alive on Mch 3 1917, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Valvular heart disease

(Duration) 1 yrs. ..... mos. ..... ds.

(Signed) Geo. Fuller M. D.

3-6-, 1917. (Address) 1937 Jonquil St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Mt. Carmel Cem

DATE OF BURIAL. March 6, 1917.

20-UNDERTAKER Lilly & Filer.

ADDRESS 403 S. Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3018

CERTIFICATE OF DEATH.

D 3018

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2526 Tilest ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary L. Brill

(Residence in Baltimore: No. 2526 Tilest St.; 50 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept 25th (Month) (Day), 1867 (Year)

7-AGE, 57 yrs. 5 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework.
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), West Virginia

PARENTS.

10-NAME OF FATHER, Frederick Fiedler

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Christina Rechsolder

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herman P. Brill

(Address) 2526 Tilest St.

15- MAR 6 - 1917 HARRY C. ARMSTRONG

Filed....., 191... Registrar. Burial Permit Clerk.

Important. See instructions on back of this sheet.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 3rd (Month) (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 5 1915, to March 3rd 1917, that I saw h... alive on ....., 191..., and that death occurred, on the date stated above, at 2.15 p. m.

The CAUSE OF DEATH* was as follows:

.....

.....

Cerebral Hemorrhage

..... (Duration) ..... yrs. (1) mos. 20 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) D. C. Thompson M. D.

Mar 5, 191 7 (Address) 2013 E Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn

DATE OF BURIAL, March 6, 1917.

20-UNDERTAKER Lilly & Zeiler

ADDRESS 403 S. Wolfe

Spec.—3-4-[illegible]—2000 Pads.

D 3019

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 ✓ D 3019

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2234 Orleans ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Felbinger

(Residence in Baltimore: No. 2234 Orleans St.; 40 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, November 14, 1856 (Month) (Day) (Year)

7-AGE, 60 yrs. 3 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Shoe Maker
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Felbinger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Barbara Lupf

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Felbinger

(Address) 2234 Orleans St

15-

Filed MAR 6 - 1917, 191.....

HARRY C. ANGELL

Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 6, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 28 1917, to Mar 6 1917, that I saw h[illegible] alive on Mar 5 1917, and that death occurred, on the date stated above, at 1:30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. L. Mayer M. D.

Feb., 1917. (Address) 701 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	March 9, 1917
20-UNDERTAKER	**ADDRESS**
Christian Mueller	2334 Jefferson St

Spec.—8-24-14—M. & T.—2000 Bks.

D 3020 HEALTH DEPARTMENT—CITY OF BALTIMORE D 3020

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2036 E. Hoffman St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida V. Collins

(Residence in Baltimore: No. 2036 E. Hoffman St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, May 9 (Month) (Day), 1863 (Year)

7-AGE, 53 yrs. 9 mos. 24 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Otto Bernstein

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Hannah Hannemann

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fannie Bernstein

(Address) 2036 E. Hoffman St

15- Filed MAR 6 - 1917, 191.. HARRY C. ANDREWS Register of Wills Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 11 1916, to March 5 1917, that I saw h[illegible] alive on March 5 1917, and that death occurred, on the date stated above, at 9.40 a. m.

The CAUSE OF DEATH* was as follows:

6
Endocarditis
(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Pulmonary Intermittent
(Duration) yrs. 4 mos. 27 ds.

(Signed) Louis Vogel M. D.

March 5, 1917 (Address) 1301 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, March 8, 1917

20-UNDERTAKER Christian Miller — ADDRESS 23[illegible] Hoffman St

Spec.—8-24-14—M. & T.—200 Pks.

D 3021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 3021

1-PLACE OF DEATH
CITY OF BALTIMORE. (No. 223 S. Chappel ST.; 7 WARD)
REGISTERED No. C
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Henry Evers
(Residence in Baltimore: No. 223 S. Chappel St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 22 (Day), 1850 (Year)

7-AGE, 66 yrs. 8 mos. 8 ds.
If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Produce Dealer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.
10-NAME OF FATHER. Daniel Evers
11-BIRTHPLACE OF FATHER (State or Country). England
12-MAIDEN NAME OF MOTHER. Ann C.
13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Jenny Lind Evers
(Address) 223 S. Chappel St.

15-
Filed MAR 6 1917 191
HARRY C. ANDREW, Registrar.
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 14 1917, to March 2 1917, that I saw him alive on March 2 1917, and that death occurred, on the date stated above, at 6.35 P. m.

The CAUSE OF DEATH* was as follows:
Apoplexy (Cerebral)
Hemiplegia - right side
(Duration) 2 yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) John H. Ruhrah M. D.
March 5, 1917. (Address) 1709 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Carmel Cemetery
DATE OF BURIAL, March 6, 191 7.

20-UNDERTAKER Christian Miller
ADDRESS 2034 Jefferson st

Spec.—8-24-14—M. & T.—2000 Bks.

D 3022

HEALTH DEPARTMENT--CITY OF BALTIMORE ✓

D 3022

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1607 Clifton Place; St.) 8 (WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Rose Fifer

Residence in Baltimore: No. 1607 Clifton Place St.) (If less than 1 day, give hours or minutes. If less than 1 year, give months or days. If 1 year or more, give years.) 4 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, Sept 28th (Month) (Day), 1912 (Year)

7-AGE, 4 Year 5 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Charles Fifer

11-BIRTHPLACE OF FATHER (State or Country). Maryland.

12-MAIDEN NAME OF MOTHER Sabina Scheck.

13-BIRTHPLACE OF MOTHER (State or Country). Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Fifer

(Address) 1607 Clifton Place.

15- Filed MAR 6 - 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 4 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 25 1917, to March 4 1917, that I saw her alive on March 3 1917, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia & Anaemia

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pneumonia

..... (Duration) ....yrs. 6 mos. ....ds.

(Signed) C. A. Camen M. D.

March 5, 191.. (Address) 1207 N Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery. DATE OF BURIAL, March 6, 191.7

20-UNDERTAKER George J. Rauch ADDRESS 735 Harford Ave.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3023 HEALTH DEPARTMENT—CITY OF BALTIMORE 79 D 3023

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 N Linwood Ave St.; 7 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Berg.

(Residence in Baltimore: No. 515 N Linwood Ave St.; 57 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, Sept (Month) 19 (Day), 1848 (Year)

7-AGE, 68 yrs. 5 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER Heutett

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Lost Knox

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Berg

(Address) 515 N Linwood Ave

15- MAR 6 - 1917 HARRY C. ANDREWS

Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 10th 1916, to Mar 4th 1917, that I saw h- alive on March 4th 1917, and that death occurred, on the date stated above, at 2 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Articular Rheumatism

(Duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(Duration) yrs. 4 mos. ds.

(Signed) Herman J. Siemens M. D.

Mar 5th, 1917. (Address) 1900 Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem. DATE OF BURIAL, March 8th, 1917

20-UNDERTAKER John Herring & Co ADDRESS 2038 Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 3024

CERTIFICATE OF DEATH.

17 D 3024

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 21 South Linwood Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Farrell

Residence in Baltimore: No. 121 S Linwood Ave St.; 83 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH. April 1, 1833
(Month) (Day) (Year)

7-AGE. 83 yrs. 11 mos. 3 ds.

If LESS than 1 day, ... hrs. or .... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). County Roscommon Ireland

PARENTS.

10-NAME OF FATHER Dominic Farrell

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Mary Farrell

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A McCabe

(Address) 21 So. Linwood Ave

15- MAR 8 - 1917 Filed ....., 191.... Burial Permit Given
Registrar.

Important. See instructions for filling out.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1917, to March 7 1917, that I saw h[er] alive on March 4 1917, and that death occurred, on the date stated above, at 11 p m.

The CAUSE OF DEATH* was as follows:

Chronic Insufficiency of Aortic Valves

Sclerosis

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) Chas F Blake M. D.

March 8, 1917. (Address) 202 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
New Cathedral Cemetery	March 7, 1917.
20-UNDERTAKER	ADDRESS
James Dignan & Son	1000 S Exeter St

Spec.—8-24-14—M. & T.—2000 Bks.

D 3025 HEALTH DEPARTMENT—CITY OF BALTIMORE 28 D 3025

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 W. Conway St.; 22 WARD) REGISTERED No. C

2-FULL NAME Thomas W. Withers

(Residence in Baltimore: No. 608 W. Conway St.; — yrs., — mos. — ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Feb 22, 1859 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
57 yrs. 5 mos. 9 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Plumber
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Fredericksburg Va

PARENTS.

10-NAME OF FATHER: Douglas Withers

11-BIRTHPLACE OF FATHER (State or Country): Fredericksburg Va

12-MAIDEN NAME OF MOTHER: Henrietta Beasley

13-BIRTHPLACE OF MOTHER (State or Country): Middlesex Co Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Matilda Withers

(Address) 608 W Conway St.

15- MAR 8 - 1917 Filed....., 191.... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 25 1917, to March 4 1917, that I saw h[illegible] alive on March 3 1917, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) None

(Duration) ....yrs. ....mos. ....ds.

(Signed) M. C. Fuhrman M. D.

3-5-, 1917. (Address) 682 Columbus

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn Cemetery	March 6 1917
20-UNDERTAKER, James E. Grogan & Son	ADDRESS 1000 S. Broadway

Spec.—8-24-14—M. & T.—2000 stk.

D 3026

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 D 3026

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital, 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Duncan Campbell

(Residence in Baltimore: No. 848 N. Baltimore St St.; 1 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH, May 25, 1876 (Month) (Day) (Year)

7-AGE, 30 9 8 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Philadelphia Pa

PARENTS.

10-NAME OF FATHER, Francis S. Campbell

11-BIRTHPLACE OF FATHER (State or Country), Philadelphia

12-MAIDEN NAME OF MOTHER, Elizabeth Tomlinson

13-BIRTHPLACE OF MOTHER (State or Country), Phila Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Francis S. Campbell

(Address) 600 Ridgeway Phila Pa

15-

Filed MAR 6 - 1917 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 6, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 28 1916, to March 6 1917, that I saw h.. alive on March 5 1917, and that death occurred, on the date stated above, at 6 0 m.

The CAUSE OF DEATH* was as follows:

Aorta Coarctation Dilatation

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) 2 yrs. 6 mos. ds.

(Signed) H. Randall Duncan M. D.

March 5, 1917. (Address) Franklin Square Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 3 mos. ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 848 N Baltimore St

19-PLACE OF BURIAL OR REMOVAL, Mt Laurel Hill Phila Pa DATE OF BURIAL, March 9, 1917.

20-UNDERTAKER Joseph Block ADDRESS 1053 W Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

D 3027 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 3027

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 E Hamburg ST. 24 WARD) REGISTERED NO. C 92

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles C Winchester

(Residence in Baltimore: No. 321 E Hamburg St.; 27 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec Don't Know 1
(Month) (Day) (Year)

7-AGE, 27 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Driver
(b) General nature of industry, business, or establishment in which employed (or employer) Am. Ice Co

9-BIRTHPLACE, (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER, Charles C Winchester

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Francis Hoffman

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ellis Winchesters

(Address) 321 E. Hamburg St

15- MAR 6 - 1917 Filed ....., 191.... ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 4, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 28 1917, to Mar 3 1917, that I saw him alive on Mar 3 1917, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Same

(Duration) yrs. mos. ds.

(Signed) Wm E Stafler M. D.

3/6, 1917. (Address) 1319 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, March 7, 1917.

20-UNDERTAKER, H & M. H. Flynn ADDRESS 1422 Light St

Important: See instructions on reverse side.

D 3028

HEALTH DEPARTMENT—CITY OF BALTIMORE

89 D 3028

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1605 Fairmount Ave W, 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emanuel Clemens

(Residence in Baltimore: No. 1605 Fairmount ave W St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Widower

6-DATE OF BIRTH, Dec (Month) 25 (Day), 1859 (Year)

7-AGE, 57 yrs. 2 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Janitor
(b) General nature of industry, business, or establishment in which employed (or employer): Private House

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Henry Clemens

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Hall

(Address) 1714 Woodyear St

15- Filed MAR 6 - 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

CAUSE OF DEATH. Please answer all questions. Important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute Congestion of Lungs

(Duration) ..... yrs. ..... mos. 1/2 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) James M Kaelin M. D. (Coroner.)

March 6 191 7 (Address) 700 E Clay St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem

DATE OF BURIAL, MAR 7 - 1917

20-UNDERTAKER JAMES H. DENNIS

ADDRESS 1303 PRESTMAN ST

3029

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 79 D 3029

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1353 Calhoun Street; 15 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Aggie Lena Davis

(Residence in Baltimore: No. 1353 Calhoun St. North St.: yrs., 1 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Color	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1 (Year)

7-AGE, ...yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country): Virginia

PARENTS.

10-NAME OF FATHER, Charles Tomlin

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Jennie Fields

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Priscilla Jones

(Address) 1353 N. Calhoun St

15-

Filed MAR 6 - 1917 ROBERT R. KRAUTER Clerk

Burial Permit Issued

CAUSE OF DEATH. Information required in all cases. Physician's certificate, if any, is important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart disease

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) F. C. Smelt (Coroner.) M. D.

March 5, 1917. (Address) 916 Eight St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mary Point Lancaster Co Va

DATE OF BURIAL: Mar 6, 1917

20-UNDERTAKER: James H Dennis

ADDRESS: 302 Pennsylvania Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50 D 3030

3030

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 700 E Hoff Ave ST.; 24th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Lange

(Residence in Baltimore: No. 700 E Hoff Ave St.; 28 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, August 11th, 1888
(Month) (Day) (Year)

7-AGE, 28 yrs. 6 mos. 21 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Car Barn Jr.
(b) General nature of industry, business, or establishment in which employed (or employer): United R.R.

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Hyanz Lange

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Pauline Mentzer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Pauline Lange

(Address) 700 E Hoff Ave

15-

Filed MAR 6 1917, 191

ROBERT R. KRAUTER
Burial Permit Registrar

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 4th, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 3 1917, to Mar 3 1917, that I saw him alive on Mar 3 1917, and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Sepsis

(Duration) yrs. mos. ds.

(Signed) Neale Slutter M. D.

3/5, 1917. (Address) 1319 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross

DATE OF BURIAL, 3-7-17.

20-UNDERTAKER E & B Hasle

ADDRESS 116 E West St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3031

CERTIFICATE OF DEATH.

28 D 3031

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1449 Boyle St. ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gustav Schroder

(Residence in Baltimore: No. 1449 Boyle St. St.: 28 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH. ..... Aug. (Month) 24 (Day), 1888 (Year)

7-AGE.	If LESS than 1 day,
28 yrs. 6 mos. 8 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Press hand in machine shop
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER. Franz Schroder

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Wilhemina Kohlof

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herman Schroeder

(Address) 514 E. Clement st

15- MAR 6 - 1917 ROBERT B. KRAUTER

Filed....., 191.... Burial Permit Clerk / Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Mar. (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 27. 1917, to Mar. 2 1917, that I saw h... alive on Mar. 3 1917, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

..... Phthisis Pulmonalis

..... (Duration) ... yrs. 4 mos. ... ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) ... Wm. T. Seabury ... M. D.

Mar. 4. 1917. (Address) 624 E. Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cedar Hill	3-7, 1917

20-UNDERTAKER E & B Hale

ADDRESS 115 E West St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 3032 — × 81 ✓ D 3032

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sam Banks

(Residence in Baltimore: No. Cambridge Md St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Not known (Month) (Day), 1865 (Year)

7-AGE, 51 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Jos Banks.

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Deceased

(Address) Dublin Md

15- MAR 6 - 1917 ROBERT R. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 5, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 28 1917, to Mar 5 1917, that I saw h[illegible] alive on Mar 5 1917, and that death occurred, on the date stated above, at 2 [illegible] m.

The CAUSE OF DEATH* was as follows:

Generalized Arteriosclerosis

(Duration) 3 yrs. mos. da.

CONTRIBUTORY (Secondary) Senile Gangrene

(Duration) ? yrs. mos. da.

(Signed) M D Gibson M. D.

Mar 5 1917. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State yrs. mos. da.

Where was disease contracted, if not at place of death? Cambridge Md

Former or usual residence "

19-PLACE OF BURIAL OR REMOVAL, Conowingo Md. DATE OF BURIAL 3-6-[illegible] 1917

20-UNDERTAKER E T B Hoke ADDRESS 1152 West Pratt

Improperly filled out certificates will be returned.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3933

CERTIFICATE OF DEATH.

92 D 3033

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry W. Anderson

(Residence in Baltimore: No. 504 Cross St St.; ..... yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Widower

6-DATE OF BIRTH, Oct. (Month) 15 (Day) 1849 (Year)

7-AGE, 67 yrs. 4 mos. 16 da.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Day

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, James Anderson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mrs Kurn

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Calvert St

15 MAR 6 - 1917 Filed ....., 191.... ROBERT R. KRAUTER Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 4 (Day) 191 7 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 27 1917, to Mar 4 1917, that I saw h/m alive on Mar 1 1917 and that death occurred, on the date stated above, at 1130 p.m.

The CAUSE OF DEATH* was as follows:

Cardio renal disease

..... (Duration) ..... yrs. ..... mos. 7 da.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... da.

(Signed) Edward A. Smith M. D.

Mar 4, 191 7. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 6 da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? 504 Cross St

Former or usual residence 504 Cross St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Ct — DATE OF BURIAL, March 7, 191 7

20-UNDERTAKER J. H. Brown & Son — ADDRESS 1017 Monroe St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3034

CERTIFICATE OF DEATH.

19 D 3034

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 Jefferson ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Hill

(Residence in Baltimore: No. 1213 Jefferson St.; 20 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black C. A.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, ... (Month) October (Day) 1 (Year) .....

7-AGE, 34 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)..... Pd Transportation

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Hill

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Susie Jones

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Mary Hill

(Address)..... 485 N Dallas St

15- Filed MAR 6 - 1917 191.... ROBERT R. KRAUTER Registrar

Burial Permit issued

Important. See instructions on back of this sheet.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March 5, ... (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 5, 1917, to March 5, 1917, that I saw h[illegible] alive on March 5 1917, and that death occurred, on the date stated above, at 6 p.m.

The CAUSE OF DEATH* was as follows:

..... Mitral Regurgitation .....

..... (Duration) ..... yrs. ..... mos. 18 ds.

CONTRIBUTORY (Secondary) Pneumonia

..... (Duration) ..... yrs. ..... mos. 4 ds.

(Signed) Jno. C. K. O'Brien M. D.

March 5 1917. (Address) 1520 Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Asbury Cemetery — DATE OF BURIAL, Mar 8, 1917

20-UNDERTAKER R C Gross — ADDRESS 1405 McElderry St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3035

CERTIFICATE OF DEATH.

8/ D 3035

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 Brentwood Ave 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael J McNeal

(Residence in Baltimore: No. 1109 Brentwood Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 2 (Day), 1846 (Year)

7-AGE, 70 yrs. 9 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Policeman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick McNeal

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Catherine Cunningham

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Mc Neal

(Address) 1109 Brentwood Ave.

15- MAR 6 - 1917 191.. ROBERT R. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 4th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 10th 1917, to March 4th 1917, that I saw him alive on Saturday March 3rd 1917, and that death occurred, on the date stated above, at 6a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Congestion of Lungs with Edema of Brain

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wilmer Brinton M. D.

March 6th, 1917 (Address) Calvert & Preston Sts

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Mch 7, 1917

20-UNDERTAKER H C Wedefeld ADDRESS 914 Greenmount Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3036

CERTIFICATE OF DEATH.

921 D 3036

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wesley Thorne

(Residence in Baltimore: No. 11½ N. Dallas St St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Black	Single

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 31 yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed MAR 6 - 1917, 191.. ROBERT R. KRAUTER Registrar. Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 27 1917, to March 1 1917, that I saw h.m alive on March 1 1917, and that death occurred, on the date stated above, at 4:15 p.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

..... (Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Thos. B. Appleman M. D.

March 1, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 11½ N. Dallas St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191..
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL MAR 6 - 1917

Commissioner Health.

Important. See instructions on back of this sheet.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3037 **CERTIFICATE OF DEATH.** 37 ✓ D 3037

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Ledroue

(Residence in Baltimore: No. University Hospital St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb 2, 1917
(Month) (Day) (Year)

7-AGE, 0 yrs. 1 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, John Hall

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Beulah Pearson

13-BIRTHPLACE OF MOTHER (State or Country), Wisconsin

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-
Filed MAR 6 - 1917 191.... ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 4, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2-2 1917, to 3-4 1917, that I saw her alive on 3-4 1917, and that death occurred, on the date stated above, at 7:10 m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Premature birth

(Duration).....yrs.....mos.....ds.

(Signed) V. C. Mound M. D.

3-4, 1917 (Address) Univ. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPI...
Commissioner Health.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3038

CERTIFICATE OF DEATH.

X 119 ✓ D 3038

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Hamilton

(Residence in Baltimore: No. Baltimore, Md. St.; yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Negro	Single

6-DATE OF BIRTH, ... (Month) Unknown (Day) ....., 1916 (Year)

7-AGE. ..... yrs. 9 mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Benj Hamilton

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Caroline Gullen

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. J. Williams

(Address) Waterbury Md.

15- Filed MAR 6 - 1917, 191.. ROBERT R. KRAUTER Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 5, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 5 1917, to March 6 1917, that I saw h[illegible] alive on March 6 1917, and that death occurred, on the date stated above, at 3.30 p m.

The CAUSE OF DEATH* was as follows:

Acute Meningitis

(Duration) ..... yrs. ..... mos. 22 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Hurtha M. D.

3/5, 191.. (Address) Maryland Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Baltimore, Md

19-PLACE OF BURIAL OR REMOVAL, Walkersburg Md. DATE OF BURIAL, 3/7, 191.. 7.

20-UNDERTAKER W. J. Sutton & Sons ADDRESS Camden Station

Over

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3039

CERTIFICATE OF DEATH.

92

REGISTERED No. C D 3039

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 W Lafayette Ave St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo H Minner

(Residence in Baltimore: No. 707 W Lafayette Ave St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... October ....., 1 ..... (Month) (Day) (Year)

7-AGE ..... 46 ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Plumber .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Geo C. Minner

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Sarah Pennington

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louise Minner

(Address) 707 Lafayette Ave

15-

Filed MAR 6 - 1917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March ..... 6 ....., 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1st 1917, to March 6th 1917, that I saw him alive on March 6th 1917 and that death occurred, on the date stated above, at 4:30 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) ... yrs. ... mos. 4 ... ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

..... (Duration) ... yrs. ... mos. 2 ... ds.

(Signed) H H Hartsock M. D.

3/6, 1917. (Address) 117 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Mar 8, 1917.

20-UNDERTAKER M Fahey & Sons — ADDRESS 606 Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 3040

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 3040

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 W Henrietta ST.; 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa E Wallis

(Residence in Baltimore: No. 8 W Henrietta St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH. Apr 27, 1869 (Month) (Day) (Year)

7-AGE. 47 yrs. 10 mos. 5 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Stinchcomb

11-BIRTHPLACE OF FATHER (State or Country), A. A. Co. Md

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Walter

(Address) 8 W. Henrietta St

15- Filed MAR 6 - 1917, 191.... ROBERT R. KRAUTER Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 5 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 4 1917, to Mar 4 1917, that I saw her alive on Mar 4 1917, and that death occurred, on the date stated above, at 1 20 m.

The CAUSE OF DEATH* was as follows:

Valvular heart disease

Not known (Duration) yrs. mos. ds.

CONTRIBUTORY. Same - decompensation (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm E Stifler M. D.

3/5, 191 7 (Address) 1319 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery — DATE OF BURIAL, March 7, 1917

20-UNDERTAKER P. J. & W. S. Flynn — ADDRESS 1423 Light

D 3041

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 3041

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 890 Tyson St. ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosy Lee Hellems

(Residence in Baltimore: No. 890 Tyson St. St.: yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	colored	Single

6-DATE OF BIRTH, Oct (Month) 27 (Day), 1916 (Year)

7-AGE, ...yrs. 4 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Rose
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Amos Hellems

11-BIRTHPLACE OF FATHER (State or Country) Virginia

12-MAIDEN NAME OF MOTHER Minnie Hurley

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Minnie Hellems
(Address) 890 Tyson St

15-MAR 6 - 1917 ROBERT R. KRAUTER
Filed....., 191... Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
(Duration)....yrs....mos....ds.
CONTRIBUTORY (Secondary)
(Duration)....yrs....mos....ds.

(Signed) H. C. Smith (Coroner) M. D.
Mch 6, 191.. (Address) 710 Eutaw St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem Baltimore — DATE OF BURIAL, March 7 191..
20-UNDERTAKER Howard Easton — ADDRESS 918 Pennsylvania

Cross out what is not important. See instructions on back of certificate.

John E. Northern

D 3042

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 D 3042

REGISTERED NO. C

1. PLACE OF DEATH
CITY OF BALTIMORE (No. 1142 Shields alley ST.: 17 WARD)
(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME John Edward Northern
(Residence in Baltimore: No. 1142 Shields alley St.; yrs., mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
male	Colored	Single

6-DATE OF BIRTH, July 18, 1913
(Month) (Day) (Year)

7-AGE, ..yrs. 3 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Douglas Northern

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Eva Scotts

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Eva Northern
(Address) 1142 Shields alley

15- MAR 6 - 1917
Filed....., 191... ROBERT R. KRAUTER. Registrar

Burial Permit 21373

CAUSE OF DEATH. See instructions on back of certificate. important.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 6, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:
Premature birth.
(Duration) ..yrs. ..mos. ..ds.
CONTRIBUTORY (Secondary)
(Duration) ..yrs. ..mos. ..ds.
(Signed) L. C. Smith M. D.
(Coroner)
3/6, 191. (Address) Gaylord St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem	March 7 19 17
20-UNDERTAKER Daniel Eachon	ADDRESS 916 Penna ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 3043

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

120 D 3043

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE. (No. 850 E. 36th St. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas A. Proctor

(Residence in Baltimore: No. 850 E. 36th St. St.; 40 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 28, 1835 (Month) (Day) (Year)

7-AGE, 81 yrs. 8 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thomas Proctor

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Liand DeFord.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant), Sarah R. Proctor

(Address) 850 E. 36th St.

15- Filed MAR 6 1917 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 5, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1917, to March 5 1917, that I saw him alive on March 4th 1917, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial
Nephritis & Prostatic
Hypertrophy Uremia

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Carcinoma

(Duration) ...yrs. ...mos. 2 ds.

(Signed) [illegible] M. D.

March 5, 1917. (Address) 3453 Clifton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Mary's Hamsden. DATE OF BURIAL, March 7, 1917.

20-UNDERTAKER, Horace Burgee & Son ADDRESS 1231 Hollins St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3044

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 3044

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 E. Thirtieth St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Allison C. Kidwell

(Residence in Baltimore: No. 922 E. Thirtieth St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 4 (Day), 1840 (Year)

7-AGE, 76 yrs. 10 mos. 0 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Washington, D.C.

PARENTS.

10-NAME OF FATHER, Allison C. Kidwell

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary C. Hunt

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Annie Kidwell

(Address) 922 E. 30th St.

15- MAR 6 - 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 4th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 2 1917, to March 4 1917, that I saw h[illegible] alive on March 4 1917, and that death occurred, on the date stated above, at 9 45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. H. Fair M. D.

March 6, 1917. (Address) 12 E. 25th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet — DATE OF BURIAL, Mar 7, 1917

20-UNDERTAKER H. C. Wedefeld — ADDRESS 914 Fremont Ave

CAUSE OF DEATH. See instructions on back of certificate. important.

Mollie Quigley

D 3045

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45 D 3045

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital St. 8 Ward) Registered No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Mollie Quigley

(Residence in Baltimore: No. 2100 E. Federal St. / St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH July (Month) 23 (Day), 1863 (Year)

7-AGE 53 yrs. 7 mos. 10 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at Home.

9-BIRTHPLACE (State or country) Balto Md.

PARENTS

10-NAME OF FATHER Samson Hautz.

11-BIRTHPLACE OF FATHER (State or country) Germany.

12-MAIDEN NAME OF MOTHER Jeanette Boyd.

13-BIRTHPLACE OF MOTHER (State or country) Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edmund E Quigley

(Address) 2100 E Federal St.

Filed MAR 6 - 1917 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 5th (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 14th, 1917, to March 5th, 1917, that I saw h.. alive on March 5th, 1917, and that death occurred, on the date stated above, at 8:15 m.

The CAUSE OF DEATH* was as follows:

Carcinomatoses
Carcinoma of glands of neck.
Operation (Duration) yrs. mos. 19 ds
Contributory (SECONDARY) Hypostatic Pneumony
(Duration) yrs. mos. 3 ds.

(Signed) M. Rosskam M. D.
March 5th, 1917 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ..... yrs. ..... mos. 19 ds. In the State ..... yrs. ..... mos. Life ds.
Where was disease contracted, if not at place of death? Unknown.
Former or usual residence 2100 E Federal St.

19-PLACE OF BURIAL OR REMOVAL Loudon Parklawn — DATE OF BURIAL March 8 1917

20-UNDERTAKER Edw. J Brannan Son — ADDRESS 511 N Schroeder St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. It is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3046 — 35 D 3046

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 N. Milton Ave ST. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William B. Ryan

(Residence in Baltimore: No. 1613 N. Milton Ave. St.: 14 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. August 27th, 1865
(Month) (Day) (Year)

7-AGE. 51 yrs. 6 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Foreman
(b) General nature of industry, business, or establishment in which employed (or employer). Plumbing Dept. Spanos Point

9-BIRTHPLACE: (State or Country). Wilmington, Del.

PARENTS.

10-NAME OF FATHER. Thos. F. Ryan

11-BIRTHPLACE OF FATHER (State or Country). Ireland.

12-MAIDEN NAME OF MOTHER. Catherine Guthrie

13-BIRTHPLACE OF MOTHER (State or Country). Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Ryan

(Address) 1613 N. Milton Ave.

15- Filed MAR 6 - 1917, 191.. ROBERT R. KRAUTER Registrar.

Burial Permit 07878

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 4th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1st 1916, to March 4th 1917, that I saw h[illegible] alive on March 3rd 1917, and that death occurred, on the date stated above, at 2:20 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. A. L. Meyer M. D.

March 4th, 191.. (Address) 1031 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. New Cathedral — DATE OF BURIAL. Mar. 8., 191.7.

20-UNDERTAKER John A Moran — ADDRESS Bank & Ann St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3047

CERTIFICATE OF DEATH.

10 D 3047

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 N. Broadway ST.; 8 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Patton

(Residence in Baltimore: No. 1600 N. Broadway St.; — yrs., — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Nov. (Month) 13 (Day), 1840 (Year)

7-AGE,	If LESS than 1 day,
76 yrs. 3 mos. 20 da.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Navy Officer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Philadelphia Pa

PARENTS.

10-NAME OF FATHER, William Patton

11-BIRTHPLACE OF FATHER (State or Country). Mass

12-MAIDEN NAME OF MOTHER Harriet Edwards

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Son Charles Patton
(Address) 1600 N. Broadway

15- Filed MAR 7 - 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 27 1917, to March 5 1917, that I saw h— alive on March 5 1917, and that death occurred, on the date stated above, at 5 30 a.m.

The CAUSE OF DEATH* was as follows:
Bronchopneumonia

(Duration) ....yrs. ....mos. 3 da.

CONTRIBUTORY (Secondary) Influenza

(Duration) ....yrs. ....mos. 6 da.

(Signed) John T. Ames M. D.
March 6, 1917 (Address) 1603 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....da. In the State....yrs....mos....da.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cemetery	March 7 1917
20-UNDERTAKER Robert J. Turner	ADDRESS 1442 Broadway

Important. See Instructions on Back of Certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3048 HEALTH DEPARTMENT—CITY OF BALTIMORE D 3048

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 N. Bond ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Taylor

(Residence in Baltimore: No. 18 N. Bond St.; 25 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Widow

6-DATE OF BIRTH, ... Mar. (Month) 2 (Day), 1868 (Year)

7-AGE, 49 yrs. ..... mos. 3 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)..... Housework

9-BIRTHPLACE, (State or Country), Northumberland Co. Va.

PARENTS.

10-NAME OF FATHER, Sam. Cooley

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Daniel Taylor

(Address)..... New York City.

15-Filed MAR 7 - 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 26 1916, to Mar. 5- 1917, that I saw h[er] alive on Feb 25- 1917, and that death occurred, on the date stated above, at 2-45 p m.

The CAUSE OF DEATH* was as followa:

Carcinoma of uterus
(Clinical)
about
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY
(Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas L. McCarthy M. D.

Mar 5, 1917 (Address) 906 N. Bond St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Mar 7, 1917
20-UNDERTAKER	ADDRESS
Hilbert Brown	Mount St

D 3049

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3049

CERTIFICATE OF DEATH.

REGISTERED No. C 175

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Franklin Square Hospital ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James M.C. Main

(Residence in Baltimore: No. 1413 W Lombard St.) Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Nov 8, 1852
(Month) (Day) (Year)

7-AGE, 64 yrs. 3 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): B & O R.R.

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Frederick W Main

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Elizabeth Collyflower

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Main

(Address) 1413 W Lombard St

15-MAR 7 - 1917 Filed....., 191.....

HARRY C. ANDREWS Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 4, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of 3 Ribs (old)
Pulmonary tuberculosis Hemorrhage due accident on B & O R.R.
..... (Duration).....yrs.....mos. 1/4 ds.

CONTRIBUTORY (Secondary) Hemorrhage of Stomach (Duration) 1 yrs. mos. 1/2 ds.

(Signed) James M Fenton M. D.
(Coroner.)

March 5. 1917 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death? Mt Clare Junction
Former or usual residence 1413 W Lombard St

19-PLACE OF BURIAL OR REMOVAL, Frederick Md — DATE OF BURIAL, March 7 1917

20-UNDERTAKER Robert Borkerson — ADDRESS Calhoun & Hollins St

Burnt Cornbread

important. See instructions on back of certificate.

D 3050 HEALTH DEPARTMENT--CITY OF BALTIMORE 25 D 3050

CERTIFICATE OF DEATH

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2218 McCulloh Street St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sam Goldstein

(Residence in Baltimore: No. 2218 McCulloh Street St.; 8 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month) (Day), 1865 (Year)

7-AGE: 52 yrs. — mos. — ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Dry goods
(b) General nature of industry, business, or establishment in which employed (or employer): merchant

9-BIRTHPLACE (State or country): Rumania

PARENTS

10-NAME OF FATHER: Joseph Goldstein

11-BIRTHPLACE OF FATHER (State or country): Rumania

12-MAIDEN NAME OF MOTHER: Brodie

13-BIRTHPLACE OF MOTHER (State or country): Rumania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sarah Goldstein

(Address) 2218 McCulloh St

Filed MAR 7 - 1917, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 6 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1916, to March 6 1917 that I saw h[illegible] alive on March 6, 1917, and that death occurred, on the date stated above, at 5.30 P m.
The CAUSE OF DEATH* was as follows:

Exhaustion from Cancer of Larynx

(Duration) 2 yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Nathaniel Gorter M. D.

March 6, 1917 (Address) 2731 Parkwood Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New York City

DATE OF BURIAL: 7 7, 1917

20-UNDERTAKER: Jack Levin

ADDRESS: 1411 E Baltimore St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT information is very important. See instructions on back of certificate.

D 3051

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

91 D 3051

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 157 W. Hamburg St. ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonard Fisher.(C)

(Residence in Baltimore: No. 157 W. Hamburg St. St.; 11 yrs. 5 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	Colored.	Single.

6-DATE OF BIRTH, September 19th. 1916. (Month) (Day) (Year)

7-AGE, ...yrs. 5 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Robert Fisher.(C)

11-BIRTHPLACE OF FATHER (State or Country), Kent Co, Md.

12-MAIDEN NAME OF MOTHER Maggie Fields.(C)

13-BIRTHPLACE OF MOTHER (State or Country), Chester, Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Maggie Fields.(C) mother.
(Address) 157 W. Hamburg St.

15-MAR 7 - 1917
Filed....., 191.....
HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 4th. 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia.
No history.

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) Otto R. Eisenhardt M. D.
(Coroner)

March 6, 1917 (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn	March 8, 19..
20-UNDERTAKER	ADDRESS
L. A. Broadbent Son	1080 Monta St

D 3052

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 3052

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 3912 Reisterstown Rd ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia E. Tauer

Residence in Baltimore: No. 3912 Reisterstown Rd St.; 1 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widowed

6-DATE OF BIRTH: ..... (Month) ..... (Day), 1847 (Year)

7-AGE: 69 yrs. 10 mos. 3 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: James Carew

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Rebecca Daniels

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Edith Mundt

(Address) 3912 Reisterstown Rd

15- Filed MAR 7 - 1917 191.....

HARRY O. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1, 191 7, to, Mar 4 191 7, that I saw h.. alive on Mar 4 191 7, and that death occurred, on the date stated above, at 1.50 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac & R Kid
& Exhaustion

(Duration) ... yrs. 1 mos. ... ds.

Contributory (SECONDARY) Asthenia & Senility

(Duration) ... yrs. ... mos. ... ds.

(Signed), C. H. Dillenbeck M. D.

Mar 6, 191 7 [Address] 3873 Eastern Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Carmel Cem — DATE OF BURIAL: Mch 7, 191 7

20-UNDERTAKER: E. LeRoy Stiffler — ADDRESS: 5149 W Balto St

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 3053

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

102

D 3053

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Protestant Infirmary ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas M Keyser

(Residence in Baltimore: No. 605 n Chas. St. St.; 37 yrs. 4 mos. 5 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	married

6-DATE OF BIRTH. Oct 29th ....., 1880.
(Month) (Day) (Year)

7-AGE. 37 yrs. 4 mos. 5 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Architect
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Chas Keyser

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Julia Poulson

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. C. Keely MD

(Address) W. P. Infirmary

15-

Filed MAR 7 - 1917 191.... HARRY C. ANDREWS Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 6th ....., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 11th 1917, to Mar 5th 1917, that I saw h.im alive on Mar 5th 1917, and that death occurred, on the date stated above, at 6.40 a.m.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer (Gastro Enterostomy 2-13
Intestinal obstruction
2nd Gastro Enterostomy Mar 4th 16
..... (Duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac dilitation
..... (Duration) ..... yrs. ..... mos. ? ds.

(Signed) Hugh Lee F. Gill M. D.

March 8, 1917. (Address) Union Protestant Infirmary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 24 ds. In the State 37 yrs. 7 mos. 23 ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 605 N. Charles St

19-PLACE OF BURIAL OR REMOVAL, Green Mt Cem — DATE OF BURIAL, March 8, 1917.

20-UNDERTAKER Stewart & Hooven Co — ADDRESS 108 N. North Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3054

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 3054

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Beyer

(Residence in Baltimore: No. 3613 Spribgdale Avenue St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, March 1 1917, 1
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. about ....ds. If LESS than 1 day, 15 hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Charles Armstrong

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Ella Beyer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John G Murray M.D.

(Address) Johns Hopkins Hospital

15-

Filed MAR 7 - 1917, 191.... HARRY C. ANDREWS
Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1917 191..., to March 1 1917 191..., that I saw her alive on March 1 1917 191..., and that death occurred, on the date stated above, at 11p m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

.....

.....

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia ?

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) John G Murray M.D.

March 1, 191.7 (Address) Johns Hopkins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, MAR ....., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL
Commissioner Health

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 3055

CERTIFICATE OF DEATH

92

D 3055

1-PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 2733 Greenmount Ave ST. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Emma Adams

Residence in Baltimore: No. 2733 Greenmount Ave St.; 56 yrs. 9 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widowed

6-DATE OF BIRTH: May (Month) 25 (Day), 1860 (Year)

7-AGE: 56 yrs. 9 mos. 8 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Clerk in charge
(b) General nature of industry, business, or establishment in which employed (or employer): Branch Laundry

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Elisha Van Horn

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Cornelia Morrison

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Jennie Morrison

(Address) 808 N. Broadway

15-
Filed MAR 7 - 1917 191
HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 4th (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from February 13, 1917, to March 4th 1917, that I saw h[er] alive on March 4th, 1917, and that death occurred, on the date stated above, at 10-50 a.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia -

(Duration) ..... yrs. ..... mos. 19 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Buthrie Tapmon M. D.

March 4th, 1917 (Address) 2733 York Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: MOUNT OLIVET. — DATE OF BURIAL: MAR 7 - 1917

20-UNDERTAKER: ARMSTRONG-DENNY CO. — ADDRESS: 715 Light St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Each item is very important. See instructions on back of certificate.

D 3056

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

79

D 3056

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1910 McCulloh ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Whittock

(Residence in Baltimore: No. 1910 McCulloh St. 25 yrs. \ mos. \ ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Unknown (Month) (Day), 1859 (Year)

7-AGE: 58 yrs.) mos. (ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Private family

9-BIRTHPLACE (State or country): Va.

PARENTS

10-NAME OF FATHER: Edw. Poindexter

11-BIRTHPLACE OF FATHER (State or country): Va.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Annie Boyd

(Address) 813 N. Chester St

15-

Filed MAR 7 - 1917 19..

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 5 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 6, 1916, to, March 5 1917, that I saw h.. alive on March 4 1917, and that death occurred, on the date stated above, at 1.20 P m.

The CAUSE OF DEATH* was as follows:

Cardio vascular Disease

(Duration) 1 or 3 yrs ... mos ... ds.

Contributory (SECONDARY)

(Duration) ... yrs ... mos ... ds.

(Signed) H. S. M. Caulk M. D.

March 6, 1917 [Address] 2005 E Fillmore

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: March 7, 1917

20-UNDERTAKER: George H. Holland

ADDRESS: 512 E. Pratt St.

TION is very important. See instructions on back of Certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 3057

D 3057

CERTIFICATE OF DEATH.

92

REGISTERED NO. C

1-PLACE OF DEATH Bird-Grm. Hospital

CITY OF BALTIMORE: (NO. Linden Ave + Madison ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Winfield Horsey

(Residence in Baltimore: No. 1506 Patapsco St.; 18 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April 4 (Month) (Day), 1857 (Year)

7-AGE, 59 yrs. 11 mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Motorman
(b) General nature of industry, business, or establishment in which employed (or employer) U. R. & E. Company

9-BIRTHPLACE, (State or Country), Howard Co. Md.

PARENTS.

10-NAME OF FATHER, Edward Horsey

11-BIRTHPLACE OF FATHER (State or Country), Carroll Co. Md.

12-MAIDEN NAME OF MOTHER Isabella Worrell

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore County

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Adelaide Horsey

(Address) 1506 Patapsco St.

15- Filed MAR 7 - 1917 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 20 1917, to Mar 5th 1917, that I saw h im alive on Mar. 5th 1917, and that death occurred, on the date stated above, at 3.25 P. m.

The CAUSE OF DEATH* was as follows:

Gall Stones

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY. Lobar Pneumonia
(Secondary)

(Duration) yrs. mos. 2 ds.

(Signed) E. D. Grant M. D.

Mar. 7, 1917. (Address) Mch. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 13 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 1506 Patapsco St.

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, March 8, 1917

20-UNDERTAKER E. McClelland Son ADDRESS 1039 Hanover St.

S[illegible]—8-24-14—M. & T.—2000 Bks.

D 3058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 3058

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1326 Hanover ST.; 23 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth E Boags

(Residence in Baltimore: No. 1326 Hanover St.; ..... yrs., 10 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May 4 1916
(Month) (Day) (Year)

7-AGE, ... yrs. 10 mos. 1 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Howard E. Boags

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Margt. Seed

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard E Boags

(Address) 1326 Hanover St

15-Filed MAR 7 - 1917, 191.... HARRY C. ANDREWS Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 5 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 27 1917, to Nov. 5 1917, that I saw h[illegible] alive on Nov 5 1917, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) 7 yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Diabetes

(Duration) yrs. mos. 15 ds.

(Signed) [illegible] M. D.

Nov 7, 1917 (Address) 1328 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Gordon Park Cem — DATE OF BURIAL, March 8, 1917

20-UNDERTAKER E. Kalbaugh & Son — ADDRESS [illegible]

D 3059 HEALTH DEPARTMENT—CITY OF BALTIMORE D 3059

CERTIFICATE OF DEATH

REGISTERED No. C 64

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 506 W Lexington St. 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Reuben Shipley

(Residence in Baltimore: No. 506 W Lexington St.; 1 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6 DATE OF BIRTH: Aug 9, 1844 (Month) (Day) (Year)

7 AGE: 72 yrs. 6 mos. 26 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Carroll Co Md.

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Cap. John Fagan

(Address) 506 W Lexington

15 Filed MAR 7 - 1917, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 7, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar 6, 1917. to Mar 7 1917, that I saw him alive on Mar 6 1917, and that death occurred, on the date stated above, at 2 10/4 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 2 yrs. 0 mos. 2 ds.

Contributory (SECONDARY) Atheromatous Arteries

(Duration) Not known yrs. ds.

(Signed) R B Tennyson M. D.

Mar 7, 1917. (Address) 422 N Greene

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL: March 8, 1917

20 UNDERTAKER: W M Coulson — ADDRESS: 230 N Greene

State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3060

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3060

CERTIFICATE OF DEATH.

109

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Halnemann General Hospital ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Woolford

(Residence in Baltimore: No. 914 Appleton St St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, February 15, 1892
(Month) (Day) (Year)

7-AGE, 25 yrs. 25 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joseph E Woolford

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Angie Wilson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph E. Woolford

(Address) 914 Appleton St

15-

Filed MAR 7 1917 HARRY C. ARMS Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 6, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Febry 21 1917, to March 6 1917, that I saw her alive on March 6 1917, and that death occurred, on the date stated above, at 3.30 p.m.

The CAUSE OF DEATH* was as follows:

Rupture of Bowel

(Duration)..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(Duration)..... yrs. ..... mos. ..... ds.

(Signed) H H Stansbury M. D.

March 6, 1917 (Address) 924 W North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ... yrs. ... mos. 8 ds. In the State Life yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 914 Appleton St

Former or usual residence 914 Appleton

19-PLACE OF BURIAL OR REMOVAL, Denton Caroline Co Md — DATE OF BURIAL, March 7, 1917.

20-UNDERTAKER Geo. A. Gorby — ADDRESS Balto-Lyon St

Spec.—8-24-[illegible]—M. & T.—2000 Bks.

D 3061

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

192 D 3061

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Charles Hammond

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ..... yrs. ..... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, September (Month) 21 (Day) 1892 (Year)

7-AGE, 24 yrs. 5 mos. 11 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Acetylene burner
(b) General nature of industry, business, or establishment in which employed (or employer) Steel Works

9-BIRTHPLACE, (State or Country), Sparrow Point Md.

PARENTS.

10-NAME OF FATHER, John Hammond

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Anna Tricia Gray.

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sparrow Point

(Address) Edward J. Hammond

15-

Filed MAR 7 - 1917, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 4 - 1917, to Mar 4 1917, that I saw h[illegible] alive on Mar 4 1917, and that death occurred, on the date stated above, at 7 15 p. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Adam Le Seelos M. D.

Mar 4, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? at Sparrows Point Md.

Former or usual residence 45 East E St " " "

19-PLACE OF BURIAL, OR REMOVAL, St. Peters Cem. DATE OF BURIAL, March 8, 1917.

20-UNDERTAKER Lilly and Zile ADDRESS 403 8th Ave

HEALTH DEPARTMENT--CITY OF BALTIMORE

3062

CERTIFICATE OF DEATH

151 ✓ D 3062

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital St.: 1 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Lillian Finn.

(Residence in Baltimore: No. 816 S. Curley St.: yrs. 1 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6 DATE OF BIRTH January 17, 1917 (Month) (Day) (Year)

7 AGE ..... yrs. 1 mos. 16 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Hose
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) Maryland

PARENTS

10 NAME OF FATHER Martin Finn

11 BIRTHPLACE OF FATHER (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lillian Howgate

13 BIRTHPLACE OF MOTHER (State or country) Pa.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Martin Finn.

(Address) 816 So Curley St

15. Filed MAR 7 - 1917, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 5, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1917. to. March 5, 1917. that I saw h.r alive on March 5, 1917. and that death occurred, on the date stated above, at 8 30 P.m.

The CAUSE OF DEATH* was as follows:

Acute Mania tion.

..... (Duration) ..... yrs. ..... mos. 10 ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Steinglo M. D.

March 6, 1917 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. 1 mos. 3 ds. In the State ..... yrs. 1 mos. 16 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 816 S Curley St.

19 PLACE OF BURIAL OR REMOVAL Holy Cross. Hanford Rd. | DATE OF BURIAL Mar. 7, 1917

20 UNDERTAKER Joseph Block | ADDRESS 1103 W Balto St

state CAUSE OF DEATH in plain terms. No abbreviations or initials is very important. See instructions on back of certificate.

D 3063

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89 ✓ D 3063

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1207 Ettinge ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Dorthy Kraig

(Residence in Baltimore: No. 1207 Ettinge St St.: yrs. 5 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	Single

6 DATE OF BIRTH Oct (Month) 6 (Day), 1916 (Year)

7 AGE ..... yrs. 5 mos. 1 ds. | If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work — None
(b) General nature of industry, business, or establishment in which employed (or employer) —

9 BIRTHPLACE (State or country) md

PARENTS

10 NAME OF FATHER John Craig

11 BIRTHPLACE OF FATHER (State or country) Md

12 MAIDEN NAME OF MOTHER Cassie Bann

13 BIRTHPLACE OF MOTHER (State or country) Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Cassie Craig

(Address) 1207 Ettinge St

15 Filed MAR 7 - 1917, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

N. B.—Every item of information must be given, so that it may be properly classified. Exact statement of OCCUPATION state CAUSE OF DEATH in plain terms, so that it is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar (Month) 7 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 26 1917. to. March 7 1917. that I saw h[illegible] alive on March 6. 1917. and that death occurred, on the date stated above, at 3. 6 m. The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) ..... yrs. ..... mos. 10 ds

Contributory (SECONDARY) Cold

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) J. C. Hunkenzell M. D.

Mar 7. 1917 (Address) 202 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Mt Auburn Cemetery | DATE OF BURIAL 3-8 1917

20 UNDERTAKER John A Bishop | ADDRESS 1107 Eastern Ave

D 3064

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 3064

151

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1303 Argyle Ave ST.; 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Infant of Margarida Carvalho.

(Residence in Baltimore: No. ..... St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Col	Single

6 DATE OF BIRTH March 4, 1917
(Month) (Day) (Year)

7 AGE ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or 30 min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) Md

PARENTS

10 NAME OF FATHER Joaquim Carvalho

11 BIRTHPLACE OF FATHER (State or country) Portugal

12 MAIDEN NAME OF MOTHER Margarida Calhé

13 BIRTHPLACE OF MOTHER (State or country) Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joaquim Carvalho
(Address) 1202 Argyle Ave

15 Filed MAR 7 - 1917, 19 HARRY C. ANDREWS Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 4, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 4, 1917, to March 4 1917
that I saw her alive on March 4, 1917.
and that death occurred on the date stated above, at 11.30 P m.
The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ..... yrs. ..... mos. 1 ds
Contributory (SECONDARY) Premature Birth

(Duration) ..... yrs. ..... mos. 1 ds.
(Signed) Wm V O'Regan M.D.
March 6, 1917 (Address) 1118 E Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Mt Auburn Cem. DATE OF BURIAL March 8, 1917

20 UNDERTAKER John A. Bishop ADDRESS 1107 Hillen

State CAUSE OF DEATH in plain terms, so that any one may understand it. This is very important. See instructions on back of certificate.

D 3065

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 ✓

D 3065

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1203 Argyle Av St. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Mozine Carvalho

(Residence in Baltimore: No. ..... St.: ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
female	Col	Single

6-DATE OF BIRTH March 4, 1917
(Month) (Day) (Year)

7-AGE ..... yrs. ..... mos. ..... ds. If LESS than 1 day, 12 hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Md.

PARENTS

10-NAME OF FATHER Joaquin Carvalho

11-BIRTHPLACE OF FATHER (State or country) Portugal

12-MAIDEN NAME OF MOTHER Mozine Cisko

13-BIRTHPLACE OF MOTHER (State or country) Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joaquin Carvalho

(Address) 1203 Argyle Av

15- Filed MAR 7 - 1917 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 4, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 4, 191 7, to March 4 191 7
that I saw h[er] alive on March 4, 191 7,
and that death occurred, on the date stated above, at 12 m.
The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) Premature Birth

(Duration) ..... yrs. ..... mos. 1 ds

(Signed) C. Dwight Kyger M. D.

March 6, 1917 (Address) 1118 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	3-8 191
20-UNDERTAKER John A. Bishop	ADDRESS 1107 Eutaw

state CAUSE OF DEATH in plain terms, so that it may be properly classified; it is very important. See instructions on back of certificate.

D 3066

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3066

CERTIFICATE OF DEATH.

REGISTERED NO. C. 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 505 W. Saratoga ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hilda. S. Clancy

(Residence in Baltimore: No. 505 W Saratoga St

St.: yrs., 8 ~~mos.~~ ~~dys.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Unknown, 18..

(Month) (Day) (Year)

7-AGE, 41 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), N. J.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lewis

(Address) 505 Saratoga.

15- Filed MAR 7 - 1917, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 5, 1917

(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert L Driscoll M. D.
(Coroner.)

March 6, 1917. (Address) 519 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Catholic Cem. DATE OF BURIAL, Mar 7 1917

20-UNDERTAKER John J. Conrad & Co ADDRESS 907 Hollins St

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 3067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 91

D 3067

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice E. Mickey

(Residence if not in Baltimore: No. Johns Hopkins Hospital St.: yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Fem

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: March 12th (Month) (Day), 1913 (Year)

7-AGE: 3 yrs. 11 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country): Sparrow Point Md

PARENTS.

10-NAME OF FATHER: Horace Mickey

11-BIRTHPLACE OF FATHER (State or Country): Virginia

12-MAIDEN NAME OF MOTHER: Rosa Donovan

13-BIRTHPLACE OF MOTHER (State or Country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Elijah Johnson
(Address) Sparrows Point

15-
Filed Mar 7 - 1917 HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: March 12th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 26 1917, to Mar 12th 1917, that I saw her alive on Mar 12th 1917, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 1 ds.

(Signed) G. C. McCormick M. D.

Mar 4th, 1917. (Address) Sparrow Point

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 1 hour ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Sparrow Point Md

Former or usual residence Sparrow Point

19-PLACE OF BURIAL OR REMOVAL, Asbury Cemetery — DATE OF BURIAL, Mar. 14, 1917

20-UNDERTAKER Samuel H. Frost & Son — ADDRESS Balto

Spec.—S-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3068

CERTIFICATE OF DEATH.

92 D 3068

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Curnley

(Residence in Baltimore: No. 510 Lee St ST.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Negro	

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 20 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country) [illegible]

PARENTS.

10-NAME OF FATHER, [illegible]

11-BIRTHPLACE OF FATHER (State or Country), [illegible]

12-MAIDEN NAME OF MOTHER [illegible]

13-BIRTHPLACE OF MOTHER (State or Country), [illegible]

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- MAR 7 - 1917 Filed ....., 191.. ROBERT B. KRAUTER Registrar.

Burial Permit

Morgue.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 18, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 14 1917, to Feby 18 1917, that I saw h[illegible] alive on Feby 18 1917, and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

..... (Duration) ..... yrs. 1 mos. 1 ds.

(Signed) William F. Ewalt M. D.

2/18, 191.7. (Address) 84 Fox Hopk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. 4 ds.

Where was disease contracted, if not at place of death? [illegible]

Former or usual residence 510 Lee St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

For WM. S. WOODALL.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

3069

CERTIFICATE OF DEATH.

120 D 3069

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1210 E Oliver (St.) 9 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Wenning

(Residence in Baltimore: No.) 1210 E Oliver (St.) (yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: ~~January~~ (Month) ~~1~~ (Day) 1842 (Year)

7-AGE: 75 yrs. — mos. — da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Fireman

9-BIRTHPLACE, (State or Country): Balto.

PARENTS.

10-NAME OF FATHER: John H. Wenning

11-BIRTHPLACE OF FATHER (State or Country): Germany.

12-MAIDEN NAME OF MOTHER: Catherine Eckhardt

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) William Wenning

(Address) 1210 E. Oliver

15- Filed MAR 7 - 1917 191... ROBERT R. KRAUTER Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: March (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 13, 1916, to March 5 1917, that I saw him alive on March 4 1917, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Cardiac dilatation

(Duration) Not definite yrs. mos. da.

CONTRIBUTORY (Secondary) Nephritis

(Duration) yrs. 1 mos. da.

(Signed) Benj. D. Hayden M. D.

Mar. 7, 1917. (Address) 1216 N Caroline st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence.

19-PLACE OF BURIAL, OR REMOVAL: London Park — DATE OF BURIAL, March 8 1917.

20-UNDERTAKER: E. A. Friedfeld & Bro. — ADDRESS 202

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3070

CERTIFICATE OF DEATH.

D 3070

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1413 S Charles ST.: 23 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christiana Roth.

(Residence in Baltimore: No. 1413 S Charles St.; ....yrs.. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, December 17th, 1853
(Month) (Day) (Year)

7-AGE, 63 yrs. 2 mos. 14 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Christoph Roth

(Address) 1413 S. Charles St.

15- Filed MAR 7 1917 191 ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 5th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 27 1917, to Mar. 5 1917, that I saw h[illegible] alive on Mar. 5 1917, and that death occurred, on the date stated above; at 1.15 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Pleurisy

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) ....yrs. 3 mos. 6 ds.

(Signed) Robt. R. Krauter M. D.

Mar 5, 1917 (Address) 1315 E. Lombard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Mar 8th 1917

20-UNDERTAKER R. Krauter ADDRESS 703 E Hanover

Spec.—8-24-14—M. & T.—2000 Bks.

Rose E Edwards

D 3071

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3071

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2818 Bernard ST.; 12 WARD) REGISTERED NO. C 42

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Ella Edwards

(Residence in Baltimore: No. 2818 Bernard St. 4 yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Feb (Month) 15 (Day), 1865 (Year)

7-AGE, 48 yrs. 4 mos. 15 da. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At Home
(b) General nature of industry, business, or establishment in which employed (or employer). Housewife

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Henry Hauer

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Rebecca Linthicum

13-BIRTHPLACE OF MOTHER (State or Country). Balto Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Estella Cumbor

(Address) Mt Vernon Pl

15- Filed MAR 7 - 1917, 191 ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

Ad Otterbein Conv 25th Carriage

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 5 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 7 1916, to March 5 1917, that I saw her alive on March 5 1917, and that death occurred, on the date stated above, at 12 20 m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(Duration) yrs. mos. 1 Week da.

CONTRIBUTORY (Secondary) Carcinoma of Uterus (Duration) yrs. mos. da. confirmed by Section

(Signed) [illegible] M. D.

March 6, 1917. (Address) 117 W. 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn — DATE OF BURIAL, March 7, 1917

20-UNDERTAKER Wm Cook — ADDRESS 502 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3072

CERTIFICATE OF DEATH.

17 D 3072

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3728 Cascade ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriet A. Childs

(Residence in Baltimore: No. 3728 Cascade St.; 72 yrs. 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Dec 6, 1844 (Month) (Day) (Year)

7-AGE, 72 yrs. 3 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... Wife

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Thomas Regan

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo Childs

(Address) 3728 Cascade St

15-Filed MAR 7 - 1917, 191..... ROBERT R. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 6, 1917 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 10 1917, to March 6 1917, that I saw h[illegible] alive on March 5 1917, and that death occurred, on the date stated above, at 3. A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis

(Duration) 1 yrs. mos. ds.

(Signed) Howard W Jones M. D.

March 6 1917 (Address) Owings

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Pk DATE OF BURIAL, March 8, 1917

20-UNDERTAKER John J. Townsend ADDRESS 901 Hollins

Frank Goralski.

D 3073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 3073

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 724 S Bond St. 3 WARD)
2-FULL NAME Frank Goralski
(Residence in Baltimore: No. 724 S Bond St.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... March 7 1892
(Month) (Day) (Year)

7-AGE, 70 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... General.

9-BIRTHPLACE, (State or Country), Germany Poland

PARENTS.

10-NAME OF FATHER, Nicholas Goralski

11-BIRTHPLACE OF FATHER (State or Country), Germany Poland

12-MAIDEN NAME OF MOTHER Victoria

13-BIRTHPLACE OF MOTHER (State or Country), Germany Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. Frank Goralski.
(Address) 724 S. Bond St.

MAR 7 - 1917 Filed ..... 191.....

ROBERT R. KRAUTER
Registrar.

Burial Permit Sent

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH ..... March ..... 6 ....., 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said .....
(Inquest, autopsy or inquiry.)
Investigation ..... find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry Reed Hunt M. D.
(Coroner.)

March 7, 1917 (Address) 610 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, Mar. 9, 1917

20-UNDERTAKER, W. F. Sadowski. ADDRESS 705 S. Ann

Spec.—6-3-14—M. & T.—2000 Bks.

D 3074

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 3074

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3511 Benson St. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Stabler

(Residence in Baltimore: No. 3511 Benson St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Dec. (Month) 7th. (Day) 1850 (Year)

7-AGE, 66 yrs. 3 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): 1st

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Kelley

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Asked & not known

13-BIRTHPLACE OF MOTHER (State or Country), Asked & not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Henry Stabler

(Address) 3511 Benson St.

15- Filed MAR 7 - 1917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2-28 1917, to 3-7 1917, that I saw her alive on 3-6 1917, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. O. Smith M. D.

3.7.17, 1917. (Address) 3429 Chesterfield Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St, Mary,s Hampden	Mar. 9th., 1917

20-UNDERTAKER	ADDRESS
A.S.Marshall	3539 Falls Road

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3075

CERTIFICATE OF DEATH.

120 D 3075

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3564 Pool St. ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah E. Green

(Residence in Baltimore: No. 3564 Pool St. St.; 2 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Married

6-DATE OF BIRTH, Oct. (Month) 86 (Day) 1860 (Year)

7-AGE, 56 yrs. 4 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At. Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), George S.C.

PARENTS.

10-NAME OF FATHER, Joseph Bryan

11-BIRTHPLACE OF FATHER (State or Country), S.C.

12-MAIDEN NAME OF MOTHER Asked & not Known

13-BIRTHPLACE OF MOTHER (State or Country), Asked & not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) John Green
(Address) 3 564 Pool St.

15 Filed MAR 7 - 1917 191.... ROBERT R. KRAUTER Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 7 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb. 18 191 7, to March 7 191 7, that I saw h[illegible] alive on March 7 191 7, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Chronic Inf Colitis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute Inf Colitis

(Duration) yrs. 3 mos. ds.

(Signed) C. T. Conquest M. D.

3/7, 191 7 (Address) 3 01 N Howard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Alberton Md. Mar.	10th. 1917 191...
20-UNDERTAKER	ADDRESS
A.S.Marshall	3529 Falls Road

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3076

CERTIFICATE OF DEATH.

15 4 D 3076

1-PLACE OF DEATH

CITY OF BALTIMORE: No. Baltic and Payson Sts. German Aged Home St.; 20 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Rittenbusch

(Residence in Baltimore: No. German Aged Home St.; 82 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, July (Month) 22 (Day), 1832 (Year)

7-AGE, 84 yrs. 7 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): German

9-BIRTHPLACE, (State or Country), Hessen Germany.

PARENTS.

10-NAME OF FATHER, Simon Rittenbusch

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER, Wilhelmina Dreier

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) German Aged Home records
(Address) Balto and Payson Sts

15- Filed MAR 7 - 1917, 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 3 1917, to Mar 6 1917, that I saw h[illegible] alive on Mar 4 1917, and that death occurred, on the date stated above, at 6.30 p. m.

The CAUSE OF DEATH* was as follows:

[illegible]

Senile debility

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) F. W. Hobelmann M. D.

Mar 6, 1917. (Address) 1908 N. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 4 mos. ds. In the State 82 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel Cem	Mar 8, 1917

20-UNDERTAKER Joseph B Cook ADDRESS 1003 W Balto St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3077

CERTIFICATE OF DEATH.

x49 D 3077

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Ruhl.

(Residence in Baltimore: No. Franklin Square Hospital St.; yrs., mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April (Month) 15 (Day), 1866 (Year)

7-AGE, 50 yrs. 10 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Charles Miller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Wilhelmina Mueller

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. Frank T. Ruhl

(Address) Lansdowne Md.

15- MAR 7 - 1917 Filed, 191.. ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. (Month) 6. (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 18 1917, to Mar. 6, 1917, that I saw h[illegible] alive on Mar. 4, 1917, and that death occurred, on the date stated above, at 6A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(Duration) yrs. 2 mos. ds.

(Signed) Albert L. Chambers M. D.

Mar. 6, 1917. (Address) 1917 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 19 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Residence

Former or usual residence Lansdowne Md.

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, Mar 9, 1917

20-UNDERTAKER Joseph Block

ADDRESS 1003 Watts St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 3078

CERTIFICATE OF DEATH.

46 D 3078

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Mary Kraus

(Residence in Baltimore: No. 412 N Paca St St.; 30 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Wht

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 47 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country): Washington DC

PARENTS.

10-NAME OF FATHER, Mr. Mendel

11-BIRTHPLACE OF FATHER (State or Country), Wash DC

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick H. Kraus

(Address) 412 No Paca Street

15- MAR 7 - 1917 ROBERT B. KRAUTER

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 4 1917, to March 7 1917, that I saw h[er] alive on March 7 1917, and that death occurred, on the date stated above, at 2 45 Pm.

The CAUSE OF DEATH* was as follows:

Carcinoma of Gall bladder

(Diagnosis made by exploratory laparotomy.)

no microscopic examination (Duration) unknown

CONTRIBUTORY (Secondary) Nerve (Duration) yrs. mos. ds.

(Signed) C M Harmon M. D.

3/7, 1917 (Address) Church Home & Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 412 N Paca St.

19-PLACE OF BURIAL OR REMOVAL: London Park Cem — DATE OF BURIAL, Mar....., 1917

20-UNDERTAKER Joseph B Cook — ADDRESS 1003 W Balto St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

M 3079

CERTIFICATE OF DEATH.

120

D 3079

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 633 N. Calhoun ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Zebulon Kirwan

(Residence in Baltimore: No. 1701 Frederick ave St.; 63 yrs., 11 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, or DIVORCED.~~ (Write the word) Widower

6-DATE OF BIRTH, April 4, 1853 (Month) (Day) (Year)

7-AGE, 63 yrs. 11 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Cigars

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Wm T. Kirwan

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Esther Albright

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Esther K. Scott

(Address) 633 N. Calhoun St.

15- Filed MAR 7 - 1917, 191.... ROBERT R. KRAUTER Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 6, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 19 191 7, to March 5 191 7, that I saw him alive on Mar. 5 191 7, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Nephritis

about 1 yrs.
(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 2 yrs. ...mos. ...ds.

(Signed) Jno. O. Kirwan M. D.

Mar. 6, 191 7. (Address) 20 20 N. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem — DATE OF BURIAL, Mar 8, 191 7

20-UNDERTAKER, Joseph B. Cook — ADDRESS 1003 W. Balto St

D 3080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 372 Forest St. ST.: 5 WARD)

2-FULL NAME Frank Hall

(Residence in Baltimore: No. 372 Forest

St.; yrs., — mos. — ds.)

179 D 3080

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 40 yrs. ..... mos. ..... ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Coal Miner
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Alabama

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Bee

(Address) 372 Forest

15-

Filed MAR 8 - 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ? Mch. 6, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said .....
(Inquest, autopsy or inquiry.)
I find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cancer Liver

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. S. Plant M. D.
(Coroner.)

Mch 7, 1917. (Address) 1537 Linden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery | DATE OF BURIAL, March 9, 1917.

20-UNDERTAKER Charles P. Jones | ADDRESS 1157 Pine St.

D 3081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 3081

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 226 East ST. 5 WARD)
REGISTERED NO. C

2-FULL NAME Ethel Joseph
(Residence in Baltimore: No. 226 East

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St. Like mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1915 (Year)

7-AGE, 1 yrs. 4 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Francis Joseph

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Amanda Woods

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. Joseph
(Address) 226 East

15- Filed MAR 8 - 1917 191 HARRY C. ANDREWS Clerk
Burial Permit issued.

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 6 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.
The CAUSE OF DEATH* was as follows:

Pneumonia

1 da. day (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. F. Kelly (Coroner) M. D.

March 6, 1917 (Address) 1639 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt. Zion Cemetery	March 8, 1917
20-UNDERTAKER	ADDRESS
Mrs. Robt. A. Elliott	506 East St.

(over)

Spec.—8-24-14—M. & T.—2000 Bks.

D 3082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 3082

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 220 N. Wolfe ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Gehring

(Residence in Baltimore: No. 220 N. Wolfe St.; 51 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug. (Month) 29 (Day), 1831 (Year)

7-AGE. 75 yrs. 6 mos. 6 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Organ builder
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Gehring

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Lowekamp

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Gehring

(Address) 220 N. Wolfe St.

15- MAR 8 - 1917 Filed, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 23 1917, to March 6 1917, that I saw h in alive on March 5 1917, and that death occurred, on the date stated above, at 1.36 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Dilated heart

(Duration) yrs. 2 mos. ds.

(Signed) M. J. McAvoy M. D.

Mch 7, 191 7 (Address) 839 S. Ellwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, March 9, 191 7

20-UNDERTAKER Jas. J. Kerr — ADDRESS 156 N. Luzerne Ave

Spec.—5-19-13—M. & T.—500 Bks.

D 3083

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 3083

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1306 W. Pratt ST.; 19 WARD) REGISTERED NO. C

2-FULL NAME Oliver H Walls

(Residence in Baltimore: No. 1306 W. Pratt St St.; Life yrs.... mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb (Month) 13 (Day) 1842. (Year)

7-AGE, 75 yrs. mos. 21 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Driver (Retired)
(b) General nature of Industry, business, or establishment in which employed (or employer). City Fire Department

9-BIRTHPLACE, (State or Country), Baltimore M D.

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country). Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country). Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J. Finck

(Address) 1306 W. Pratt St

15-

Filed MAR 8 - 1917 191 HARRY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 6 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 23 1917, to March 6 1917, that I saw h[illegible] alive on March 5 1917, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) 1 yrs. 9 mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) — yrs. — mos. — ds.

(Signed) R. Blood M. D.

191... (Address) 1106 N. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Lauden Park	March 9 1917
20-UNDERTAKER	**ADDRESS**
H. S. Finck	1921 W Pratt St

Spec.—5-19-13—M. & T.—500 Bks.

D 3084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 3084

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2543 Ohrleton ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis V. Phillips

(Residence in Baltimore: No. 2543 Ohrleton St St.; yrs.. mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Feb 26 (Month) (Day), 1917 (Year)

7-AGE, ..yrs. ..mos. 9 ds. If LESS than 1 day, ..hrs. or ..min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Leroy Phillips

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Lucy Malsbesky

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Phillips

(Address) 2543 Ohrleton St

15-

Filed MAR 8 - 1917 Reg. HARRY C. ANDREWS

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7 (Month) (Day), 1917 (Year).

17. I HEREBY CERTIFY, That I attended deceased from Feb 26 191 7, to Mar 7 191 7, that I saw h.. alive on March 6 191 7, and that death occurred, on the date stated above, at 6a m.

The CAUSE OF DEATH* was as follows:

1. Broncho pneumonia

(Unknown)

(Duration) ..yrs. ..mos. 5 ds.

CONTRIBUTORY (Secondary) Condition failing

(Duration) ..yrs. ..mos. 1 ds.

(Signed) W. A. Kuel M. D.

3/7/17 191.. (Address) Irvington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Cathedral — DATE OF BURIAL, March 9 1917

20-UNDERTAKER A. S. Finch — ADDRESS 1921 N Paca St

Spec.—8-24-14—M. & T.—2000 Bks.

D 3085 HEALTH DEPARTMENT—CITY OF BALTIMORE D 3085

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1522 Caswell St.; 9 WARD)

REGISTERED NO. C 64

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Trott (Trott)

Residence in Baltimore: No. 1522 Caswell St. St.; 83 yrs. 1 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Jan 13th, 1834 (Month) (Day) (Year)

7-AGE, 83 yrs. 1 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Boiler Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, don't know

11-BIRTHPLACE OF FATHER (State or Country), don't know

12-MAIDEN NAME OF MOTHER don't know

13-BIRTHPLACE OF MOTHER (State or Country), don't know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Trott

(Address) 428 Hilton St

15-

Filed MAR 8 - 1917, 191.... HARRY C. ANDREWS Clerk

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 7th, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 27 1917, to Mar 7th 1917, that I saw h... alive on Mar 7th 1917, and that death occurred, on the date stated above, at 12:58 a.m.

The CAUSE OF DEATH* was as follows:

Coma

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ....yrs. 1 mos. 6 ds.

(Signed) W. Hance M. D.

Mar 7th, 1917 (Address) 110 S. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Greenmount Cemetery	March 9th, 1917.
20-UNDERTAKER	ADDRESS
George Schilling & Sons	1126 E Monument St

Spec.—3-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3086

CERTIFICATE OF DEATH.

28 D 3086

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 335 S. Chester St.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank J. McCormick

(Residence in Baltimore: No. 335 S. Chester St. St.: 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. ..... May (Month) 9 (Day), 1891 (Year)

7-AGE.	If LESS than 1 day,
36 yrs. 10 mos. 24 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer (Gen'l
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Steel Works

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Patrick McCormick

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margaret Barr

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret McCormick

(Address) 335 S. Chester St.

15- MAR 8 - 1917 EARLY C. [illegible]
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 5, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1916, to March 5 1917, that I saw h— alive on March 4 1917, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

(a) Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) yrs. 2 mos. ds.

(Signed) C. Vandenbossche M. D.

March 7, 1917 (Address) 74 N Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Ridge Cemetery	March 7, 1917.
20-UNDERTAKER John J. Moran	ADDRESS 2100 E. Baltimore

Directions for filling out this certificate are important. See instructions on back of certificate.

D 3087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 3087

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. City Jail ST.; 2 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William G Hieber

(Residence in Baltimore: No. 104 S Castle St.; Yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	married

6-DATE OF BIRTH, Dec 5 (Month) (Day), 1873 (Year)

7-AGE, 43 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Dist Atty
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm Hieber

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna Small

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Hieber

(Address) 1736 Primrose

15- MAR 8 - 1917 Filed, 191...

HARRY C. ANDREWS
Burial Permit Clerk.
Registrar.

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 5 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Mit Ryes (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

Paralysis (Duration) yrs. mos. ds.

(Signed) W S Taber (Coroner.) M. D.

Feb 7, 191.7 (Address) 1639 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1½ hrs. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 104 S Castle St

19-PLACE OF BURIAL OR REMOVAL, St Mary's DATE OF BURIAL, Mar 8 1917

20-UNDERTAKER John A Moran ADDRESS Bank & Aisquith

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3088 ✓ D 3088

CERTIFICATE OF DEATH.

x 92

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Felton

(Residence in Baltimore: No. 13 days in Hospital St.; ....yrs....mos....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... January ....., 1864
(Month) (Day) (Year)

7-AGE, 51 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Fireman
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Phelps

(Address) Johns Hopkins Hosp.

15- MAR 8 - 1917 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 27 1917, to Mar 7 1917, that I saw h in alive on Mar 7 1917, and that death occurred, on the date stated above, at 7 05 p. m.

The CAUSE OF DEATH* was as follows:

Brain Tumor

Glioma Paracentral Region

(Duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) R. P. Batchelor M. D.

Mar 8 1917 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 13 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Bettie, N. C.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Beaufort N C.	Mar. 9., 1917.
20-UNDERTAKER Robert L Fuller	ADDRESS 221 N Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

D 3089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 3089

REGISTERED No. C

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. General Hospital ST.) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME William S. Beck.

(Residence in Baltimore: No. 1226 Cleveland St.; 23 yrs., mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb 22nd, 1894
(Month) (Day) (Year)

7-AGE, 23 yrs. — mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Poultry Dealer
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER, Henry T. Beck.

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER Elizabeth Weaver

13-BIRTHPLACE OF MOTHER (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Anna Beck
(Address) 1226 Cleveland st

15-
Filed MAR 8 - 1917 191... HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 5, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 3 1917, to Mar 5 1917, that I saw him alive on Mar 5 1917, and that death occurred, on the date stated above, at 4.20 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Abscess.

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Suppuration - otitis media

(Duration) yrs. mos. 3 ds.

(Signed) Wm. Lufbee M. D.

Mar 5, 191 7. (Address) Md General Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State 23 yrs. mos. ds.

Where was disease contracted, if not at place of death? at 1226 Cleveland St.

Former or usual residence 1226 Cleveland St.

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Mar 8th, 1917.

20-UNDERTAKER John J. Fields

ADDRESS 1200 W. Pratt

Spec.—8-24-14—M. & T.—2000 Bks.

D 3090

HEALTH DEPARTMENT—CITY OF BALTIMORE

150 D 3090

CERTIFICATE OF DEATH.

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3107 Elliott St. ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Lawrence Perry

(Residence in Baltimore: No. 3107 Elliott St. St.; ..... yrs., ... mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	Single

6-DATE OF BIRTH, March (Month) 3 (Day), 1917 (Year)

7-AGE,	If LESS than 1 day,
..... yrs. ..... mos. 4 ds.	.... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... (infant) .....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Charles F. Perry

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mollie Pugh

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas F. Perry

(Address) 3107 Elliott St.

15- MAR 8 - 1917 Filed ....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 5 1917, to March 7 1917, that I saw h— alive on March 6 1917, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

..... diphtheria .....

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) ..... none known .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... H. D.

March 7, 1917 (Address) 304 S. Donnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
First United Evangelical Church	March 8, 1917

20-UNDERTAKER Wm. J. Fialkowski (Asst.) ADDRESS 1019 S. Kenwood Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3091 HEALTH DEPARTMENT—CITY OF BALTIMORE D 3091

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1814 Flint St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gutunde Operowski

(Residence in Baltimore: No. 1814 Flint St St.; yrs. 1 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Feb. (Month) 26 (Day), 1917 (Year)

7-AGE, ...yrs. ...mos. 9 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Stanislaus Operowski

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Helen Stalowski

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stanislaus Operowski

(Address) 1814 Canton Ave

15- Filed MAR 8 - 1917 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 4 191 7, to Mar 7 191 7, that I saw h[er] alive on Mar 7 191 7, and that death occurred, on the date stated above, at 5 00 P m.

The CAUSE OF DEATH* was as follows:

Septic infection (through the umbilicus)

(Duration) ...yrs. ...mos. 6 ds.

CONTRIBUTORY (Secondary) ...

(Duration) ...yrs. ...mos. ...ds.

(Signed) A T Pilz M. D.

Mar 8, 191 7. (Address) 24 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St. Stanislaus — DATE OF BURIAL. Mar 8, 1917.

20-UNDERTAKER William Fallkowski — ADDRESS 618 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 3092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

130 D 3092

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 East Fanvale St.; 12 WARD) REGISTERED No. C

2-FULL NAME Lydia E. Hockensmith

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 409 East Fanvale St.; ..... yrs., 9 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 1850
(Month) (Day) (Year)

7-AGE, about 67 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Nurse
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). West Virginia

PARENTS.

10-NAME OF FATHER, John Hockensmith

11-BIRTHPLACE OF FATHER (State or Country). Born on Atlantic Ocean

12-MAIDEN NAME OF MOTHER Lydia Adams

13-BIRTHPLACE OF MOTHER (State or Country). Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Osbourne

(Address) 409 East Fanvale

15-

Filed MAR 8 - 1917 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 1916, to March 7th 1917, that I saw h alive on March 6th 1917, and that death occurred, on the date stated above, at 2.02 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

..... (Duration) ..... yrs. 7 mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) ..... M. D.

March 7, 191 7 (Address) 502 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Harpers Ferry W. Va — DATE OF BURIAL, 3/9, 1917

20-UNDERTAKER William Cook — ADDRESS 502 North

Mrs Lilly - 800 E - North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 3093

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3093

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Johnson.

(Residence in Baltimore: No. 1125 W. Mulberry St. St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Sing

6-DATE OF BIRTH. November 20, 1879
(Month) (Day) (Year)

7-AGE. 37 yrs. 3 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wall-scraper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Jos. Johnson

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Rachel Ridden

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp.

15- Filed MAR 8 - 1917 HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 17 1917, to Mar 7 1917, that I saw h[illegible] alive on Mar 7 1917, and that death occurred, on the date stated above, at 7 20 a. m.

The CAUSE OF DEATH* was as follows:

Brain Tumor

(Duration) 3 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) R. P. Batchelor M. D.

Mar 7, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 18 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 1125 W. Mulberry St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Mch 10, 1917.

20-UNDERTAKER Chas E. Franck — ADDRESS 2 Madison

Spec.—8-24-14—M. & T.—3000 Bks.

D 3094

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

D 3094

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 11 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Patterson

(Residence in Baltimore: No. 518 St Paul St St.; 75 yrs., 6 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word)
Male	Black	Widower

6-DATE OF BIRTH, Sept. 9, 1891
(Month) (Day) (Year)

7-AGE, 75 yrs. 5 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, J. Patterson

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hospital

(Address) Calvert St.

15- FILED MAR 8 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 7, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 3 1917, to Mar. 7 1917, that I saw him alive on Mar. 7 1917 and that death occurred, on the date stated above, at 1:45 p.m.

The CAUSE OF DEATH* was as follows:

(a) Lob. Pneumonia

(b) about

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward V. Smith M. D.

Mar 7, 1917 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 ds. In the State 75 yrs. 6 mos. 26 ds.

Where was disease contracted, if not at place of death? 518 St Paul St.

Former or usual residence 518 St Paul St.

19-PLACE OF BURIAL OR REMOVAL, Hugh Ward C. | DATE OF BURIAL, Mar 10 1917

20-UNDERTAKER Samuel Hemsley | ADDRESS 518 St Paul St

Spec.—6-24-14—M. & T.—2000 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3095

CERTIFICATE OF DEATH.

63 D 3095

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 656 W. Franklin ST.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Thomas McCarthy

(Residence in Baltimore: No. 656 W. Franklin St. ; 16 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, June (Month) 7th (Day), 1863 (Year)

7-AGE, 53 yrs. 9 mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Hartford Conn.

PARENTS.

10-NAME OF FATHER, Thomas McCarthy

11-BIRTHPLACE OF FATHER (State or Country), British Columbia

12-MAIDEN NAME OF MOTHER Anna Price

13-BIRTHPLACE OF MOTHER (State or Country), Dublin Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs J.T. McCarthy

(Address) 656 W. Franklin St.

15-

Filed MAR 8 — 1917 H. ABEL (.....) Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 7th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 15th 1915, to March 7th 1917, that I saw him alive on March 6th 1917, and that death occurred, on the date stated above, at 6.15 P.M.

The CAUSE OF DEATH* was as follows:

Multiple Sclerosis

(Duration) 7 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Paralysis

(Duration) yrs. 2 mos. — ds.

(Signed) Gustav Goldmann M. D.

3/7—, 191 7. (Address) 656 W. Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cem	March, 191 7
20-UNDERTAKER	ADDRESS
Putnam & Gore	1723 W. Lafayette Ave

D 3096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 3096

REGISTERED No. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 104 E 20th St ST. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kate G Cole

(Residence in Baltimore: No. 104 E 20th St St.; 11 yrs. mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Jan (Month) 6 (Day), 1869 (Year)

7-AGE: 48 yrs. 2 mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House duties
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE (State or country): Mardella Springs Md

PARENTS

10-NAME OF FATHER: Richard Venables

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Elizabeth Garden

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Walter L Bacon

(Address) 100 E 20th St

15- MAR 8 - 1917 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 8 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ~~March~~ Jan 25 1917 to March 8 1917 that I saw h-r alive on March 8 1917 and that death occurred, on the date stated above, at 5 20 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds

Contributory (SECONDARY) Rheumatism

(Duration) ..... yrs. 1½ mos. ..... ds.

(Signed) Walter L Bacon M. D.

Mar 8, 1917 (Address) 100 E 20th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: March 10th 1917

20-UNDERTAKER: Henry W. Jenkins Sons Co — ADDRESS: Orchard St.

State CAUSE OF DEATH in plain terms. If from disease of any organ, name the organ. If from any form of violence, state whether accidental, suicidal or homicidal. Name the disease causing death, rather than the symptoms or mode of dying. Do not use abbreviations or initials. The cause of death must be stated in every case. If unknown, state the fact. This certificate is very important. See instructions on back of certificate.

D 3097

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3097

CERTIFICATE OF DEATH.

61

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Md General Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugene Wright.

(Residence in Baltimore: No. Md. General Hospital St.; yrs., mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	single

6-DATE OF BIRTH, May 26, 1896.
(Month) (Day) (Year)

7-AGE, 20 yrs. 9 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Bethlehem Steel Co

9-BIRTHPLACE, (State or Country), Macon N.C.

PARENTS.

10-NAME OF FATHER, Henry Wright

11-BIRTHPLACE OF FATHER (State or Country), N.C.

12-MAIDEN NAME OF MOTHER, Mary E Boyd

13-BIRTHPLACE OF MOTHER (State or Country), N.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Simon Wright (Brother)

(Address) Macon N.C.

15- Filed MAR 8 - 1917 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 6, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebro Spinal Meningitis
(Epidemic Form)
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. E. Enright M. D.
(Coroner)

3/7, 191.. (Address) 710 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Supposed at Macon

Former or usual residence Macon North Carolina

19-PLACE OF BURIAL OR REMOVAL, Warren Co. Macon North Carolina

DATE OF BURIAL, March 8, 1917.

20-UNDERTAKER ARMSTRONG-DENNY CO.

ADDRESS 715 Light st

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Joseph W Moon. ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE 119

D 3098

CERTIFICATE OF DEATH.

D 3098

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1444 Covington ST.; 24 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph W. Moon

(Residence in Baltimore: No. 1444 Covington St. 54 yrs. ..... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... Jan. (Month) 6 (Day), 1863 (Year)

7-AGE,	If LESS than 1 day,
66 yrs. 2 mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... City Fireman
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER, Richard Moon

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Angelina Polen

13-BIRTHPLACE OF MOTHER (State or Country) Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Francis L. Moon

(Address) 1444 Covington St

15-

FILED MAR 8 - 1917 191... ROBERT R. KRAUTER

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 27 191 7, to Mar 7, 191 7, that I saw h[illegible] alive on Mar 6 191 7, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

..... Pneumonia .....

.....

.....

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

..... (Duration) 1 yrs. ..... mos. 15 ds.

(Signed) C. F. Hawkins M. D.

3-9-17, 191... (Address) 1 E. Randolph St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill	Mch 9.., 1917.
20-UNDERTAKER	ADDRESS
Wm Cook	502 N. North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3099

CERTIFICATE OF DEATH.

79 D 3099

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 932 W Fayette St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jas A. Williams

(Residence in Baltimore: No. 932 W Fayette St.; 3d yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col'd	Wid

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1863. (Year)

7-AGE, 53 ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Boat
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Fireman

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, John Williams

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Laura Cooper

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jane Douglass

(Address) 932 W Fayette

15-

MAR 8 - 1917

Filed ..... 191.....

ROBERT R. KRAUTER
Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 7 1917, to March 7 1917, that I saw h..... alive on March 7 1917, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(Duration) Uncertain yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

March 8, 191... (Address) 930 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn — DATE OF BURIAL, March 9, 1917.

20-UNDERTAKER John H Owens — ADDRESS 534 Dolphin

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3100

CERTIFICATE OF DEATH.

104 D 3100

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 Fleet ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ludwig Lapinski

(Residence in Baltimore: No. 1116 Fleet St.; ...yrs.,... mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH ..... Feb. 26 ....., 1917
(Month) (Day) (Year)

7-AGE	If LESS than 1 day.
...yrs...mos. 9 ds.	...hrs. or...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Joseph Lapinski

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Mary Kozlowska

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. C. Sienkiewicz

(Address) 221 S. Broadway

15- Filed MAR 8 - 1917, 191... ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 8, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 26 191 7, to March 8 191 7, that I saw h[illegible] alive on March 6 191 7, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Acute Peritonitis

..... (Duration) ...yrs. ...mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Lobar Pneumonia

..... (Duration) ...yrs. ...mos. 5 ds.

(Signed) Mrs. C. Sienkiewicz M. D.

March 8, 1917. (Address) 221 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
St. Stanislaus.	Mar 9, 1917.
20-UNDERTAKER	**ADDRESS**
M. F. Sadowski.	905 S. Ann St.

Spec.—8-14-14—M. & T.—2000 Blks.

D 3101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 3101

REGISTERED NO. C

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 819 N. Carey St ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME Joseph G. Maddox.

(Residence in Baltimore: No. 819 N. Carey St St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX. Male

4—COLOR OR RACE. White

5—SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6—DATE OF BIRTH, October 23, 1845
(Month) (Day) (Year)

7—AGE, 71 yrs. 4 mos. 12 ds.

If LESS than 1 day, ...hrs. or ....min.?

8—OCCUPATION:
(a) Trade, profession, or particular kind of work: Cabinet maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9—BIRTHPLACE, (State or Country), Upper Fairmount, Maryland.

PARENTS.

10—NAME OF FATHER, Daniel Maddox

11—BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12—MAIDEN NAME OF MOTHER Susan Ballard

13—BIRTHPLACE OF MOTHER (State or Country), Somerset Co. Md.

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F. Kuehlen

(Address) 819 N. Carey St

15— Filed MAR 8 - 1917, 191... ROBERT R. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, March 7th, 1917
(Month) (Day) (Year)

17— I HEREBY CERTIFY, That I attended deceased from Sept. 1st 1916, to March 7th 1917, that I saw him alive on March 7th 1917, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) — yrs. — mos. 6 ds.

(Signed) Helen F. Freeman M. D.

....., 191... (Address) 122 W. Lafayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19—PLACE OF BURIAL OR REMOVAL, Upper Fairmount Md. DATE OF BURIAL, Mar. 9., 191.7

20—UNDERTAKER George J. Smith ADDRESS 1000 E. Fayette St

Sp[illegible]—5-19-13—M. & T.—500 Bks.

D 3102

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 D 3102

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 Harlem Ave. ST.; 16 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul H. Gold (Infant)

(Residence in Baltimore: No. 1516 Harlem Ave St.; ...yrs.,...mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Feb 21, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. ...mos. 15 ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Stevens K Gold

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mildred Janes

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Hilsan

(Address) 1516 Harlem Ave

15- Filed MAR 8 - 1917 191... ROBERT R. KRAUTER Registrar

Burial Permit Dist.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 21 1917, to March 8 1917, that I saw him alive on March 7 1917, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Acute Inanition

(Duration) ...yrs. ...mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) C W Billups M. D.

March 7, 1917. (Address) 22½ W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Harlem Cemetery — DATE OF BURIAL, Mar. 10, 1917

20-UNDERTAKER Geo J Smith — ADDRESS 1000 Paynter

D 3103

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 D 3103

REGISTERED No. C

1-PLACE OF DEATH Methodist Home.

CITY OF BALTIMORE (No. Fulton Ave. & Franklin St.) ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza J. Baker

(Residence in Baltimore: No. Methodist Home Fulton Ave & Franklin St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: white

5-SINGLE, ~~MARRIED WIDOWED OR DIVORCED (write the word)~~: single

6-DATE OF BIRTH: 1839 (Month) (Day) 1 (Year)

7-AGE: 78 years. yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore City

PARENTS

10-NAME OF FATHER: John Baker

11-BIRTHPLACE OF FATHER (State or country): Baltimore City

12-MAIDEN NAME OF MOTHER: Jane Fitzgerald

13-BIRTHPLACE OF MOTHER (State or country): Baltimore City.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. Rebekah Newsham
(Address) Methodist Home for Aged

15- MAR 8 - 1917 ROBERT R. KRAUTER
Filed ....., 191.... Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 8, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 20, 1917, to, March 7, 1917
that I saw h... alive on March 7, 1917
and that death occurred, on the date stated above, at 9 a.m.
The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) yrs. mos. 13 ds

Contributory (SECONDARY) Senile Degeneration

(Duration) yrs. mos. ds.

(Signed) O. A. Duvall M. D.

March 8, 1917 (Address) 817 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death 12 yrs. mos. ds. In the State 12 yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence: At the Home for the Aged Methodist Home Fulton & Franklin

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: Mar 10, 1917

20-UNDERTAKER: Geo J Smith — ADDRESS: Fayette

Date of death must be stated on front of certificate. See instructions on back of certificate. This is very important.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~D~~ 3104 **CERTIFICATE OF DEATH.** 10 D 3104

1-PLACE OF DEATH REGISTERED No. C .....

CITY OF BALTIMORE: (No. 403 N. Calhoun ST.; 19 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Deenah Evans

(Residence in Baltimore: No. 1403 N. Calhoun St ST. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Dec. 17 X [illegible] X, 1856.
(Month) (Day) (Year)

7-AGE, 60 yrs. 2 mos. 19 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Arthur Poe Ridgely

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Selah Waters

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mrs. Ridgely

(Address)..... 933 N. Franklin St

15- Filed MAR 8 - 1917, 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch. 8, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 2 1917, to Mch 8 1917, that I saw h[illegible] alive on Mch 7 1917, and that death occurred, on the date stated above, at 7:36 a. m.

The CAUSE OF DEATH* was as follows:

1a Grippe & Lobar Pneumonia

(Duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary) States of Tumor

(Duration) 0 yrs. ... mos. 2 ds.

(Signed) E. Olivia Murray M. D.

Mch 8, 1917. (Address) 1221 W. Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, 3-10, 1917

20-UNDERTAKER H. Brauning's Son

ADDRESS 517 N. Schroeder

21

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 3105 126

CERTIFICATE OF DEATH.

D 3105

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 19 E. 21th St ST.: 17 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William F. M. Lehr

(Residence in Baltimore: No. 19 E 21th St St.: 66 yrs., X mos. X ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, DIVORCED. (Write the word.): Widower

6-DATE OF BIRTH: April 29, 1824 (Month) (Day) (Year)

7-AGE: 92 yrs. 10 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Florist

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: John Lehr

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Dora Lehr

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Lehr

(Address) 19 E. 21th St

15- MAR 8 - 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: March 7, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 19 1917, to March 7 1917, that I saw h im alive on March 7th 1917, and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows: Hypostrophes Cerebri

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cystic Nephritis

(Duration) yrs. 2 mos. ds.

(Signed) Francis M. Grant M. D.

, 191... (Address) 2435 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill Cemtery — DATE OF BURIAL: Mar. 9, 191.7

20-UNDERTAKER: Mrs A Rohde Son — ADDRESS: 730 Park Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3106

CERTIFICATE OF DEATH.

120 D 3106

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1208 N. 36th. St. ST., 13 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Beatty

(Residence in Baltimore: No. 1208 N. 36th. St. St.; 40 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Nov. (Month) 4 (Day), 1859 (Year)

7-AGE, 57 yrs. 4 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Hosea Goodrich

11-BIRTHPLACE OF FATHER (State or Country). New York

12-MAIDEN NAME OF MOTHER Jane M. Whipple

13-BIRTHPLACE OF MOTHER (State or Country). New York.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Tom C. Mathews

(Address) 1208 N. 36th. St.

15- MAR 8 - 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1917, to March 7 1917, that I saw her alive on March 6 1917, and that death occurred, on the date stated above, at 6.40 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Diffuse Nephritis 10

Uremia

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) ....yrs. ....mos. 8 ds.

(Signed) [illegible] M. D.

3/8, 1917 (Address) 3429 Clanton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Woodlawn — DATE OF BURIAL, March 9, 1917

20-UNDERTAKER Horace Burgerson — ADDRESS 363 Fallsway

Spec.—8-24-14—M. & T.—2000 Blks.

Isaac P. Maxwell.

D 3107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45

D 3107

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2717 W North av ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isac P. Maxwell

(Residence in Baltimore: No. 2717 W North av St.; 69 yrs., 10 mos. 15 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April 21, 1847 (Month) (Day) (Year)

7-AGE, 69 yrs. 10 mos. 15 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Marble Setter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, David Maxwell

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Mknown

13-BIRTHPLACE OF MOTHER (State or Country), Mknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Anna M. Maxwell

(Address) 2717 Longwood St

15- MAR 8 - 1917 Filed....., 191.. ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 8, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 1914, to March 8th 1917, that I saw h.. alive on March 6 1917, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of bladder

Duration oct. 1914 (Duration) 2½ yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) H. F. Formad M. D.

March 8, 191.. (Address) 117 W Saratoga

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, March 10, 191..

20-UNDERTAKER, Joseph B Cook ADDRESS 1003 W Balto St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3108

CERTIFICATE OF DEATH.

10 D 3108

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1722 Byrd ST.; 24 WARD) REGISTERED NO. C

2-FULL NAME Mary Lynn

(Residence in Baltimore: No. 1722 Byrd St.; 20 yrs., mos. da.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March (Month) 16 (Day), 1879 (Year)

7-AGE, 37 yrs. 11 mos. 20 ds. If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, David Flynn

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary McHale

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Matthew Lynn

(Address) 1722 Byrd St

Rec'd MAR 8 - 1917, 191... ROBERT. R. KRAUTER. Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 6 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 5 1917, to March 6 1917, that I saw h[er] alive on March 6 1917, and that death occurred, on the date stated above, at 9.30 p. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(Duration) yrs. mos. 12 hrs.

CONTRIBUTORY (Secondary) Lobar Pneumonia + Rheumatism

(Duration) yrs. mos. 8 ds.

(Signed) C. B. Whalen M. D.

March 8, 191 7 (Address) 1279 Hillman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, March 9 191 7

20-UNDERTAKER P. J. & M. A. Flynn ADDRESS 1422 Light

Spec.—8-24-14—M. & T.—2000 Bks.

Linus Dewerling

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3109

CERTIFICATE OF DEATH.

28 ✓

D 3109

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1100 E. Federal St. ST.; 9 WARD)

REGISTERED NO.: C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Linus Dewerling

(Residence in Baltimore: No. 1100 E. Federal St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, March 3th (Month) (Day), 1874 (Year)

7-AGE, 43 yrs. - 3 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Linus Dewerling

11-BIRTHPLACE OF FATHER (State or Country): Germany.

12-MAIDEN NAME OF MOTHER: Dont Know

13-BIRTHPLACE OF MOTHER (State or Country): Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. L. Dewerling

(Address) 1100 E. Federal St

15-MAR 8 - 1917 Filed....., 191.....

ROBERT R. KRAUTER Registrar.

Burial Permit C1011

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 6, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 27 1917, to March 6 1917, that I saw h[illegible] alive on March 6 1917, and that death occurred, on the date stated above, at 11 30 a. m.

The CAUSE OF DEATH* was as follows:

.....

Pulmonary Tuberculosis

.....

..... (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John W. Donchman M. D.

March 6, 1917. (Address) 714 N. Carlton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: March 10, 191.

20-UNDERTAKER: George J. Rauth

ADDRESS: 735 Hanford Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6110

CERTIFICATE OF DEATH.

79 D 3110

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Gilman Apts (Calvert & 33rd) St.) 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Silkman

(Residence in Baltimore: No. Gilman Apts St.; 51 yrs., ? mos., ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, January 31, 1828
(Month) (Day) (Year)

7-AGE, 89 yrs. 1 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) ..... none

9-BIRTHPLACE, (State or Country), New Jersey

PARENTS.

10-NAME OF FATHER, John Sayer

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elisabeth Silkman

(Address) Gilmor Apts.

15- MAR 8 · 1917 Filed....., 191.. ROBERT R. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 8, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 9 1916, to March 8 1917, that I saw her alive on March 8 1917, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Arterio - Sclerosis - mitral
Insuff. Dilatation

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John D. King M. D.

March 8, 1917 (Address) 1425 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ✓ yrs. ✓ mos. ✓ ds. In the State ✓ yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death? ✓ ✓ ✓ ✓

Former or usual residence ✓ ✓ ✓ ✓

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Scranton Penna	March 10, 1917.
20-UNDERTAKER	ADDRESS
Stewart Mowen Co	1080 North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 3111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 3111

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 836 Park ave ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Bowtaugh

(Residence in Baltimore: No. 836 Park ave St.; 45 yrs., ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH. Do not Know; 1 (Month) (Day) (Year)

7-AGE. About 80 yrs ....yrs.....mos.....ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Harrisburg Penna

PARENTS.

10-NAME OF FATHER, George S. Heisley

11-BIRTHPLACE OF FATHER (State or Country). Frederick Md

12-MAIDEN NAME OF MOTHER Anna Kurtz

13-BIRTHPLACE OF MOTHER (State or Country), U.S.A.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lira L. Bowtaugh

(Address) 836 Park Ave

15- Filed MAR 8 - 1917 191.... ROBERT R. KRAUTER, Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 4 1917, to March 8 1917, that I saw her alive on March 7 1917, and that death occurred, on the date stated above, at 5:20 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia - Lobar

(Duration) .....yrs. .....mos. 4 ds.

CONTRIBUTORY (Secondary) None

(Duration) .....yrs. .....mos. .....ds.

(Signed) Chas. E. A. Saddler M. D.

Mar 8., 1917. (Address) 1415 Linden Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL, Harrisburg-Penna — DATE OF BURIAL, March 11, 1917

20-UNDERTAKER Stewart Mawen Company — ADDRESS 1128 N. Fifth Av.

Spec.—5-19-13—M. & T.—500 Bks.

D 3112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 3112

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 W. Saratoga ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Woods

(Residence in Baltimore: No. 1110 Saratoga St.; yrs.. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Wht

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH, January xx, 1839 (Month) (Day) (Year)

7-AGE, 78 yrs. 1 mos. 16 da. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country): Frederick Co. Md

PARENTS.

10-NAME OF FATHER: Joseph E. Wood

11-BIRTHPLACE OF FATHER (State or Country): Frederick Co Md

12-MAIDEN NAME OF MOTHER: Ruth A Houck

13-BIRTHPLACE OF MOTHER (State or Country): Carroll Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno W Wood

(Address) 531 N. Fremont Ave.

15- Filed MAR 8 1917 191 ROBERT B. KRAUTER. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 19 1916, to March 7 1917, that I saw her alive on March 7 1917, and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Broncitis,

(Duration) yrs. 1 mos. da.

CONTRIBUTORY (Secondary) Cardiac Weakness

(Duration) yrs. mos. 3 da.

(Signed) Albert S. Driscoll M. D.

March 8 1917. (Address) 312 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Mch 10, 1917.

20-UNDERTAKER Geo. W. Little ADDRESS 531 N Fremont

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3113

CERTIFICATE OF DEATH.

92

D 3113

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 S. Curley ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank V. Palaia

(Residence in Baltimore: No. 701 S. Curley St.; — yrs., 1 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Singe

6-DATE OF BIRTH, Feb. 5th, 1917.
(Month) (Day) (Year)

7-AGE. — yrs. 1 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Frank Palaia

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Jennie Capacia

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Palaia

(Address) 701 S. Curley st.

15- MAR 8 1917 191.... ROBERT R. KRAUTER Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 5th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 5 1917, to March 8th 1917, that I saw him alive on March 7th 1917, and that death occurred, on the date stated above, at 12 29 A.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. N. Riley M. D.

March 8th, 191... (Address) 1420 Patterson Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St. Vincent	Mar. 10, 1917.
20-UNDERTAKER	ADDRESS
Kendall Lippel & Son	330 S. Bond St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3114

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3114

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2116 Eastern Ave St.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leroy Lentham

(Residence in Baltimore: No. 2116 Eastern Ave St.; ..... yrs., ... mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb 11, 1917 (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 27 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Frank L. Lentham

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Ethel E. Somers

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Frank Lentham

(Address) 2116 Eastern Ave

15-

Filed MAR 9 - 1917 191.....

MARY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 8 1917, to March 9 1917, that I saw him alive on March 8 1917, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(No history) (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Cold

(Duration) 1 yrs. ..... mos. 3 ds.

(Signed) C. L. Lentham M. D.

Feb 9, 191. (Address) 2011 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel

DATE OF BURIAL, Mar 11, 1917

20-UNDERTAKER Peter Nicolaus

ADDRESS 2046 Eastern Ave

2406

Spec.—8-24-14—M. & T.—2,000 Lots

D 3115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 3115

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1724 Snyder Court WARD)

REGISTERED NO. C

2-FULL NAME Magdelena Schiefer

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1724 Snyder Court St.; 50 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Jan (Month) 29 (Day), 1840 (Year)

7-AGE, 77 yrs. 1 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr John Streckfus

(Address) 1115 Hull St

15-

Filed MAR 9 - 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan — 191 7, to March 7 — 191 7, that I saw h— alive on March 6 191 7, and that death occurred, on the date stated above, at 8.45 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage —

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Uraemia —

(Duration) ....yrs. ....mos. 3 ds.

(Signed) Peter Bruer M. D.

March 8, 191 7 (Address) 125 S Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, I O O F German — DATE OF BURIAL, March 11, 1917.

20-UNDERTAKER Peter Nicolaus — ADDRESS 2046 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 3116

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 3116

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Paul Apt ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Johnson

(Residence in Baltimore: No. St. Paul Apartments St.; about 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day) 1852 (Year)

7-AGE, 65 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Home Maid
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Matilda Smith

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John A. Gibson

(Address) 1221 Park Ave

15- Filed MAR 9 - 1917 191.... HARRY C. ANDREWS Clerk Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7 (Month) (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Feb 21 - 1917, to March 7 1917, that I saw h-- alive on March 6 - 1917, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Pleurisy & Septic Hemiplegia

Cerebral Embolism

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 2 years yrs.

(Signed) Carlton Simpson M. D.

March 9, 1917. (Address) 1107 W Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. View Cem. DATE OF BURIAL, Mar. 7 191..

20-UNDERTAKER Samuel I Hunday ADDRESS 5 E Balto

D 3117

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91

D 3117

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3214 Barclay ST.: 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Audry Deaver

(Residence in Baltimore: No. 3214 Barclay St.: Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Oct 16 (Month) (Day), 1915 (Year)

7-AGE: 1 yrs. 4 mos. 20 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Nothing
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Lawrence Deaver

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md.

12-MAIDEN NAME OF MOTHER: Nettie Goldring

13-BIRTHPLACE OF MOTHER (State or country): Charles Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Laurence Deaver

(Address) 3214 Barclay St.

15. Filed MAR 9 - 1917 19...

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar. (Month) 8 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby. 28, 1917. to Mar. 8, 1917. that I saw h[er] alive on Mar. 7th, 1917. and that death occurred, on the date stated above, at 3.20 a.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ... yrs. ... mos. 10 ds

Contributory (SECONDARY) (Unknown)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Wm. J. Pillsbury M. D.

Mar. 8th, 1917 (Address) 2801 York Road

*State the DISEASE CAUSING DEATH, or, if deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Mar. 10, 1917

20-UNDERTAKER: Felix B. Pye — ADDRESS: 1032 E. Fayette

is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3118

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3118

CERTIFICATE OF DEATH.

REGISTERED No. C 37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oscar Field

(Residence in Baltimore: No. 1026 Wheatcroat St St.; 1 yrs., 7 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	Black	Single

6-DATE OF BIRTH, January 13 (Month) (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 7 mos. 22 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Oscar Field

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Bessie Brookings

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W J Smith

(Address) Johns Hopkins Hospital

15- Filed MAR 9 - 1917, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 3 1917, to March 7 1917, that I saw h.im alive on March 7 1917, and that death occurred, on the date stated above, at 4 18 a.m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(Duration) 0 yrs. 0 mos. 14 ds.

CONTRIBUTORY (Secondary) Rachitis, Syphilis, chronic nephritis (Duration) 0 yrs. 7 mos. 3 ds.

(Signed) W. C. Wharton Smith M. D.

March 7, 191. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1026 Wheatcroat St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn	March 10 191. 7
20-UNDERTAKER John H. Toadvine	ADDRESS 1420 Mc Henry St

Spec.—8-24-14—M. & T.—2000 Blks.

D 3119

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3119

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1630 E Preston St.; 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn M. Kolb

(Residence in Baltimore: No. 1630 E Preston St.; Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH: Sept 11, 1906 (Month) (Day) (Year)

7-AGE: 10 yrs. 5 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Louis H Kolb

11-BIRTHPLACE OF FATHER (State or Country): Baltimore

12-MAIDEN NAME OF MOTHER: Rose Berke

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis H Kolb

(Address) 1630 E Preston

15-

Filed MAR 9 - 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: March 8, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 6th 1917, to March 8th 1917, that I saw h[illegible] alive on March 6th 1917, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia Duration

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 2 ds.

(Signed) Willard Simpson M. D.

3/8/, 191.7 (Address) 1613 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Oak Lawn Co. DATE OF BURIAL: March 11, 191.7

20-UNDERTAKER: Todd & Schmidt ADDRESS 426 N Eutaw

D 3120

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

D 3120

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1812 N. Milton ave ST.; 8 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Watson

(Residence in Baltimore: No. 1812 N. Milton ave St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): widow

6-DATE OF BIRTH: March 15, 1844 (Month) (Day) (Year)

7-AGE: 72 yrs. 11 mos. 24 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Thos Watson

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Susana Hall

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Cecelia Gregg

(Address) 1812 N. Milton Ave

15. Filed MAR 9 - 1917, 191 HARRY C. ANDREWS REGISTRAR

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 8, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 15, 1917, to March 8, 1917, that I saw h[illegible] alive on March 6, 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. 21 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. 21 ds.

(Signed) H. L. Smith M. D.

..... 191 ..... (Address) 528 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore County — DATE OF BURIAL: Mar 10, 191 7

20-UNDERTAKER: Robt Johnson — ADDRESS: 1742 Bway.

is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3121

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 D 3121

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 931. S. Bond. ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Raczkowski.

(Residence in Baltimore: No. 931. S. Bond. St. St.; ....yrs., 1 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... Jan. (Month) 13 (Day), 1916 (Year)

7-AGE, ...yrs. 1 mos. 23 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, Anton Raczkowski

11-BIRTHPLACE OF FATHER (State or Country), Poland.

12-MAIDEN NAME OF MOTHER Bronislawa Kocun.

13-BIRTHPLACE OF MOTHER (State or Country), Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anton Raczkowski

(Address) 931. S. Bond St.

15- MAR 9 - 1917

Filed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-7 1917, to 3-8 1917, that I saw h.im alive on 3-7 1917, and that death occurred, on the date stated above, at 4.20 Am.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

Exhaustion (Duration)....yrs....mos. 3 ds.

CONTRIBUTORY (Secondary) Heart failure (Duration)....yrs....mos....ds.

(Signed) J. A. Crawford M. D.

3-8-, 191.7. (Address) 1621 E. Monument City

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Mar 9, 191.7

20-UNDERTAKER Wm Gallowski ADDRESS 618 Eastern Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3122

CERTIFICATE OF DEATH.

91 D 3122

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard Maydell

(Residence in Baltimore: No. 1816 Durham St St.; yrs. mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
male	White	Single

6-DATE OF BIRTH, February 11, 1917. (Month) (Day) (Year)

7-AGE, yrs. mos. 24 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm. Maydell

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Margaret Rainey

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Smith

(Address) Johns Hopkins Hospital

15- MAR 9 - 1917 Filed, 191.

HARRY C. ANDREWS
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 5 1917, to March 7 1917, that I saw h[illegible] alive on March 7 1917, and that death occurred, on the date stated above, at 1.20 a. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) 0 yrs. 0 mos. 5 ds.

CONTRIBUTORY (Secondary) Septicaemia

(Duration) 0 yrs. 0 mos. 7 ds.

(Signed) C. E. Smith M. D.

March 7, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1816 Durham St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Balto Cemetery	March 9, 1917.
20-UNDERTAKER John Herwig & Co	ADDRESS 2008 Aliceanna

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3123

CERTIFICATE OF DEATH.

×39 D 3123

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hospital ST.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph A Hergenrother

(Residence in Baltimore: No. University Hospital St.; — yrs., — mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, Unknown, 1854
(Month) (Day) (Year)

7-AGE, 63 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER John Hergenrother

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Mary Brown

13-BIRTHPLACE OF MOTHER (State or Country) France

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Record

(Address)

15- Filed MAR 9 - 1917, 191 HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 9, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 15 1917, to Mar 9 1917, that I saw h alive on Mar 9 1917, and that death occurred, on the date stated above, at 3A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Carcinoma of Larynx

(Duration) 2 yrs. mos. ds.

(Signed) Frank C. Marino M. D.

Mar. 9, 1917 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 22 ds. In the State yrs. Life mos. ds.

Where was disease contracted, if not at place of death? Not known

Former or usual residence Havre de Grace Md

19-PLACE OF BURIAL OR REMOVAL, Havre De Grace Md. DATE OF BURIAL, March 9, 1917.

20-UNDERTAKER E. B. Hale ADDRESS #115 E West St

over

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3121

CERTIFICATE OF DEATH.

150 D 3121

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 E Randall St.: 23 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Frederick Hawkins (3rd)

(Residence in Baltimore: No. 1 E Randall St.: Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Mar 8, 1917 (Month) (Day) (Year)

7-AGE. ..... yrs. ..... mos. ..... ds. If LESS than 1 day, 16 hrs. or 15 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. —
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. John F. Hawkins Jr.

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md.

12-MAIDEN NAME OF MOTHER. Lydia A Brenaker

13-BIRTHPLACE OF MOTHER (State or Country). Queen Anne's Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. F. Hawkins M.D.

(Address) 1 E. Randall St.

15-

Filed MAR 9 - 1917 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 8, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 8 1917, to Mar 8 1917, that I saw h[illegible] alive on Mar 8 1917, and that death occurred, on the date stated above, at 6:15 p.m.

The CAUSE OF DEATH* was as follows:

Patent Foramen Ovale

16 hrs

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. F. Hawkins M. D.

Mar 8, 1917. (Address) 1 E. Randall St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Cedar Hill Cem

DATE OF BURIAL. 3/8, 1917

20-UNDERTAKER J. Frew McCully

ADDRESS 1302 E. Fort

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3125

CERTIFICATE OF DEATH.

81 D 3125

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 Lemmon ST.; 19 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cordula S. Volz

(Residence in Baltimore: No. 1713 Lemmon St St.; 61 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Dec. (Month) 18 (Day), 1838 (Year)

7-AGE, 78 yrs. 2 mos. 18 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Conrad Bauserwein

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary L Lang

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Carrie Leutold

(Address) 1713 Lemmon St

15-

Filed MAR 9 - 1917 191.. HARRY [illegible] ANDREWS

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 8 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Feby 28 1917, to March 8 1917, that I saw h[illegible] alive on March 7 1917, and that death occurred, on the date stated above, at 7A m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Medical History)

(Duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(Duration) Unknown yrs. ..... mos. ..... ds.

(Signed) M A O'Neill M. D.

March 8, 1917. (Address) 108 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Cathedral Cemetery	March 12, 1917.
20-UNDERTAKER	ADDRESS
J. Wm. J. Fuhs	1500 N. Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

D 3126 HEALTH DEPARTMENT—CITY OF BALTIMORE D 3126

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 South St. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A Roche

(Residence in Baltimore: No. 604 South St. St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day) (Year)

7-AGE, 83 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Michael Brady

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget Baife

13-BIRTHPLACE OF MOTHER (State or Country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James J Roche

(Address) 604 South St

15- Filed MAR 9 - 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH March 7, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 5 1917, to March 7 1917, that I saw h[illegible] alive on March 7 1917, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Chr Interstitial Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) yrs. mos. ds.

(Signed) Chas F Blaustein M. D.

March 8, 1917 (Address) 1504 McCulloh

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, March 10, 1917.

20-UNDERTAKER John J Cowan & Son — ADDRESS 901 Hollins St

Spec.—5-19-13—M. & T.—500 Bks.

D 3127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 D 3127

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2519 W. Fayette ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nora Bowman

(Residence in Baltimore: No. 2519 W. Fayette St.; 45 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Dec 25 (Month) (Day), 1856 (Year)

7-AGE, 60 yrs. 2 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Mike Melone

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma A Faulkner

(Address) 1321 N. Lombard

15-

Filed MAR 9 - 1917, 191.....

HARRY C. ANDREWS
Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 8th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1st 1917, to March 8th 1917, that I saw her alive on March 7th 1917, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia
(Unknown)

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) La Grippe

(Duration) yrs. mos. 7 ds.

(Signed) Edgar F. Russell M. D.

March 8th, 1917. (Address) 1526 N. Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

18-PLACE OF BURIAL, OR REMOVAL, Woodlawn DATE OF BURIAL, Mar. 10th, 1917.

20-UNDERTAKER Geo. Weber & Son ADDRESS 503 Edmondson Ave

Spec.—5-19-13—M. & T.—500 Bks.

D 3128

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3128

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2228 Division St.; 14 WARD) REGISTERED NO. C 92

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George T. Downes.

(Residence in Baltimore: No. 2228 Division St.; 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug 11, 1870
(Month) (Day) (Year)

7-AGE, 46 yrs., 6 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ground Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Robert Downes

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Yokemonna

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Rosa Downes

(Address) 2228 Division

15-

Filed MAR 9 - 1917 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 7, 1917, to March 7 1917, that I saw h[illegible] alive on March 7 1917, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 14 ds.

(Signed) Dr Martin M. D.

March 7, 191 7. (Address) 2008 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, March 10, 191 7.

UNDERTAKER Clarence E. Davis

ADDRESS 1136 W Lexington

2

D 3129

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3129

CERTIFICATE OF DEATH.

REGISTERED No. C 157

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1233 Battery Ave. ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Phillip G.Fischer.

(Residence in Baltimore: No. 1233 Battery Ave. St.: 31 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	White.	Married.

6-DATE OF BIRTH, November 1868., 1 ..... (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
47. yrs. 3 mos. 18 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Barber.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Do not know.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Do not know.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs.Sarah Fischer.(wife)

(Address) 1233 Battery Ave.

15- Filed MAR 9 - 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March,8th.1917., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Hanging.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Otto M.Reinhardt M. D. (Coroner)

March.8,1917 (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem	March 11. 1917
20-UNDERTAKER	ADDRESS 1039
F. Schumann Sons	W. Lanvale St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3130

CERTIFICATE OF DEATH.

28 D 3130

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1837 Hanover ST.; 23 WARD)

2-FULL NAME Annie Leonard

(Residence in Baltimore: No. 1837 Hanover St.; 65 yrs., mos. ds.)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. (8.))

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. April 11, 1850 (Month) (Day) (Year)

7-AGE. 66 yrs. 10 mos. 25 ds. If LESS than 1 day. ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Va

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm E Leonard

(Address) 1807 Hanover St.

15-

Filed MAR 9 - 1917 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 8, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1916, to Mar 8 1917; that I saw h alive on Mar 7 1917, and that death occurred, on the date stated above, at 10A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Respiratory Failure

(Duration) yrs. mos. 2 ds.

(Signed) R. F. Campbell M. D.

Mar 8, 1917 (Address) 1644 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, March 11 1917

20-UNDERTAKER E. Schumacher Son

ADDRESS 1037 Hanover St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3131

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3131

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 N Monroe ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hiram Carter

(Residence in Baltimore: No. 920 N Monroe St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) May (Day) 26, (Year) 1851

7-AGE, ... yrs. 65 mos. 9 ds. 6

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Lumberman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Produce

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wheeler

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Emeline Cross

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Schneider

(Address) 920 N Monroe

15- MAR 9 - 1917 HARRY C. ANDREWS

Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) March (Day) 7, (Year) 1917

17- I HEREBY CERTIFY, That I attended deceased from March 6 1917, to March 7 1917, that I saw h— alive on March 6 1917, and that death occurred, on the date stated above, at 5 — m.

The CAUSE OF DEATH* was as follows:

Endocarditis (Chronic)

..... (Duration) ..... yrs. Not known mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm E Downes M. D.

3/8/17 191... (Address) 2300 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge

DATE OF BURIAL, Mar 9, 191 7

20-UNDERTAKER W Edmondson

ADDRESS Norton

W Conway - Edmondson

Spec.—8-24-14—M. & T.—2000 Bks.

D 3132

HEALTH DEPARTMENT—CITY OF BALTIMORE

28

D 3132

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 N Carey ST.; 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest V. Travers

(Residence in Baltimore: No. 414 N. Carey St. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, July 4 1859, 1
(Month) (Day) (Year)

7-AGE, 57 yrs. 8 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Foreman.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thomas H. Travers

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Eliza J. Nave

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Poulton Travers

(Address) 414 N. Carey St.

15- MAR 9 - 1917 HARRY C. ANDREWS
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 8, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 25th 1917 to Mar 8th 1917, that I saw h[illegible] alive on Mar. 8th 1917, and that death occurred, on the date stated above, at 5.25 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. P. Poulton M. D.

Mar 8th 1917. (Address) 615 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Ridge	Mar-10, 1917
20-UNDERTAKER, H. F. Miller & Son	ADDRESS Lemmon Block

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

W 3133

CERTIFICATE OF DEATH.

1917 D 3133

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1913 Brunt ST.; 14th WARD) REGISTERED No. C

2-FULL NAME Stephen Ryan

(Residence in Baltimore: No. 1913 Brunt St St.: — yrs. — mos. — ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	Blk	married

6-DATE OF BIRTH. march 7th, 1866
(Month) (Day) (Year)

7-AGE, 51 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). Day

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thos Ryan

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ryan

(Address) 1913 Brunt St

15- MAR 9 - 1917 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, march 7th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from mch 5th 1917, to Mch 7th 1917, that I saw him alive on mch 7th 1917, and that death occurred, on the date stated above, at 6.45 P m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis
chronic Cystitis

(Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cerebral Arteriosclerosis

(Duration) — yrs. 6 mos. — ds.

(Signed) A Blakeslock M. D.

Mch 7th, 1917. (Address) 1841 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	March 10, 1917.

20-UNDERTAKER	ADDRESS
Edward Ringgold.	1403 N Caroline St

Spec.—8-24-14—M. & T.—2000 Bks.

D 3134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 3134

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1204 Riggs Ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nicholas Smith

(Residence in Baltimore: No. 1204 Riggs Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1865 (Year)

7-AGE, 52 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Day

9-BIRTHPLACE, (State or Country), Mary Land

PARENTS.

10-NAME OF FATHER, Amos Smith

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lonnie Paul

(Address) 1204 Riggs

15- Filed MAR 9 - 1917, 191.. HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 7 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/2 191 , to 3/7 191 , that I saw h[illegible], alive on 3/7 191 , and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

3/8, 191.. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death . yrs. mos. ds. In the State . yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery — DATE OF BURIAL, March 10, 1917

20-UNDERTAKER Edward Ringgold — ADDRESS 1463 N Carey St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3135.

CERTIFICATE OF DEATH.

62 D 3135

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1547 Leslie ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sallie Toombs

(Residence in Baltimore: No. 1547 Leslie St — St.; —yrs.,— mos.— ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, unknown, 1865
(Month) (Day) (Year)

7-AGE, about 52 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, A. Jones

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Toombs

(Address) 1547 Leslie St.

15- MAR 9 - 1917 HARRY C. ANDERS

Filed ..... 191 ..... Burial Permit Clerk

S. F. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 6th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1917, to Mar. 6 1917, that I saw h— alive on Mar. 5 1917, and that death occurred, on the date stated above, at 12 a. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cerebral hae-morrhage (Duration) yrs. mos. 4 ds.

(Signed) Rikan Balomi M. D.

March 7 1917. (Address) Towson Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, March 11, 1917.

20-UNDERTAKER Edward Ringgold — ADDRESS 1463 Pacific

D 3136

HEALTH DEPARTMENT—CITY OF BALTIMORE

159

D 3136

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 3638 Hickory ST. 13 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Clarke.

(Residence in Baltimore: No. 3638 Hickory St.; yrs. 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male
4-COLOR OR RACE: White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widower

6-DATE OF BIRTH: April (Month) 23 (Day), 1849 (Year)

7-AGE: 67 yrs. 10 mos. 13 ds.
If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Railroad

9-BIRTHPLACE, (State or Country): Va

PARENTS.
10-NAME OF FATHER: Unknown
11-BIRTHPLACE OF FATHER (State or Country): Unknown
12-MAIDEN NAME OF MOTHER: Unknown
13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Henri Clark
(Address) 3638 Hickory

15- Filed MAR 10 1917, 191.... ROBERT R. KRAUTER Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: March (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:
Railroad injuries
of Head (Suicide)
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) H. Lee McCormick M. D.
(Coroner)
March 8, 1917 (Address) 716 N. Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Carlton Md. DATE OF BURIAL, March 10 1917

20-UNDERTAKER: Edw Roy Shipley ADDRESS 844 W 31st St

Spec.—8-24-14—M. & T.—2000 Bks.

D 3137

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3137

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1521 Battery Ave ST.; 24 WARD) REGISTERED NO. C 28

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles E McGrath

(Residence in Baltimore: No. 1521 Battery Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1891 (Year)

7-AGE, 27 yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Press
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Feeder

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. James McGrath

11-BIRTHPLACE OF FATHER (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER Rose Gowran

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marie McGrath

(Address) 1521 Battery av

15- Filed MAR 10 1917 191... ROBERT R. KRAUTER Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 25 1916, to Mar 8 1917, that I saw him alive on Mar 4 1917, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

not known (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) none

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm Lester M. D.

3-9, 1917. (Address) 1317 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Catholic Cem — DATE OF BURIAL, Mar 10, 1917.

20-UNDERTAKER Jos F. Fehlinger — ADDRESS 1318 Light St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3138

CERTIFICATE OF DEATH.

5 - 92

D 3138

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 East st ST.; WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachela Perrera

(Residence in Baltimore: No. 311 East st. St.; yrs., mos. ds.) Life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem. 4-COLOR OR RACE, Wite 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6-DATE OF BIRTH, Oct. (Month) 8th (Day) 1915 (Year)

7-AGE, 1 yrs. 4 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Peter Perrera

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Grace Licata

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Peter Perrera

(Address) 311 East St.

15- Filed MAR 10 1917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7th (Month) (Day) 191 7 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Febr 24 191 , to March 7 191 ; that I saw h[illegible] alive on march 7 191 ; and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) T. M. Pesto M. D.

191... (Address) 210 Pearl st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Vincent Cemetery. DATE OF BURIAL, March 9th 191 7

20-UNDERTAKER George L. Ruth ADDRESS 1735 Hanford ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 3139

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 216 East ST.; 5 WARD)

2-FULL NAME Henry Sunkett

Residence in Baltimore: No. 216 East St.; ....yrs....mos....da.)

REGISTERED No. C 79 D 3139

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1852 (Year)

7-AGE, 65 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Labarer
(b) General nature of industry, business, or establishment in which employed (or employer): frame mnfr

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown.

11-BIRTHPLACE OF FATHER (State or Country), Unknown.

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Sunkett

(Address) 216 East St. SS

15-

Filed MAR 10 1917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1916, to March 7 1917, that I saw him alive on March 7 1917, and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Disease Heart Disease

(Duration) 5 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Robert J. Green M. D.

March 8, 1917. (Address) 120½ Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Laurel Cemetery

DATE OF BURIAL. Mar 11, 1917.

20-UNDERTAKER Wm. Robt. A. Elliott

ADDRESS 506 East St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3140 — 91 — D 3140

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 641 Stirling ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Duarte

(Residence in Baltimore: No. 641 Stirling St.; ....yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, June (Month) 28 (Day), 1915 (Year)

7-AGE, 1 yrs. 8 mos. 5 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Nonn
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Domingo Duarte

11-BIRTHPLACE OF FATHER (State or Country), Portugal

12-MAIDEN NAME OF MOTHER Estrela Salmon

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Domingo Duarte

(Address) 641 Stirling St.

15- Filed MAR 10 1917, 191..... EGBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 2 1917, to March 7 1917, that I saw him alive on March 7 1917, and that death occurred, on the date stated above, at 3.30A m.

The CAUSE OF DEATH* was as follows:

1 Bronchio Pneumonia

.....

.....

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) Unknown

.....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas. J. Green M. D.

March 8, 1917 (Address) 120½ Aisquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel Cemetery	Mar. 10, 1917
20-UNDERTAKER	**ADDRESS**
Thos Robt. A. Elliott	508 East St.

D 3141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 3141

REGISTERED No. C 79

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 928 Chauncey Ave. ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Myer S. Rosenthal

(Residence in Baltimore: No. 928 Chauncey Ave.

St.; yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH October (Month) 30th (Day), 1849 (Year)

7-AGE, 67 yrs. 4 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wholesale Liquor
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

9-BIRTHPLACE, (State or Country), Cincinnati Ohio

PARENTS.

10-NAME OF FATHER, Henry Rosenthal

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Therese Deffinger

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Adolph H. Lemle

(Address) 1929 Chauncey Ave.

15-

Filed MAR 10 1917 191.. ROBERT P. KRAUTH, Registrar.

Burial Permit: 6705

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and ... find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heart Disease

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) John H. Morrison (Coroner) M. D.

March 9th 191.7 (Address) 3632 Roland Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cincinnati Ohio

DATE OF BURIAL, March 9, 1917

20-UNDERTAKER, Ahrens & Co

ADDRESS 1611 Madison

D 3142

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

92 D 3142

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Md. General Hospital 12 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella E. Glah

(Residence in Baltimore: No. 407 W. 23rd St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Sept. (Month) 13 (Day), 1862 (Year)

7-AGE,	If LESS than 1 day,
54 yrs. 5 mos. 15 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Domestic
(b) General nature of industry, business, or establishment in which employed (or employer). At Home.

9-BIRTHPLACE, (State or Country) Baltimore Md.

PARENTS.

10-NAME OF FATHER, James H. Wells.

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Sarah A. Reed.

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas H. Wells Jr.

(Address) 407 W. 23rd St.

15-MAR 10 1917 ROBERT R. KRAUTER

Filed....., 191... Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) H. E. Smith (Coroner.) M. D.

Mch 9, 191.. (Address) 710 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 1 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? 407 W. 23rd St.

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, MAR 10 1917

20-UNDERTAKER Wm Cook ADDRESS 522 E Fayette

Spec.—5-19-13—M. & T.—500 Bks.

D 3143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 3143

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2847 Woodbrook Ave ST.; 13 WARD)

2-FULL NAME Mary A. Keithley

(Residence in Baltimore: No. 2847 Woodbrook Ave St.; ....yrs., ...mos. ....ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	white	Married

6-DATE OF BIRTH. December 2nd, 1849. (Month) (Day) (Year)

7-AGE. 67 yrs. 3 mos. 7 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) House wife

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Joseph Keithley

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Keithley

(Address) 2847 Woodbrook Ave

15- Filed MAR 10 1917, 191.... ROBERT R. KRAUTER Burial Permit Recorder.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 8th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 191 3, to Mch 8" 191 7, that I saw h[illegible] alive on Mch 8" 191 7, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

About 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

About (Duration) 5 yrs. mos. ds.

(Signed) O. R. Duvall M. D.

3/8/17 191... (Address) 181 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park	March 10..., 191.7.
20-UNDERTAKER William Cook	ADDRESS 502 E. Mall Ave

D 3144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

166 D 3144

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 2708 Gilmor St ST.: 1 WARD)
2-FULL NAME John Brzezinski
Residence in Baltimore: No. 2708 Gilmor St

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, May 31, 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. 9 mos. 9 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Peter Brzezinski
11-BIRTHPLACE OF FATHER (State or Country). Baltimore
12-MAIDEN NAME OF MOTHER Monta Murawski
13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Peter Brzezinski
(Address) 2708 Gilmor St

15-MAR 10 1917 ROBERT R. KRAUTER
Filed....., 191.....
Burial Permit Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 9, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said investigation
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Accidentally burned to death by general fire at 2708 Gilmor St
(Duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (Secondary) Oil Lamp upset by a Cat
(Duration) ....yrs. ....mos. ....ds.
(Signed) Thomas Cullen Dunaway M. D.
(Coroner)
3/9, 1917 (Address) 1670 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus,	Mar 10, 1917
20-UNDERTAKER W. F. Sadowski	ADDRESS 705 S. Ann

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3145

CERTIFICATE OF DEATH.

1918 D 3145

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 147 W. Lafayette ave ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence E. Hooper

(Residence in Baltimore: No. 147 W Lafayette ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct. (Month) 23rd (Day) 1858 (Year)

7-AGE, 58 yrs. 4 mos. 13 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Paint

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Geo. W. Hooper

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Cornelia Matthews

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen E. Hooper

(Address) 147 W Lafayette ave

15-MAR 10 1917 Filed, 191 ROBERT B. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 8th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1916, to March 8th 1917, that I saw h[er] alive on March 8th 1917, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) abt yrs. 6 mos. ds.

(Signed) C. M. Wan M.D.

Mar. 9th, 191 7 (Address) 1111 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL Greenmount — DATE OF BURIAL March 10th, 191 7

20-UNDERTAKER Graham F. Walker — ADDRESS 723 W Lafayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 3146 ✓ 120 D 3146

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Powell

(Residence in Baltimore: No. 727 Reservoir St St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... (Month) Unknown (Day) ....., 1..... (Year)

7-AGE, 43 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... Pvt. Occupation

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Smith

(Address) Johns Hopkins Hospital

15- MAR 10 1917 ROBERT R. KRAUTER

Filed....., 191.....Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 26 1917, to March 6 1917, that I saw h[er] alive on March 6 1917, and that death occurred, on the date stated above, at 7 10 p m.

The CAUSE OF DEATH* was as follows:

Chr. diffuse Nephritis

(Duration) ? 3 yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Uraemic Convulsions

(Duration).....yrs.....mos.....ds.

(Signed) W. B. Thompson M. D.

March 7, 1917 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 8 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 727 Reservoir St

19-PLACE OF BURIAL OR REMOVAL. Bowie Md DATE OF BURIAL MAR 10 1917

20-UNDERTAKER Stewart & Mowen Co ADDRESS 1080 N. North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 3147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 Greenmount Ave. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter R Samsel

Residence in Baltimore: No. 1010 Greenmount Ave St.; 75 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan 24 (Month) (Day), 1842 (Year)

7-AGE, 45 yrs. 1 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Foreman
(b) General nature of industry, business, or establishment in which employed (or employer): Street Cleaning Dept

9-BIRTHPLACE, (State or Country), Pa

PARENTS.

10-NAME OF FATHER, Geo W. Samsel

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Riley

13-BIRTHPLACE OF MOTHER (State or Country), New Jersey

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. M. Samsel

(Address) 1010 E. Greenmount Ave.

15-

Filed MAR 10 1917, 191.

ROBERT R. KRAUTER
Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7 1917, to March 7 1917, that I saw him alive on March 7 1917, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteria-Sclerosis

(Duration) ? yrs. ? mos. ? ds.

(Signed) Gustav Wolferseck M. D.

Mar 8, 1917. (Address) 1210 Guilford Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery

DATE OF BURIAL, Mar 10, 1917

20-UNDERTAKER H. C. Wudefield

ADDRESS 914 E Greenmount Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3148

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3148

CERTIFICATE OF DEATH.

109

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 124 W. 25. = ST.; 12 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dr. Samuel N. Gill

(Residence in Baltimore: No. 124 W. 25 = St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widower

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 80 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dentist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md —

PARENTS.

10-NAME OF FATHER, Bryan Gill

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Thirsa Eli

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Theresa J. Gill

(Address) 124 W. 25 = St.

15- MAR 10 1917 ROBERT R. KRAUTER.

Filed....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 8, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 4 1917, to March 8 1917, that I saw h[illegible] alive on March 8 1917, and that death occurred, on the date stated above, at 8.15 A.M.

The CAUSE OF DEATH* was as follows:

Strangulated Hernia

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Congestion of Bowels, Collapse

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Joseph E. Gilchrist M. D.

March 9, 1917. (Address) 524 W. Madison St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet — DATE OF BURIAL, Mch. 10 1917

20-UNDERTAKER Ellis Mortuary Co. — ADDRESS 120 W. Fayette St.

FILMED

D 3149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 3149

REGISTERED No. C

PLACE OF DEATH
CITY OF BALTIMORE (No. 912 Boyd ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Etta Johnson

(Residence in Baltimore: No. 912 Boyd St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female | 4-COLOR OR RACE: Col | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, ... Dec. 17 ....., 1916
(Month) (Day) (Year)

7-AGE, ... yrs. 2 mos. 19 ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ——
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James Williams

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Lilia Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lilia Johnson

(Address) 912 Boyd

15- Filed MAR 10 1917, 191.... HARRY C. ANGELL, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March 8 ....., 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) and that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

X Bronchn. Pneumonia

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) (No history)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Gilbert L. Driscoll M. D.
March 8, 1917. (Coroner.) (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemtery	March 10 1917
20-UNDERTAKER	ADDRESS
Geo H Hooper	609 Little Pacas St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3150

CERTIFICATE OF DEATH.

92 D 3150

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 432 Leland St.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lavinia Anderson

(Residence in Baltimore: No. 432 Leland St.: 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, unknown ..... (Month) ..... (Day) 1 (Year)

7-AGE, 62 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Luanna Jackson

(Address) Leland St

15-

Filed MAR 10 1917, 191. HARRY C. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 8, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1917, to March 8 1917, that I saw her alive on March 8 1917, and that death occurred, on the date stated above, at 12 a. m.

The CAUSE OF DEATH* was as follows: Pneumonia Lobar

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) yrs. mos. 7 ds.

(Signed) C. H. Fenton M. D.

March 9, 1917 (Address) 716 S. Wash

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn cemetery

DATE OF BURIAL, March 11, 1917

20-UNDERTAKER Geo H Hooper

ADDRESS 609 Lott Ave

D. A. K.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3151

CERTIFICATE OF DEATH.

91 D 3151

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 916 Shulan ST.; WARD)
REGISTERED No. C
2-FULL NAME Mrs. Rada
(Residence in Baltimore: No. 916 Shulan St.; 5 yrs., 3 mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Married
6-DATE OF BIRTH. Dec 9, 1911
(Month) (Day) (Year)
7-AGE, 5 yrs. 3 mos. ds.
If LESS than 1 day, hrs. or min.?
8-OCCUPATION:
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.
10-NAME OF FATHER, Frank Rada
11-BIRTHPLACE OF FATHER (State or Country), Balt
12-MAIDEN NAME OF MOTHER Mamie Starr
13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mamie Starr
(Address) 916 Shulan St

15-
Filed MAR 10 1917, 191.... MAR 10 1917 Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 8 1917, to Mar 10 1917, that I saw h alive on Mar 10 1917, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia
(No history)

CONTRIBUTORY (Secondary) (Duration) yrs. mos. 2 ds.

(Signed) E. E. Peterson M. D.
Mar 10, 1917 (Address) 1301 N Bat St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, March 13 1917
20-UNDERTAKER, Frank Cracknon — ADDRESS 1406 Eastlander

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3152

CERTIFICATE OF DEATH.

D 3152

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital ST.; 15 WARD)

REGISTERED NO. C 50

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph B. Nyburg

(Residence in Baltimore: No. 1906 McKean Ave St.; Lifetime yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Unknown (Month) (Day) 1857 (Year)

7-AGE, 60 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Auctioneer

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Samuel Nyburg

11-BIRTHPLACE OF FATHER (State or Country), Holland

12-MAIDEN NAME OF MOTHER Catherine De Wolff

13-BIRTHPLACE OF MOTHER (State or Country), Holland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. Nyburg

(Address) 2424 Madison Ave

15- Filed MAR 10 1917, 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 22 1917, to March 9 1917, that I saw [deceased] alive on Mar 9 1917, and that death occurred, on the date stated above, at 7.20 m.

The CAUSE OF DEATH* was as follows:

Diabetes Comat

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Chronic Diabetes + nephritis

(Duration) 3 yrs. .....mos. .....ds.

(Signed) B. Nyburg M. D.

March 9, 1917 (Address) 2424 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 16 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1906 McKean Ave

Former or usual residence 1906 McKean Ave

19-PLACE OF BURIAL OR REMOVAL, Chesterholme DATE OF BURIAL, March 11, 1917

20-UNDERTAKER David Sondheim ADDRESS 1118 Mt Royal

Spec.—8-24-[illegible]—M. & T.—2000 Bks.

D 3153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 D 3153

1-PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE, (No. Caroline & Oliver Sts ST.; 8 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME J. Aloysius Smith

(Residence in Baltimore: No. 1537 N Caroline St St.; 37 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. March 31, 1880 (Month) (Day) (Year)

7-AGE. 36 yrs. 11 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Broker
(b) General nature of industry, business, or establishment in which employed (or employer). Sugar brokers

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. Augustus C. Smith

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Mary Meek

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary L. Smith

(Address) 1537 N. Caroline St.

15-

Filed MAR 10 1917, 191.....

Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 9, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 4 1917, to March 9 1917, that I saw him alive on March 9 1917, and that death occurred, on the date stated above, at 7.30 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Hypostatic Congestion of right lung

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Henry Merkel M. D.

March 9 1917. (Address) St. Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 8 ds. In the State 36 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Last Known

Former or usual residence 1537 Caroline St

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cem

DATE OF BURIAL. 3/12, 1917

20-UNDERTAKER Chas E. Ewing & Son

ADDRESS 1610 Druid Hill Ave

Spec.—§ 24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3151

CERTIFICATE OF DEATH.

120

D 3154

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1235 N. Bond ST.; 10 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nellie May Rymiewicz

(Residence in Baltimore: No. 1206 N Central Ave St.; 6 yrs. life mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
female	white	Married

6-DATE OF BIRTH, JUNE (Month) 23 (Day) 1889 (Year)

7-AGE, 27 yrs. 8 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: home wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Robert McGee

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Lillian Lamb

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Rymiewicz

(Address) 1206 N Central

15- Filed MAR 10 1917 191... HARRY O. ANDERS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, MAR 8 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from FEB 15 1917 191... to MAR 8 1917 191..., that I saw h... alive on MAR 8 1917 191..., and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Uremia + acute Nephritis

(Duration) X yrs. X mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) X yrs. X mos. X ds.

(Signed) Otto F Dunkel M.D.

MAR 10 1917, 191... (Address) 928 E North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Balto Cem	Mar 11. 191 7
20-UNDERTAKER	ADDRESS
Chas Rivardson	118 W Royal Ave

D 3155

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 3155

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 210 W. Henrietta St. St.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cornelius Marbury.(C)

(Residence in Baltimore: No. 210 W. Henrietta St. St.: 6 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male.	Colored.	Married.

6-DATE OF BIRTH, Do not know., 1 (Month) (Day) (Year)

7-AGE, 83 yrs. -- mos. -- ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer on Farm.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Fairfax Co. Va.

PARENTS.

10-NAME OF FATHER: Cornelius Marbury.(C)

11-BIRTHPLACE OF FATHER (State or Country): Fairfax Co. Va.

12-MAIDEN NAME OF MOTHER: Lucy.---------(C)

13-BIRTHPLACE OF MOTHER (State or Country): Fairfax Co. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant): Mary Turner.(C) daughter.
(Address): 210 W. Henrietta St.

15- Filed MAR 10 1917, 191.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March, 8th. 1917., 191.. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Organic disease of the Heart and Kidneys.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

Duration yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)
March, 8, 1917. (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Furnace Branch Cemetery	March 11, 1917.
20-UNDERTAKER	ADDRESS
L. C. Brown and Son	1081 Montgomery st

Spec.—8-24-14—M. & T.—2000 Bks.

D 3156

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

D 3156

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 225 S. Register ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Gettmann

(Residence in Baltimore: No. 225 S. Register St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Feb. 1st, 1869.
(Month) (Day) (Year)

7-AGE, 48 yrs. 1 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hardwood
(b) General nature of industry, business, or establishment in which employed (or employer): finisher

9-BIRTHPLACE, (State or Country), Balto City Md.

PARENTS.

10-NAME OF FATHER, Jacob Gettmann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Margaret Haschett

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Gettmann

(Address) 225 S. Register St.

15- Filed MAR 10 1917, 191.....

HARRY O. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7 1917, to March 7 1917, that I saw h— alive on March 7 1917, and that death occurred, on the date stated above, at 10 50 A.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Wilson M. D.

March 7, 1917. (Address) 16 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Evangelical	March 10, 1917.
20-UNDERTAKER	ADDRESS
H. Sander & Sons	1710 E. Mt.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3157

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

10 D 3157

CITY OF BALTIMORE: (No. 808 N. Broadway St.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George H Wilson

(Residence in Baltimore: No. 808 N. Broadway St.; 52 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 25 (Day), 1838 (Year)

7-AGE, 78 yrs. 8 mos. 12 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Insurance Agent
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), N. Connecticutt

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lillie E Wilson

(Address) 808 N. Broadway

15- Filed MAR 10 1917, 191. HARRY [illegible] Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 9, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7. 191 7, to March 9. 191 7, that I saw h[illegible] alive on [illegible] 191 7, and that death occurred, on the date stated above, at 6.25 a. m.

The CAUSE OF DEATH* was as follows:

La Grippe

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) yrs. 11 mos. 11 ds.

(Signed) Geo. H. Shuttuck M. D.

March 9, 191 7 (Address) 112 N Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, March 11th, 191 7.

20-UNDERTAKER George Schulling & Sons

ADDRESS 1126 E Monument St

Spec.—8-24-14—M. & T.—2000 Bks.

D 3158

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3158

CERTIFICATE OF DEATH.

35

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1215 E. Biddle ST.; 10 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth L. Banther

(Residence in Baltimore: No. 1215 E. Biddle St ..... St.; life yrs.. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widow

6-DATE OF BIRTH. October (Month) 9th (Day), 1851 ~~1917~~ (Year)

7-AGE. 65 yrs. 5 mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) at Home

9-BIRTHPLACE. (State or Country). Baltimore - Md.

PARENTS.

10-NAME OF FATHER. Joseph Sullivan.

11-BIRTHPLACE OF FATHER (State or Country). Calvert Co. Md.

12-MAIDEN NAME OF MOTHER Sarah Stalinge

13-BIRTHPLACE OF MOTHER (State or Country). A. A. Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Cook

(Address) 1215 E. Biddle St.

15- MAR 10 1917 Filed....., 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 9 (Day), 1917 (Year).

17. I HEREBY CERTIFY, That I attended deceased from Mar. 4, 1917, to Mar. 9, 1917, that I saw her alive on March 8, 1917, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

General tuberculosis

..... (Duration) ½ yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Ca. Exhaustion

..... (Duration) ..... yrs. ..... mos. 5 ds.

(Signed) Edwin B. Fenby M. D.

Mar. 9, 1917. (Address) 1223 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Olivet	Mch. 11, 1917.
20-UNDERTAKER	**ADDRESS**
William Cook	502 E. North Ave.

Spec. 8-24-14—M. & T.—2000 Blks.

D 3159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 ✓ D 3159

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 786 N. Mulberry ST.; 17 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Jackson

Residence in Baltimore: No. 786 N. Mulberry St.; —yrs.,—mos.—ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col	Single

6-DATE OF BIRTH, June 15, 1886
(Month) (Day) (Year)

7-AGE, 30 yrs. 8 mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Andrew Jackson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ethel Dorsey

(Address) 786 N. Mulberry St.

15- MAR 10 1917
Filed....., 191.....
HARRY C. ANDREWS
Burial Permit Officer

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 8th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 12th 1917, to March 8 1917, that I saw h.m alive on March 7 1917, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute Pulmonary Tuberculosis

(Duration) yrs. mos. 18 ds.

(Signed) Jno. G. Shiel M. D.

Mar 9, 1917 (Address) 206 N. Howard Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Cem	Mar 9, 1917
20-UNDERTAKER, Samuel J. Hemsley	ADDRESS 3 W. Fayette St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3160

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3160

CERTIFICATE OF DEATH.

15

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 11 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Tilghman.

(Residence in Baltimore: No. 308 W. Biddle St. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan 1, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Chas. Tilghman

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Fannie Shultz

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fannie Tilghman

(Address) 308 W. Biddle St

15- MARY C. ANDREWS

Filed MAR 10 1917 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 9, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/6 1917, to 3/9 1917, that I saw h[illegible] alive on 3/9 1917, and that death occurred, on the date stated above, at 10.45 p m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(Duration) ....yrs. .... mos. 21 ds.

CONTRIBUTORY (Secondary) None

(Duration) ....yrs. .... mos. .... ds.

(Signed) Hunstein M. D.

3/9, 1917. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State Life yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 308 W Biddle St.

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem

DATE OF BURIAL, Mar 11, 1917

20-UNDERTAKER Samuel Stanley

ADDRESS 308 W Biddle

Spec.—8-24-14—M. & T.—2000 Bks.

D 3161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D. 3161

REGISTERED No. C 57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2115 E Fairmount ave. ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie E. Walter

Residence in Baltimore: No. 2115 E Fairmount ave St.; 59 yrs., 3 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Dec 3, 1857
(Month) (Day) (Year)

7-AGE, 59 yrs. 3 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, John Walter

11-BIRTHPLACE OF FATHER (State or Country), Ger.

12-MAIDEN NAME OF MOTHER Annie D. Luetlecke

13-BIRTHPLACE OF MOTHER (State or Country), Ger

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louisa E. Krebs

(Address) 2115 E Fairmont

15-

Filed MAR 10 1917, 191.... HARRY C. ANDERS... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 9, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 1 1916, to Mar. 9, 1917, that I saw h[illegible] alive on Mar. 8 1917, and that death occurred, on the date stated above, at 1:10 a.m.

The CAUSE OF DEATH* was as follows:

Exophthalmic Goitre

(Duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Anaemia

(Duration) yrs. 3 mos. ds.

(Signed) E. E. Rees M. D.

Mar. 10, 1917. (Address) 2006 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Carmel — DATE OF BURIAL: Mar 14 1917

20-UNDERTAKER Phillip Henry — ADDRESS 2016 Orleans

D 3162

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

89 D 3162

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1106 S. Sharp St.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Augusta Ernst

(Residence in Baltimore: No. 1106 S. Sharp St.: 39 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: July (Month) 21 (Day), 1856 (Year)

7-AGE: 60 yrs. 7 mos. 14 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House-work
(b) General nature of industry, business, or establishment in which employed (or employer): House-wife.

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Casper Schulde

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Marie Suburg

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Conrad Ernst

(Address) 1106 S. Sharp st.

15- Filed MAR 10 1917 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mch. (Month) 8/17. (Day), 191 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 30/16., 191, to, Mch. 8/17., 191, that I saw her alive on Mch. 7/17., 191, and that death occurred, on the date stated above, at 4.30 A.M. m.

The CAUSE OF DEATH* was as follows:

Acute Catharrhal Bronchitis.

(Duration) yrs 2 mos. 5 ds.

Contributory (SECONDARY) Neuresthaenia

(Duration) yrs 1 mos. ds.

(Signed) Henry Nicolas Chemin M. D.

Mch. 9/17. 191 (Address) 933 Hanover st.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Mch. 11th 191 7

20-UNDERTAKER: F. B. Kappest - 2235 Eutaw Pl — ADDRESS

D 3163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 3163

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin M. Frank
formerly Manuel Frank

(Residence in Baltimore: No. 608 E. Eager St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	white	Single

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE. 53 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Worker in Cured
(b) General nature of industry, business, or establishment in which employed (or employer): Factory

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Police Dept

(Address) .....

15-
Filed MAR 10 1917 191... HARRY C. ANDREWS
Registrar.
Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..., Feb. 14, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said .....
(Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND
MAR 15 1917
Commissioner of Health

D 3164

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159 ✓ D 3164

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 502 N Chapel st ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Erhard Werner

(Residence in Baltimore: No. 502 H Chapel st St.: yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
male	white	Married

6-DATE OF BIRTH, ... Mar 29 1884 ....., 1 ..... (Month) (Day) (Year)

7-AGE, ... 35 ..... yrs. 11 ..... mos. 9 ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Baker, ~~Laborer~~
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie Werner

(Address) 502 N. Chapel st

15- Filed MAR 10 1917 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Mar 9 1917 ....., 191 ... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... Inquiry ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Suicide by fire arms .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner.) M. D.

Mar 9 1917 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem — DATE OF BURIAL, Mar 12, 1917

20-UNDERTAKER J Herwig & Co — ADDRESS 2008 Aliceanna

Spec.—8-24-14—M. & T.—2000 Bks.

D 3165

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3165

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 Greenmount Ave WARD) 10

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Gallagher.

Residence in Baltimore: No. 1117 Greenmount Ave St.; 56 yrs., 1 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January 15, 1861 (Month) (Day) (Year)

7-AGE, 56 yrs. 1 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Cart driver

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Samuel Gallagher

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary Knee

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Gallagher

(Address) 1117 Greenmount Ave

15- MAR 10 1917 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 8, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1917, to March 8 1917, that I saw h... alive on March 6 1917, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Apoplexy Haemiplegia

(Duration) 5 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Chronic Cystitis

(Duration) Duy yrs. mos. ds.

(Signed) James M Kemp M. D.

March 9 191 7. (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem DATE OF BURIAL, Mar 12 191 7

20-UNDERTAKER John F Cowan & Son ADDRESS 907 Hollins St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3166

CERTIFICATE OF DEATH.

81 V

D 3166

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1623 W. Franklin ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Bauer

(Residence in Baltimore: No. 1623 W Franklin St.; 68 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Feb. 8th, 1827
(Month) (Day) (Year)

7-AGE. 90 yrs. 0 mos. 27 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired
(b) General nature of industry, business, or establishment in which employed (or employer). Cabinet Maker

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Fred Bauer

11-BIRTHPLACE OF FATHER (State or Country). Germany.

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Conrad Bauer

(Address) 1623 W Franklin

15- Filed MAR 10 1917, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 15 1916, to March 7 1917, that I saw h[illegible] alive on March 7 1917, and that death occurred, on the date stated above, at 1030 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. ds.

(Signed) J. M. Lemmon M. D.

March 7 191 7. (Address) 826 W Barre

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Mar 10 191 7

20-UNDERTAKER Joseph R Cook ADDRESS 1003 W Balto

Spec.—8-24-14—M. & T.—2000 Bks.

D 3167

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

28 ✓ D 3167

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 106 N. 24th. St. ST.; 12 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel M. Stansbury

(Residence in Baltimore: No. 106 N. 24th. St. St.; 7 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March 7, 1898
(Month) (Day) (Year)

7-AGE, 19 yrs. — mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Frank Ray

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Flora A. T. Allen

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Fyle Stansbury

(Address) 106 N. 24th St.

15-

Filed MAR 10 1917 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 8th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1917, to March 8 1917, that I saw h.. alive on March 7 1917, and that death occurred, on the date stated above, at 4.05 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) — yrs. 7 mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) W. H. Fuller M. D.

March 9, 1917. (Address) 1 W. E. 25th.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Stone Chapel, Lot 6 Sec. M | DATE OF BURIAL, March 11, 1917.

20-UNDERTAKER Horace Burgee & Son | ADDRESS 363 Walbrook Road

Spec.—8 24-14—M. & T.—2000 Bks.

D 3168

HEALTH DEPARTMENT—CITY OF BALTIMORE

43 D 3168

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. S.E. cor Chestnut Ave. & E 33rd ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME S. Nettie Gilchrist

(Residence in Baltimore: No. S.E. cor Chestnut Ave. & E 33rd St.; ..... yrs., ... mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... March (Month) 27 (Day), 1846 (Year)

7-AGE, 51 yrs. 11 mos. 10 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Nathaniel Gilchrist

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Susan F. Hann

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph R. Gilchrist

(Address) Franklinville, Md.

15-
Filed MAR 10 1917 191.... HARRY C. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1916, to March 9 1917, that I saw h.. alive on March 9 1917, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

..... Cancer, Breast
(Clinical and Operation)
..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Metastases to Lungs
Cachexia (Duration) ..... yrs. 1½ mos. ..... ds.

(Signed) Herbert M. Foster M. D.
March 9, 1917. (Address) 863 W. 36th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. 7 ds. In the State 51 yrs. 11 mos. 10 ds.
Where was disease contracted, if not at place of death? Unknown
Former or usual residence Franklinville, Md.

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge — DATE OF BURIAL, March 12, 1917.

20-UNDERTAKER Horace Burgee & Son — ADDRESS 363 Fallo Rd.

D 3169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 3169

REGISTERED No. C

PLACE OF DEATH

CITY OF BALTIMORE (No. 1138 Homewood ave ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. FULL NAME Frank Fallon

(Residence in Baltimore: No. 1138 Homewood ave

S. 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word.)
male	white	married

6-DATE OF BIRTH, Jan. 12 1861, 1 (Month) (Day) (Year)

7-AGE, 56 yrs. I mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Harbor Inspector
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), N Y

PARENTS.

10-NAME OF FATHER, Thos Fallon

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Honey

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Fallon

(Address) 1138 Homewood ave

15-

Filed MAR 10 1917, 191 HARRY C. ANDREWS City Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 9 1917, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) J. K. Foulkrod M. D. (Coroner.)

Mar 9 1917 191... (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery DATE OF BURIAL, Mar. 12, 19..

20-UNDERTAKER P. C. Wakefield ADDRESS 910 Hammond

Spec.—8-24-14—M. & T.—2000 Blks.

D 3170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 3170

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 John ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME James. Tyler Gray

(Residence in Baltimore: No. 1213 John St St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, March 17, 1857.
(Month) (Day) (Year)

7-AGE, 59 yrs. 11 mos. 20 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Member 1st
(b) General nature of industry, business, or establishment in which employed (or employer): Branch City Council

9-BIRTHPLACE, (State or Country), Alex. Va.

PARENTS.

10-NAME OF FATHER, Albert. W. Gray

11-BIRTHPLACE OF FATHER (State or Country), Alex. Va

12-MAIDEN NAME OF MOTHER Matilda Tyler

13-BIRTHPLACE OF MOTHER (State or Country), Alex. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Newton M. Gray

(Address) 831 Hamilton Terrace

15- MAR 10 1917 Filed ....., 191... HARRY O. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 9th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1917, to March 9th 1917, that I saw h[im] alive on January 7th 1917, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Incomplete

Uremia (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Valvular Heart Infection

Tonsilitis (Duration) ... yrs. ... mos. 21 ... ds.

(Signed) C B Hamlett M. D.

March 10th, 1917. (Address) B Baltimore 2611

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, March 11, 1917.

20-UNDERTAKER M L Lean & Jones ADDRESS 833 Linden Ave

D 3171

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

D 3171

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Maryland General Hospital ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Gettle

(Residence in Baltimore: No. 631 W Lafayette Ave St. 44 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX female | 4-COLOR OR RACE white | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) married

6-DATE OF BIRTH Sept (Month) 14 (Day), 1856 (Year)

7-AGE 60 yrs. 5 mos. 15 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Hutchinsons Penna

PARENTS

10-NAME OF FATHER Isaac C Wilson

11-BIRTHPLACE OF FATHER (State or country) Lancaster Penna

12-MAIDEN NAME OF MOTHER Elizabeth Mailed

13-BIRTHPLACE OF MOTHER (State or country) Manchester Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. J Jacobs

(Address) 849 S. Fremont Ave

15- MAR 10 1917 Filed ....., 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 9 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1917, to, Mar 8, 1917, that I saw h alive on Mar 8, 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

1 Endocarditis
Chr. Tonkysmatosis
Nephritis (Duration) ..... yrs. 6 mos. ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L. Baldwin Jacobs M. D.

(Address) 849 S. Fremont Ave.

March 9 1917

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 17 ds. In the State 44 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? -

Former or usual residence 631 W Lafayette Ave

19-PLACE OF BURIAL OR REMOVAL Mt Olivet | DATE OF BURIAL March 11 1917

20-UNDERTAKER James B Hynes | ADDRESS 514 Wilson

If very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 3172

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 162 N. Bunley ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jos Genevieve E. Vavrina

(Residence in Baltimore: No. 162 N. Bunley St.; 8 yrs. 7 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, ... Aug (Month) 7 (Day) 1908 (Year)

7-AGE, 8 yrs. 7 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At School
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, George Vavrina

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Genevie Milski

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Georg Vavrina

(Address) 162 N. Bunley

15- MAR 10 1917 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Mar. 8 1917 (Month) (Day) (Year), 191...

17- I HEREBY CERTIFY, That I attended deceased from Feb 15 191 7, to Mar 8 1917 191

that I saw her alive on Mar 8 191 7

and that death occurred, on the date stated above, at 10 30 A. m.

The CAUSE OF DEATH* was as follows:

.....

.....

.....Acute Myocarditis.....

..... (Duration) ....yrs. ....mos. 6 ...ds.

CONTRIBUTORY (Secondary) Acute articular Rheumatis m

..... (Duration) ....yrs. ....mos. 12 ...ds.

(Signed) J. W. Lemke M. D.

..... 191... (Address) 2955 E 3 ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, March 12, 191.

20-UNDERTAKER J. J. Herr — ADDRESS 1564 Luzerne

Spec.—8-24-14—M. & T.—2000 Bks.

D 3173

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3173

CERTIFICATE OF DEATH.

× 103

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Heagy

(Residence in Baltimore: No. 1 day in Hospital St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH. December 16, 1917

7-AGE. yrs. 2 mos. 22 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None.
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. John Heagy.

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Mary Gesell

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Heagy.

(Address) Johns Hopkins Hosp.

15- Filed MAR 10 1917 191 HARRY C. ANDREWS Clerk
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 10, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 9, 1917, to Mar 10, 1917, that I saw h— alive on Mar 10 1917, and that death occurred, on the date stated above, at 5.15 a. m.

The CAUSE OF DEATH* was as follows:

Hypertrophic Pyloric Stenosis

(Duration) 0 yrs. 2 mos. 14 ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

(Signed) H. W. Smith M. D.

(Address) Johns Hopkins Hosp.

March 10 1917

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence Timbalumna, Md.

19-PLACE OF BURIAL OR REMOVAL. Westminster Md

DATE OF BURIAL. March 10 1917.

20-UNDERTAKER W M Routson

ADDRESS 230 N Greene

Spec.—8-24-14—M. & T.—2000 Bks.

D 3174

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3174

CERTIFICATE OF DEATH.

54

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3025 Frederick Av ST.; 20 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Otho William Dreamer

(Residence in Baltimore: No. 3025 Frederick Av St.; 50 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Oct 22, 1864
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
74 yrs. 4 mos. 17 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country), Hagerstown Md

PARENTS.

10-NAME OF FATHER, Jeremiah Dreamer

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Susan Tolson

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah C Dreamer

(Address) 3025 Frederick Av

15- Filed MAR 10 1917, 191.... HARRY U. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1916, to March 10 1917
that I saw h.. alive on March 9 1917
and that death occurred, on the date stated above, at 1.35 Am.

The CAUSE OF DEATH* was as follows:

Senile Dementia

(Duration) 1 yrs. 7 mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Howard W Jones M. D.

March 10, 191.7 (Address) Darlington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park Cem.	March 12, 1917
20-UNDERTAKER	ADDRESS.
Charles H. Hill.	3109 Frederick Ave.

D 3175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

D 3175

1-PLACE OF DEATH
CITY OF BALTIMORE (No.) Md. General Hosp. ST.: 11 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Russell Williams

(Residence in Baltimore: No. 935 Linden Ave. St. Yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colon	Widower

6-DATE OF BIRTH, Aug 24, 1858.
(Month) (Day) (Year)

7-AGE, 58 yrs. 6 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer in
(b) General nature of industry, business, or establishment in which employed (or employer): Market

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Jno. Thomas Williams

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Lillie York

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillie Williams

(Address) 935 Linden Ave.

15- MAR 11 1917 HARRY C. ANDREWS
Filed....., 191... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 8, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. E. Smith M. D.
(Coroner)
3/10, 1917. (Address) 910 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. dys. State yrs. mos. ds.
Where was disease contracted, if not at place of death? 935 Linden Ave.
Former or usual residence 935 Linden Ave.

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. | DATE OF BURIAL, Mar 11, 1917

20-UNDERTAKER Samuel S. Headley | ADDRESS 578 Lexington

D 3176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

D 3176

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 825 McDonough ST.; 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2 FULL NAME Annie Hill

(Residence in Baltimore: No. 825 McDonough St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: colored

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): widow

6 DATE OF BIRTH: Unknown (Month), 1 (Day), (Year)

7 AGE: 56 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Jacob Isaacs

11 BIRTHPLACE OF FATHER (State or country): Va

12 MAIDEN NAME OF MOTHER: Lydia Stewart

13 BIRTHPLACE OF MOTHER (State or country): Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie Hill

(Address) 825 McDonough St.

15 Filed MAR 11 1917, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March (Month) 9 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1917, to March 9 1917, that I saw h— alive on March 8 1917 and that death occurred, on the date stated above, at 7.52 a m.

The CAUSE OF DEATH* was as follows:

Exophthalmic Goiter
X And Cardiac Dropsy
Indefinite (Duration) yrs. mos. ds

Contributory (SECONDARY) Functional Heart disturbance 6 weeks
6 mos (Duration) 9 yrs. mos. ds.

(Signed) X Edward Fisher M. D.

Mar 9, 1917 (Address) 1612½ Monument X

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Cem — DATE OF BURIAL: Mar 12, 1917

20 UNDERTAKER: Lawrence A Hanley — ADDRESS: 5 Eden Biddle

IS VERY IMPORTANT. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 3177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50 ✓ D 3177

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4028 Hickory av ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lydia Bortell Brinton

(Residence in Baltimore: No. 4028 Hickory av St.; yrs. 1 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1843 (Year)

7-AGE, 74 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At home
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Brinton

11-BIRTHPLACE OF FATHER (State or Country), Canada

12-MAIDEN NAME OF MOTHER Lydia Bortell

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose Osterman

(Address) 2800 Broadway N. Y. C.

15- MAR 11 1917 Filed ....., 191.... HARRY C. ANDREWS Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 6 1917, to Mar 10 1917, that I saw h-- alive on Mar 9 1917, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Diabetic Coma

(Duration) ..... yrs. ..... mos. 03 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

Mar 13, 1917. (Address) 3843 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Crem. DATE OF BURIAL, 3-12-..., 1917

20-UNDERTAKER Kenworthy & Son ADDRESS 3617 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3178 64 D 3178

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 N. Wolfe ST.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa A. Grayson

(Residence in Baltimore: No. 702 N. Wolfe St.; Life yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 4, 1870 (Month) (Day) (Year)

7-AGE, 47 yrs. — mos. 4 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Thomas Grayson

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ann McAdams

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John A Grayson

(Address) 702 N. Wolfe St.

15-

Filed MAR 11 1917 191.....

HARRY C. ANDREWS
Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 8" , 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 5 1917, to March 8, 1917, that I saw h.r alive on March 8, 1917, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 3 yrs. ..... mos. ..... ds.

(Signed) Robert H Green M. D.

March 11., 1917. (Address) 120½ Division St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
St Patrick's Cem	March 12 1917
20-UNDERTAKER	ADDRESS
Geo W Ennis	811 Wolfe

Spec.—8-24-14—M. & T.—2000 Blks.

D 3179

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3179

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 724 N. Patterson Park Ave. WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Sir

(Residence in Baltimore: No. 724 N. Patterson Park Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct. 15th, 1914
(Month) (Day) (Year)

7-AGE, 2 yrs. 4 mos. 23 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Jno. Sir

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Lottie Sedlacek

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno. Sir

(Address) 724 Patterson Park Ave

15-
Filed MAR 11 1917 191.... HARRY C. ANDREWS
Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 11th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1917, to March 11 1917, that I saw h[illegible] alive on March 11 1917, and that death occurred, on the date stated above; at 4:30 p.m.

The CAUSE OF DEATH* was as follows:

Diphtheria

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Diphtheria

(Duration) ....yrs. ....mos. 10 ds.

(Signed) [illegible] M. D.

March 11, 1917 (Address) 1301 N. Bat. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Dorsey Hill Cem. DATE OF BURIAL, March 11, 1917

20-UNDERTAKER Geo M. Sisk ADDRESS 811 N. Wolfe

4 P.M.

Spec.—8-24-14—M. & T.—2000 Blks.

D 3180

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 D 3180

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: No. 922 N Stricker ST.; 16 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J Burns

Residence in Baltimore: No. 922 N Stricker St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Unknown, 1880
(Month) (Day) (Year)

7-AGE, 36 yrs. mos. ds.
If LESS than 1 day, hrs. or min.†

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Police Officer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Wm Burns

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Annie Murray

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Burns

(Address) 922 N Stricker St

15- MAR 11 1917 HARRY [illegible]
Filed ....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 8, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 20 1916, to March 8 1917, that I saw him alive on March 8 1917, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Intermittent Fever
Lungs (Duration) yrs. 5 mos. 6 ds.
CONTRIBUTORY (Secondary) Lungs
(Duration) yrs. 5 mos. 6 ds.

(Signed) J. J. Gilbert Kenyard M. D.
MARCH 11 1917. (Address) 708 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Mar 12, 191[illegible]

20-UNDERTAKER, M Fahey & Sons — ADDRESS [illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

D 3181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 ✓

D 3181

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 28 S Caroline St ST.; 3 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Taurkin

(Residence in Baltimore: No. 28 S Caroline St.; —— yrs., —— mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH, 3 — 7 (Month) (Day), 1917 (Year)

7-AGE, ... yrs. ..... mos. 1 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Alter Taurkin

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Bertha Tapish

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J F McGuire

(Address) Johns Hopkins Hospital

15- Filed MAR 11 1917, 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 — 11 — 17 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-7 1917, to 3-11 1917, that I saw h[illegible] alive on 3-10 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Congenital Atelectasis?

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Ghunna M. D.

March 11, 1917 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale — DATE OF BURIAL, 3-14, 1917

20-UNDERTAKER Lee Levin — ADDRESS 1711 E Baltimore

D 3182

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 30 D 3182

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital ST.; 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Meyer Breen

(Residence in Baltimore: No. Hebrew Hospital St.; — yrs. 1 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6 DATE OF BIRTH Sept. ? (Month) (Day), 1916 (Year)

7 AGE ..... yrs. 6 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) None

9 BIRTHPLACE (State or country) Balto, Md

PARENTS

10 NAME OF FATHER Harry Breen

11 BIRTHPLACE OF FATHER (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah Abramowitz

13 BIRTHPLACE OF MOTHER (State or country) Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lewis

(Address) 1411 E Baltimore

15 Filed MAR 11 1917, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 10 (Month) (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1917, to March 10 1917, that I saw him alive on March, 10, 1917, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(Duration) ..... yrs. 1½ mos. ..... ds

Contributory (SECONDARY) Acute edema of Lungs

(Duration) ..... yrs. ..... mos. 1½ ds.

(Signed) Abell Fleischer M. D.

March 10, 1917 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 10 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? at residence.

Former or usual residence English Consul (Annapolis Rd

19 PLACE OF BURIAL OR REMOVAL Hebrew Journal

DATE OF BURIAL 3/11, 191 7

20 UNDERTAKER Jack Lewis

ADDRESS 1411 E Baltimore

15 very important. See instructions on back of certificate.

D 3183

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 3183

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. Hebrew Hospital St. 5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sadie Klinnman

Residence in Baltimore: No. 2697 N. Exeter St.: 5 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	white	Married

6-DATE OF BIRTH: Mar. (Month) 15 (Day), 1883 (Year)

7-AGE: 33 yrs. 11 mos. 23 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Milton Greenberg

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: not known

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Lewis

(Address) 1411 E. Baltimore St.

15 MAR 11 1917 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 10 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 9, 191 7. to Mar. 10 191 7.
that I saw her alive on Mar. 10 191 7.
and that death occurred, on the date stated above, at 5.20 p. m.
The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) Unknown yrs. mos. ds

Contributory (SECONDARY) Uraemia

(Duration) Unknown yrs. mos. ds.

(Signed) Konrad N. Foss, M. D.
Mar. 10, 191 7 (Address) Hebrew Hospital.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 1 ds. In the State 8 yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? At home
Former or usual residence 2697 N. Exeter St.

19-PLACE OF BURIAL OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL: 3/11, 191 7

20-UNDERTAKER: Sol. Lewis — ADDRESS: 1411 E. Balto St.

Is very important. See instructions on back of certificate.

FILE YOUR FAMILY HISTORY

Spec.—8-24-14—M. & T.—2000 Blks.

D 3184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 3184

1-PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. Linden Ave & Madison St.) 11 WARD)

REGISTERED NO. C 20

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elmer Newcomer, M.D.

(Residence in Baltimore: No. Linden Ave & Madison St.; — yrs., 10 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. February 8, 1889.
(Month) (Day) (Year)

7-AGE. 28 yrs. 1 mos. 3 ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Doctor of Medicine
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Henry Newcomer

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Louisa J. Harp

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Record

(Address)

15-

Filed MAR 11 1917 191.. HARRY C. ARMEN
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 11, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 3 1917, to March 11 1917, that I saw him alive on March 11 1917, and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:

Acute Oedema of Lungs.

(Duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary). Streptococcus Septicaemia. (Duration) — yrs. — mos. 9 ds.

(Signed) George A. Bowden M.D.

Mar. 12 1917 (Address) Md. General Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death — yrs. 10 mos. — ds. In the State 28 yrs. 1 mos. 3 ds.

Where was disease contracted, if not at place of death?

Former or usual residence University Hospital Balto.

19-PLACE OF BURIAL OR REMOVAL. Loudon Md. DATE OF BURIAL Mch. 191.

UNDERTAKER Fitzpatrick ADDRESS 2433 W North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3185

CERTIFICATE OF DEATH.

D 3185

92

REGISTERED NO. C 6

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 Orleans ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bazil Glascoe

(Residence in Baltimore: No. 1705 Orleans St.; —yrs.,—mos.,—ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored a.a

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, Oct 1 (Month) 18 (Day), 1826 (Year)

7-AGE, 40 yrs. 4 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Labore
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: John W. Glascoe

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Frances V. Thomas

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frances V. Ross

(Address) 1705 Orleans St

15- Filed MAR 11 1917, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 5 1917, to March 8 1917, that I saw h[illegible] alive on March 7 1917, and that death occurred, on the date stated above, at 6:15 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ...yrs. ...mos. 6 ds.

CONTRIBUTORY (Secondary) Acute Nephritis (Pre Uraemia)

(Duration) ...yrs. ...mos. 24 ds.

(Signed) J. M. O'Kelly Jr. M. D.

3/9/1917 (Address) 1520 Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, 3/11/1917

20-UNDERTAKER Chas. N. Johnson — ADDRESS 446 N Carlton St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3186

CERTIFICATE OF DEATH.

28 D 3186

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1940 Independent ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hollie Bramble

(Residence in Baltimore: No. 1940 Independent St.; 44 yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word): Married

6-DATE OF BIRTH: March (Month) 30 (Day) 1879 (Year)

7-AGE: 37 yrs. 11 mos. 8 da.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Baltimore City

PARENTS.

10-NAME OF FATHER: John Schultz

11-BIRTHPLACE OF FATHER (State or Country): Pennsylvania

12-MAIDEN NAME OF MOTHER: Mary Fellghman

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alexander Bramble

(Address) 1940 Independent

15- MAR 11 1917 HARRY C. ARGUS

From ..... 191. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: March (Month) 9th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 25th 1916, to March 9th 1917, that I saw her alive on March 9th 1917, and that death occurred, on the date stated above, at 9.50 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. 4 mos. ..... da.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... da.

(Signed) J. W. Murgotten M. D.

March 9th 1917. (Address) 2537 Greenmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: 3/12, 1917

20-UNDERTAKER: William Cook — ADDRESS: 507 E North Ave.

D 3187

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

170

D 3187

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2803 Taylor ST. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kate A. Bateman

(Residence in Baltimore: No. 2803 Taylor st St.; 64 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH: August (Month) 22 (Day), 1852 (Year)

7-AGE: 64 yrs. 6 mos. 15 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore md

PARENTS

10-NAME OF FATHER: William Bateman

11-BIRTHPLACE OF FATHER (State or country): md

12-MAIDEN NAME OF MOTHER: Caralin Harrison

13-BIRTHPLACE OF MOTHER (State or country): md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Henry Bateman

(Address) 2803 Taylor st

MAR 11 1917

Filed ....., 191 HARRY C. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) E (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 25, 1917, to, March E 1917, that I saw h[illegible] alive on March E 1917, and that death occurred, on the date stated above, at E P m.

The CAUSE OF DEATH* was as follows:

Bright's Disease

Contributory (SECONDARY) Coma (Duration) dont know ds.

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) H. Young Wetherill M. D.

March 10 1917 [Address] 1605 Greenmount ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery DATE OF BURIAL: 3/12 191 7

20-UNDERTAKER: William Cook ADDRESS: 502 East North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3188 28 D 3188

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2877 Philadelphia ave & ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elsie L Wheeler

(Residence in Baltimore: No. 2877 Philadelphia ave St.; 35 yrs., 11 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March (Month) 26 (Day), 1881 (Year)

7-AGE, 35 yrs. 11 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Work
(b) General nature of industry, business, or establishment in which employed (or employer) at Home

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Geo W Seddon

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary E Fabre

13-BIRTHPLACE OF MOTHER (State or Country), Washington D C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E Seddon

(Address) 2877 Philadelphia ave

15- MAR 11 1917 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 11th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 1916, to March 1917, that I saw her alive on March 9th 1917, and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

Exhaustion

Contributory (Secondary) Tuberculosis Pulmonalis (Duration) yrs. mos. ds.

(Signed) Gilbert Miller M. D.

3/11/17, 191.7. (Address) 739 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem — DATE OF BURIAL, March 13, 1917

20-UNDERTAKER Noll Cook — ADDRESS 707 E North Ave

D 3189

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 3189

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1617 Pulaski St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosie Mae Roberson

(Residence in Baltimore: No. 1604 Pulaski St.: yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Color

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH: March 3, 1916 (Month) (Day) (Year)

7-AGE: 1 yrs. 0 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: albert Roberson

11-BIRTHPLACE OF FATHER (State or Country): Buffalo new york

12-MAIDEN NAME OF MOTHER: Lawson Thomas

13-BIRTHPLACE OF MOTHER (State or Country): Shrewsbury Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Brother

(Address): 1604 Pulaski

15-

Filed MAR 11 1917 191... HARRY C. ANDERS Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: March 10, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis (acute)

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Bronchitis

(Duration) yrs. mos. ds.

(Signed) Lyle Abbott M. D.

(Coroner) March 11, 191 7 (Address) 1918 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds. home

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, MAR 11 1917 19....

20-UNDERTAKER JAMES H. DENNIS — ADDRESS 1303 PRESTMAN ST.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3190 80 ✓ D 3190

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2210 E. Lombard ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William W. Massey

(Residence in Baltimore: No. 2210 E. Lombard St. 69 yrs., 10 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, April (Month) 25th (Day), 1847 (Year)

7-AGE, 69 yrs. 10 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: bookkeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City.

PARENTS.

10-NAME OF FATHER, Charles M. Massey

11-BIRTHPLACE OF FATHER (State or Country). not known

12-MAIDEN NAME OF MOTHER Annie Ranson

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) MRS. W. W. Massey

(Address) 2210 E. Lombard St.

15- Filed MAR 11 1917 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 9th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 26th 1917, to March 9th 1917, that I saw him alive on March 9th 1917, and that death occurred, on the date stated above, at 10.30 m. P

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(Duration) 6 yrs. — mos. — ds.

(Signed) Edw. M. Fenwick M. D.

Mar. 10, 1917. (Address) 5 N. Washington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, March 12, 1917.

20-UNDERTAKER H. Allen Fuller ADDRESS 3517 Gwynn Oak Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3191

CERTIFICATE OF DEATH.

79 D 3191

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 Leight ST.; 23 WARD). REGISTERED NO. C.....

2-FULL NAME Catherine Regina Carey

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1414 Leight St. St.: life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Sept. 5, 1889.
(Month) (Day) (Year)

7-AGE, 27 yrs. 6 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto. Md

PARENTS.

10-NAME OF FATHER, Francis Edward Rose

11-BIRTHPLACE OF FATHER (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER Kate Blondell

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Teresa Eckert Mack

(Address) 1412 Leight St

15-MAR 11 1917 HARRY C. ANDREWS

Filed....., 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 9, 1917.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Nov. 1 1916, to March 9 1917, that I saw h er alive on March 9 1917, and that death occurred, on the date stated above, at 2.40 p.m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) yrs. 4 mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. O'Edward Mack M. D.

March 11, 1917. (Address) 1412 Leight St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Catholic Cemetery — DATE OF BURIAL, March 12, 1917.

20-UNDERTAKER J. J. Fahey & Sons — ADDRESS 108 Light St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3192

HEALTH DEPARTMENT—CITY OF BALTIMORE

10 ✓ D 3192

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 S. Calhoun ST.; 19 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ann Rebecca Myers

(Residence in Baltimore: No. 412 S Calhoun St.; 72 yrs., 1 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Jan (Month) 15 (Day), 1845 (Year)

7-AGE, 72 yrs. 1 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Balt Md

PARENTS.

10-NAME OF FATHER, John Persnette

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Anna Rem

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Myers

(Address) 412 S Calhoun st

15-

Filed MAR 11 1917, 191..... HARRY C. ANDREWS, City Registrar.

Burial Permit issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 10th (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 8 1917, to March 10th 1917, that I saw her alive on March 9th, 1917, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) La Grippe

Hysterectomy (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) S. T. Kolb M. D.

March 10th, 191... (Address) 1103 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cemetery	March 13, 191..
20-UNDERTAKER	ADDRESS
John F. Fields	1202 W. Lombard st

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 3192 — 40 — 3193

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital; 24 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Reiley

(Residence in Baltimore: No. 1613 Lanvale St. St.; 60 yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widower

6-DATE OF BIRTH, (Month) (Day) (Year): About Know

7-AGE, 60 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country): Balto, Md.

PARENTS.

10-NAME OF FATHER: John Reiley

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Catherine Krauss

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Reiley

(Address) 516 E. Fort Ave.

15 Filed MAR 12 1917, 191 ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 8, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 5 1917, to March 8 1917, that I saw him alive on March 8 1917, and that death occurred, on the date stated above, at 8 a.m. p.m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Cancer Stomach

General Exhaustion ?

(Duration) ? yrs. mos. ds.

(Signed) W. M. Gallant M. D.

March 5, 1917 (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. 1 mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 1613 Lanvale St.

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery

DATE OF BURIAL, March 12, 1917

20-UNDERTAKER, H & M. L. Flynn

ADDRESS 1422 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

D 3194

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3194

CERTIFICATE OF DEATH.

138

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2044 S. Charles ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Kellenberg

(Residence in Baltimore: No. 2044 S. Charles St.; 27 yrs. 8 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July 8, 1889
(Month) (Day) (Year)

7-AGE, 27 yrs. 8 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto, Md.

PARENTS.

10-NAME OF FATHER, Otto Bohle

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Barbara Thalar

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Kellenberg

(Address) 2044 S. Charles St.

15- MAR 12 1917 ROBERT E. KRAUTER

Filed ..... 191.....Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 9 1917, to Mch 10 1917, that I saw her alive on Mch 10 1917, and that death occurred, on the date stated above, at 11.50 A m.

The CAUSE OF DEATH* was as follows:

Puerperal Eclampsia
Full Term Child

(Duration) ....yrs....mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Chas. A. Schaefer M. D.

Mch 11, 1917. (Address) 2013 W. Pratt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery — DATE OF BURIAL, March 12 1917.

20-UNDERTAKER H. & M. D. Flynn — ADDRESS 1421 Light

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 8,195 — 37 ✓

CERTIFICATE OF DEATH.

REGISTERED No. C 8195

1-PLACE OF DEATH Franklin Square Hosp.

CITY OF BALTIMORE: (No. West End Maternity ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Tilda Cwiklinski

(Residence in Baltimore: No. 2626 Hudson St.; yrs. 1 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH: January (Month) 13th (Day), 1917 (Year)

7-AGE: yrs. 1 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: Andrew Cwiklynski

11-BIRTHPLACE OF FATHER (State or Country): Pennsylvania

12-MAIDEN NAME OF MOTHER: Arlajia Rosik

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew Cwiklynski

(Address) 2626 Hudson St.

15- Filed MAR 12 1917, 191... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 11th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 9th 1917, to March 11th 1917, that I saw her alive on March 10th 1917, and that death occurred, on the date stated above, at 10 P.m.

The CAUSE OF DEATH* was as follows:

1. Immaturity (Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Hereditary Syphilis (Duration) yrs. mos. ds.

(Signed) Howell S. Hammer M. D.

191..., (Address) Franklin Square Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? St Louis

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Stanislaus — DATE OF BURIAL: Mar. 12th 191.7.

20-UNDERTAKER: M. F. Sadowski — ADDRESS: 705 S. Ann

Spec.—8-24-14—M. & T.—2000 Bks.

D 3196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 3196

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1319 Stockton ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul W Duckett

Residence in Baltimore: No. 1319 Stockton St.; 1 yrs. 5 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, June 12, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 8 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Samuel Duckett

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Harkins

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Duckett

(Address) 1319 Stockton

15- MAR 12 1917 ROBERT R. KRAUTER
Filed....., 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 1 191..., to Mar 10 1917, that I saw h[illegible] alive on Mar. 10 1917, and that death occurred, on the date stated above, at 4.30 p. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration)...yrs...mos...9...ds.

CONTRIBUTORY (Secondary) Bronch. Pneumonia

(Duration)...yrs...mos...4...ds.

(Signed) E. William Frey M. D.

Mar 10, 1917. (Address) 1928 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL St Peters Cemtery | DATE OF BURIAL, Mar 13 1917

20-UNDERTAKER Edward Ringgold | ADDRESS 1463 N Carey

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3197 ✓ * 92 D 3197

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Nibbley

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Widowed

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1881 (Year)

7-AGE.	If LESS than 1 day,
36 yrs. ... mos. ... ds.	... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: General
(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown.

11-BIRTHPLACE OF FATHER (State or Country). Unknown.

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country). Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Snyder

(Address) Johns Hopkins Hospital

MAR 12 1917 Filed ....., 191...

ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 5 1917, to March 10 1917, that I saw him alive on March 10 1917, and that death occurred, on the date stated above, at 12 10 p.m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) ... yrs. ... mos. 8 ds.

CONTRIBUTORY (Secondary) Acute Alcoholism

(Duration) ... yrs. ... mos. 3 ds.

(Signed) W. S. Thayer M. D.

3/11, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 2 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 817 S. St. Spanns Point

19-PLACE OF BURIAL OR REMOVAL, Asbury Cemetery — DATE OF BURIAL, Mar. 12, 1917

20-UNDERTAKER, Edward W. Pyle — ADDRESS, Walker Ave Catonsville, Md.

Lottie Thompson

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 3198

CERTIFICATE OF DEATH

g2 D 3198

3198

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 27 E. Church St. ST.: 22 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lottie Thompson

(Residence in Baltimore: No. 27 E Church St. St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: Black

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): widow

6-DATE OF BIRTH: ..... (Month) ..... 1 (Day) ..... (Year)

7-AGE: 40 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Pvt Occupation

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Brown

(Address) 23 N Eden St

15. Filed MAR 12 1917 ROBERT B. KRAUTER Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 10 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 5, 1917, to. March 10 1917, that I saw h[illegible] alive on March 9, 1917, and that death occurred, on the date stated above, at 5 P. m.
The CAUSE OF DEATH* was as follows:

Tubercular Laryngitis

(Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) Wm. E. Lemmon M. D.

March 12, 1917 (Address) 22 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: March 12 1917

20-UNDERTAKER: John W Henderson — ADDRESS: 319 Caroline

IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

D 3199

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 D 3199

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital ST. 5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2 FULL NAME Raymond Jaffee

(Residence in Baltimore: No. 1246 E. Fayette St.: 3 yrs. 7 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: August 6, 1913 (Month) (Day) (Year)

7 AGE: 3 yrs. 7 mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): None

9 BIRTHPLACE (State or country): Md -

PARENTS

10 NAME OF FATHER: Samuel Jaffee

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: Bessie Caplan

13 BIRTHPLACE OF MOTHER (State or country): Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J Lewis

(Address) 141 E Balto St

15 Filed MAR 12 1917, 19.. ROBERT R. KRAUTER Clerk

Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 11, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1917, to March 11 1917, that I saw him alive on March 11, 1917, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
(following acute Bronchitis)

(Duration) ..... yrs. ..... mos. 7 ds

Contributory (SECONDARY) Acute Edema of Lungs

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Israel J Feinglos M. D.

March 11, 1917 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? at residence

Former or usual residence 1746 E. Fayette

19 PLACE OF BURIAL OR REMOVAL: North Point Baltimore MD | DATE OF BURIAL: 3/14, 191..

20 UNDERTAKER: Jack Lewis | ADDRESS: 141 E Balto St

is very important. See instructions on back of certificate.

Spec.—5-19-13 M. & T.—500 Blks.

D 3200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 3200

D 3200

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1719 McCulloh ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Barnes

(Residence in Baltimore: No. 1719 McCulloh St.; 9 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
fem.	colored	widow

6-DATE OF BIRTH, March (Month) 1 (Day), 1866 (Year)

7-AGE, 50 yrs. 9 mos. 9 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: no paid occupation
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country). Va

PARENTS.

10-NAME OF FATHER. Richd. Chisholm

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Lucinda ——

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Braxton (daughter)

(Address) 1719 McCulloh St.

15-

Filed MAR 12 1917 191 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from about 3 wks. ago 191, to March 10 1917, that I saw h[illegible] alive on March 7 1917, and that death occurred, on the date stated above, at 4-30 P. m.

The CAUSE OF DEATH* was as follows:

Heart failure following attack of grip (suddenly) (Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) grip (Duration) about 3 wks. yrs. mos. ds.

(Signed) J. E. Lemmell M. D.

March 10 1917. (Address) 2226 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Bethlehem Cemetery Balto. DATE OF BURIAL, Mar. 12, 1917

20-UNDERTAKER JAMES H. DENNIS ADDRESS 1303 PRESTMAN ST.

Spec.--8-24-14--M. & T.—2000 Blks.

D 3201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

17 D 3201

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1330 N. Gilmor ST.; 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Rebecca H. Downey

(Residence in Baltimore: No. 1330 N. Gilmor St.; 20 yrs. ✓ mos. ✓ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, June (Month) 14 (Day), 1830 (Year)

7-AGE, 86 yrs. 8 mos. 23 ds.

If LESS than 1 day, ✓ hrs. or ✓ min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None.
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Ireland In U.S. about 65yrs

PARENTS.

10-NAME OF FATHER. Hugh John Wilson.

11-BIRTHPLACE OF FATHER (State or Country). England.

12-MAIDEN NAME OF MOTHER. Mary Mac Mullen

13-BIRTHPLACE OF MOTHER (State or Country). Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George E. Shannon

(Address) 700 Fulton Ave

15-Date. MAR 12 1917 191.

ROBERT B. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 9 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Febry 2 1917, to March 9 1917, that I saw h[illegible] alive on March 7 1917, and that death occurred, on the date stated above, at 4.30a m.

The CAUSE OF DEATH* was as follows:

Nephritis Chronic.

(Duration) 2 yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(Duration) ✓ yrs. 2 mos. ✓ ds.

(Signed) George E. Shannon M. D.

March 10, 1917. (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Loudon Park Cem

DATE OF BURIAL, Mar 13 191.7

20-UNDERTAKER Joseph B Cook

ADDRESS 1003 W Balto St

Spec.—5-19-13—M. & T.—500 Bks.

D 3202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50 3202

REGISTERED NO. D 3202

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2401 Guilford Av ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Horst

(Residence in Baltimore: No. 2401 Guilford Av. St.) (Age: 52 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: July (Month) 14 (Day), 1864 (Year)

7-AGE: 52 yrs. 8 mos. 23 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Collector
(b) General nature of industry, business, or establishment in which employed (or employer): Stock Broker

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: John Horst

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Barbara Bubsky

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Katherine Horst
(Address) 2401 Guilford Av.

15- Filed MAR 17 1917, 191.. ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: March (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 12th 1916, to March 9th 1917, that I saw h— alive on March 9th 1917, and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 7 yrs. mos. Ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

(Duration) yrs. 3 mos. ds.

(Signed) H. Friedenwald M. D.

March 10, 1917. (Address) 1900 Eastern Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, March 13 1917

20-UNDERTAKER H. Sander & Sons — ADDRESS 1710 Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3203

CERTIFICATE OF DEATH.

10 D 3203

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2031 Bank ST.) W WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anthony S. Weigert

(Residence in Baltimore: No. 2031 Bank St. Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec. 25, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 2 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George Weigert

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Mary Moll

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Weigert

(Address) 2031 Bank St

15- Filed MAR 12 1917 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 7 1917, to Mch 10 1917, that I saw h[illegible] alive on Mch 10 1917, and that death occurred, on the date stated above, at 8.20 p. m.

The CAUSE OF DEATH* was as follows:

Gastro enteritis

(Duration) ....yrs. ....mos. 21 ds.

CONTRIBUTORY (Secondary) Gastro-enteritis

(Duration) ....yrs. ....mos. 21 ds.

(Signed) Geo. Heller M. D.

3-12-17, 191.. (Address) 1931 Forest Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn

DATE OF BURIAL, March 13 1917.

20-UNDERTAKER H. Sander & Sons

ADDRESS 1710 Eutaw St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ 3204

D 3204

PLACE OF DEATH

CERTIFICATE OF DEATH.

9V D 3204

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1030 Valley ST.; 10 WARD)

1-FULL NAME Joseph A Smith

(Residence in Baltimore: No. 1030 Valley St.; 37 yrs., 4 mos. — ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, [illegible] 10, 1879 (Month) (Day) (Year)

7-AGE, 37 yrs. 4 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Polk & Co.

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Geo. A. Smith

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Catherine Moylan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Geo. A. Smith

(Address) 1030 Valley St.

15-

Filed MAR 12 1917 ROBERT R. KRAUTER, Registrar.

Burial Permit Clark

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 10, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 9 1917, to Mar 10 1917, that I saw h[illegible] alive on Mar 9 1917, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Mary F. Vogelsang M. D.

Mar. 10, 1917. (Address) 1028 Valley St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, March 13 1917

20-UNDERTAKER Henry Horch & Son — ADDRESS 130 E Eager St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3205

CERTIFICATE OF DEATH.

10

REGISTERED NO. C D 3205

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1829 E. Eager ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. (8.))

2-FULL NAME Sarah F. Morris

Residence in Baltimore: No. 1829 E. Eager St.; 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, November 28, 1846 (Month) (Day) (Year)

7-AGE, 70 yrs. 3 mos. 12 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE, (State or Country), Portsmouth Va.

PARENTS.

10-NAME OF FATHER, John Cook

11-BIRTHPLACE OF FATHER (State or Country), Portsmouth, Va

12-MAIDEN NAME OF MOTHER (Unknown)

13-BIRTHPLACE OF MOTHER (State or Country), (Unknown)

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary C Morris

(Address) 1829 E. Eager St

15-MAR 12 1917 Filed ..... 191.....

ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 9, 1917 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 29 1917, to March 9th 1917, that I saw h[illegible] alive on March 9th 1917, and that death occurred, on the date stated above, at 10.15 p.m.

The CAUSE OF DEATH* was as follows:

La Grippe

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) State of Pneumonia

(Duration) yrs. mos. 4 ds.

(Signed) W. Grant Scott M. D.

March 10 1917 (Address) 324 W Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, March 12 191.7

20-UNDERTAKER Sam'l H Cole & Son — ADDRESS 1400 Mosher

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3206

CERTIFICATE OF DEATH.

D 3206

REGISTERED NO. C

1-PLACE OF DEATH Home of the Friendless

CITY OF BALTIMORE: (No. Druid Hill & Lafayette ave ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah A Hopkins

(Residence in Baltimore: No. Druid Hill ave & Lafayette ave St.; ..... yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, W hite

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Oct 7, 1838
(Month) (Day) (Year)

7-AGE, 78 yrs. 5 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Work.
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John A Hopkins

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Phoebe Huff

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lydia Gorsuch

(Address) Wilkins Md.

15- Filed MAR 12 1917, 191.. ROBERT B. KRAUTER
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 11, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 7 1917, to March 11 1917, that I saw h[e]r alive on March 11 1917, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Edema of lungs

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) E. Nevolbaum M. D.

March 12, 1917.. (Address) 24 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 6 yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Druid Hills & Lafayette Ave

Former or usual residence Druid Hill & Lafayette Ave

19-PLACE OF BURIAL OR REMOVAL, Abington Md. DATE OF BURIAL, March 13, 1917.

20-UNDERTAKER W M Routson ADDRESS 230 N Greene

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3207

CERTIFICATE OF DEATH.

64 D 3207

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 578 Scott ST.; 21 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Otto

(Residence in Baltimore: No. 578 Scott St. 63 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word) Married

6-DATE OF BIRTH, March 11, 1854 (Month) (Day) (Year)

7-AGE, 63 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Restaurant
(b) General nature of industry, business, or establishment in which employed (or employer) Keeper

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Ferdinand Otto

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER F. Glass

13-BIRTHPLACE OF MOTHER (State or Country) Germany

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Louisa Otto

(Address) 578 Scott

15-

Filed MAR 12 1917, 191.....

ROBERT R. KRAUTER
Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 11, 1917 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 7 1917, to March 11 1917, that I saw h[illegible] alive on March 11 - 1917 and that death occurred, on the date stated above, at 1.35 p.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) No N E

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. C. Spielmeyer M. D.

3/11, 1917 (Address) 612 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto County — DATE OF BURIAL, 3/14, 1917

20-UNDERTAKER Mclean Cook — ADDRESS 507 E. North

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3208

CERTIFICATE OF DEATH.

91 D 3208

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 N. Collington ave ST.; 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Frannie Frazier

(Residence in Baltimore: No. 119 N. Collington ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept. 18, 1865
(Month) (Day) (Year)

7-AGE, 51 yrs. 5 mos. 20 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm H. Edwards

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Annie King

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Milton A. Frazier

(Address) 119 N. Collington ave

15- MAR 12 1917 ROBERT R. KRAUTER

Filed ....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 6 1917, to Mar 9 1917, that I saw her alive on Mar 9 1917, and that death occurred, on the date stated above, at 12 15 Am.

The CAUSE OF DEATH* was as follows:

Broncheal Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Geo D. Dingacks M. D.

Mar 10/, 191.7 (Address) 2818 E. Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, March 13, 1917.

20-UNDERTAKER Finkler & Finkler ADDRESS 1739 E. Eager

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3209

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 203 Scott ST.; 21 WARD)

2-FULL NAME Clara Cronise

(Residence in Baltimore: No. 203 Scott St. St.; ..... yrs., ... mos. ..... ds.)

CERTIFICATE OF DEATH.

28 D 3209

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 19, 1894 (Month) (Day) (Year)

7-AGE, 22 yrs. 9 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William Bohlinks

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Rebe. Zimmerman

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stanley Cronise

(Address) 203 Scott St

15-

Filed MAR 12 1917 191.... ROBERT R. KRAUTER

Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 11, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 7, 191.. to March 11 191 7, that I saw h.. alive on March 9 191 7, and that death occurred, on the date stated above, at 11 10 m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonis

..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John C. Schwartzbauer M. D.

March 12, 191.. (Address) 1123 W. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, Mar. 14, 191 7

20-UNDERTAKER John J. Cavanaugh ADDRESS 901 Hollins St

Spec.—8-24-14—M. & T.—2000 Bks.

Marion S. Jones.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3210

D 3210

CERTIFICATE OF DEATH.

REGISTERED No. C 61

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2529 McHenry ST.; 20 WARD)

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marion S Jones

(Residence in Baltimore: No. 2529 McHenry ST.; Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word)
Female	White	Single

6-DATE OF BIRTH, May 4, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. 10 mos. 7 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balt

PARENTS.

10-NAME OF FATHER, Norman Jones

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER, Marian Seibert

13-BIRTHPLACE OF MOTHER (State or Country), Balt

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Norman Jones

(Address) 2529 McHenry St

15-

Filed MAR 12 1917 191... ROBERT E. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 11, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1 1917, to March 11 1917

that I saw her alive on March 11 1917

and that death occurred, on the date stated above, at 7. P m

The CAUSE OF DEATH* was as follows:

Cerebro - Spinal Fever

(Duration) ... yrs. ... mos. 4 ds

CONTRIBUTORY (Secondary) Broncho - Pneumonia

(Duration) ... yrs. ... mos. 14 ds

(Signed) Howard W Jones M. D

March 11, 1917 (Address) Owings Mills

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, MAR 13 1917, 191...

20-UNDERTAKER Geo A Lerch — ADDRESS Baltimore

Pauline Glaenzer

D 3211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

D 3211

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2 S. Payson St.; 20 WARD)

2 FULL NAME Pauline Glaenzer

Residence in Baltimore: No. 2. S. Payson St. 48 yrs. ~ mos. ~ ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: March 25, 1852 (Month) (Day) (Year)

7 AGE: 64 yrs. 11 mos. 12 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: John Wagner

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Christana Wissinger

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harry Glaenzer

(Address) 2 S. Payson St

15 Filed MAR 12 1917 ROBERT R. KRAUTER Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Mar 9, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 5, 1917 to Mar 9 1917, that I saw h[illegible] alive on Mar 9, 1917, and that death occurred, on the date stated above, at 8.55 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis 1 yr.
Cerebral Hemorrhage 4 days

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E Wells Hemmy M. D.

MAR 11, 1917 (Address) 2000 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: MAR 12 1917

20 UNDERTAKER: Geo. A. Lerbig

ADDRESS: Baltimore

is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3212

CERTIFICATE OF DEATH.

104 D 3212

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 Myrtle Ave. ST.; 14 WARD) REGISTERED NO. C

2-FULL NAME Madge Coleman

(Residence in Baltimore: No. 1410 Myrtle ave St.; yrs. Life mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Blk

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Jan. (Month) 20 (Day), 1917 (Year)

7-AGE. yrs. 1 mos. 21 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER. Florence Holland

13-BIRTHPLACE OF MOTHER (State or Country). Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marie Jones

(Address) 1410 Myrtle Ave

15-Filed MAR 12 1917, 191. ROBERT R. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch (Month) 10th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 9th 191 7, to Mch 10th 191 7, that I saw her alive on Mch 10th 191 7, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Marasmus

Gastro Enteritis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. 2 mos. ds.

(Signed) A. B. Kirkpatrick M. D.

, 191... (Address) 1826 Pennsylvania

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Mch. 12, 1917

20-UNDERTAKER George W. Holland — ADDRESS 577 Roberts.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3213

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3213

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. Catonsville & Alnwick St. 16 WARD)

REGISTERED No. C 92

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Berman

(Residence in Baltimore: No. 930 Franklin Road St.; 15 yrs., 2 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. [redacted]

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. Dec. (Month) 29 (Day), 1901. (Year)

7-AGE. 15 yrs. 2 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: housework
(b) General nature of industry, business, or establishment in which employed (or employer): At home do

9-BIRTHPLACE, (State or Country). City

PARENTS.

10-NAME OF FATHER. John M. Brown

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Clara Matthews

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clara Matthews

(Address) 930 Franklin Road

15- Filed MAR 12 1917 ROBERT R. KRAUTER Burial Permit Clerk (Registrar.)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 8 1917, to March 10 1917, that I saw h[illegible] alive on March 10 1917, and that death occurred, on the date stated above, at 8. a. m.

The CAUSE OF DEATH* was as follows:

Colus Pneumonia

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Hypostatic Cong.

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Henry Mudd M. D.

Mch 11, 1917. (Address) St Jos. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Local Knowledge

Former or usual residence 930 Franklin Road

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, Mar. 13, 1917.

20-UNDERTAKER Geo. H. Holland — ADDRESS 577 Robert A

Spec.—19-13—M. & T.—500 Bks.

D 3214

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3214

CERTIFICATE OF DEATH.

REGISTERED NO. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 Hoover ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oscar Thomas

(Residence in Baltimore: No. 423 E Hoover St. St.: ...yrs., 7 mos. ...da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, ~~Female~~ Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ...January..., 1... (Month) (Day) (Year)

7-AGE, ...—... yrs. 2 mos. ...— da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Md. Balto

PARENTS.

10-NAME OF FATHER, Tom Baker

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Florence Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marie Thomas

(Address) 423 E. Hoover St.

15- MAR 12 1917 Filed....., 191.

ROBERT B. KRAUTER Burial Permit Clerk.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...March... 10..., 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7 1917, to March 10 1917, that I saw h— alive on March 10 1917, and that death occurred, on the date stated above, at 7 40 p.m.

The CAUSE OF DEATH* was as follows:

...Lobar Pneumonia...

...

...

..... (Duration)...yrs....mos. 4 da.

CONTRIBUTORY (Secondary) Heart failure

..... (Duration)...yrs....mos....da.

(Signed) R. J. Downs M. D.

Mar. 12 191.7 (Address) 414 A North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, 3/12, 191.7

20-UNDERTAKER Chas. H. Johnson.

ADDRESS 716 N. Carlton St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 3215

CERTIFICATE OF DEATH.

92 D 3215

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 N. Patterson Park Ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Alls

(Residence in Baltimore: No. 512 N. Patterson Park Ave St.; 51 yrs., 8 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ~~January~~ 19 (Month) (Day), 1865 (Year)

7-AGE, 51 yrs. 8 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dress maker
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Anton Freude

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna A. Bruner

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. John A. Alls

(Address) 512 N. Patterson Park Av

15-

Filed MAR 12 1917, 191.... ROBERT R. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 9 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 27 1917, to Mar 9 1917, that I saw her alive on Mar 9 1917, and that death occurred, on the date stated above, at 10:30 m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Lobar) (Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 2 ds.

(Signed) Wm. F. Taylor M. D.

3:10 m., 191.7. (Address) 1254 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, Mar. 13 191.7

20-UNDERTAKER Henry Horek Son — ADDRESS 1301 E Eager St

Spec. ... 24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3216

CERTIFICATE OF DEATH.

79 D 3216

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 704 Bruns ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Prager

(Residence in Baltimore: No. 704 Bruns St St.; life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov. 29th, 1852 (Month) (Day) (Year)

7-AGE, 64 yrs. 3 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)..... for Brother

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm. Prager

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Rudolph

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Geo. Prager

(Address) 704 Bruns St

15-
Filed MAR 12 1917 191.....
ROBERT R. KRAUTER
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 11th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 4 1917, to March 11 1917, that I saw her alive on March 10 1917, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Chronic Intercolitis

(Duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) yrs. 4 mos. ds.

(Signed) E. S. Hemmeter M. D.

March 13, 191. (Address) 20 Hoffman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore DATE OF BURIAL, March 14, 1917.

20-UNDERTAKER Graham F. Walker ADDRESS 723 W Fay

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

8 3217

40 D 3217

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2901 N. North Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. A. Paulus

(Residence in Baltimore: No. 2901 West North Ave. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (*Write* the word.): Married

6-DATE OF BIRTH: ....January 28...., 1868 (Month) (Day) (Year)

7-AGE: 49 yrs. 2 mos. 10 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: real estate
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto

PARENTS.

10-NAME OF FATHER: Geo A Paulus.

11-BIRTHPLACE OF FATHER (State or Country): Penna.

12-MAIDEN NAME OF MOTHER: Ellenor Spelshouse

13-BIRTHPLACE OF MOTHER (State or Country): Catonsville Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herman A Dreihs

(Address) 2911 W North Ave.

15-

FILED MAR 12 1917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit 31878

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Mar 10, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 7 1917, to Mar 10 1917, that I saw him alive on March 10 1917, and that death occurred, on the date stated above, at 6.0 P. m.

The CAUSE OF DEATH* was as follows:

Primary Carcinoma of Liver [Clinical]

(Duration) 1 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Carcinoma of Liver

(Duration) 1 yrs. ....mos. ....ds.

(Signed) Geo. A. Long M. D.

Mar 12, 1917. (Address) Hamilton Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL: Dorsanic Cem. DATE OF BURIAL: Mch 13, 1917

20-UNDERTAKER: W Desmond Son ADDRESS: Norden

Spec.—8-24-14—M. & T.—2000 Blks.

D 3218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 3218

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 341 E 22nd ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ann Hepburn Richardson

Residence in Baltimore: No. 341 E 22nd St St.; 3 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 12, 1860
(Month) (Day) (Year)

7-AGE, 57 yrs. 1 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Pullman Conductor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Howard Co Md

PARENTS.

10-NAME OF FATHER, William H Richardson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Clegett

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Blanche Richardson

(Address) 341 E-22nd St.

15- Filed MAR 12 1917 191.... ROBERT B. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 11, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from See note on reverse of paper 191, to 191, that I saw him alive on March 2. 1917, and that death occurred, on the date stated above, at 6 A M.

The CAUSE OF DEATH* was as follows:

Heart - Mitral regurgitation

Many years
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(Duration) 7 yrs. mos. ds.

(Signed) Chas E Fadler M. D.

March 14, 191.7. (Address) 415 Fidelity

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn — DATE OF BURIAL, March 14, 191.7.

20-UNDERTAKER H Thielmeyer — ADDRESS Norman

D.A.K. 5.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3219

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

116 ✓ D 3219

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1303 James ST. 21 WARD)

2-FULL NAME George Burt Mullen

(Residence in Baltimore: No. 1303 James St.; ....yrs., ...mos. ....ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, March (Month) 17 (Day), 1896 (Year)

7-AGE, 20 yrs. 11 mos. 22 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, George B. Mullen Sr

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Nellie J. Grove

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George B. Mullen Sr

(Address) 1303 James st

15- Filed MAR 12 1917 191.. ROBERT R. KRAUTER Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 20 1917, to March 9 1917, that I saw h[illegible] alive on March 9 1917, and that death occurred, on the date stated above, at 7.40 P.M.

The CAUSE OF DEATH* was as follows:

Splenic tumor and Secondary anaemia

(Duration) 3 yrs. ~ mos. ~ ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) ~ yrs. 3 mos. ~ ds.

(Signed) J. W. Vinton Clift M. D.

March 9, 1917. (Address) 835 Columbia Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Park — DATE OF BURIAL, Mar 12 1917

20-UNDERTAKER W. J. Tuckerman — ADDRESS [illegible]

Spec.—8-24-14—M. & T.—2000 Blks.

D 3220

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3220

CERTIFICATE OF DEATH.

151

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Sneeringer.

(Residence in Baltimore: No. Mercy Hospital St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	W.	

6-DATE OF BIRTH, Mar 6, 1917.
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or 15 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, William Sneeringer.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Hettie Caldwell.

13-BIRTHPLACE OF MOTHER (State or Country), N. Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hettie Sneeringer.

(Address) Dalrney Rd Govans.

15-

Filed MAR 12 1917, 191.... ROBERT R. KRAUTER

Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 6, 1917.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Mar 6 1917, to Mar 6 1917, that I saw her alive on Mar 6 1917, and that death occurred, on the date stated above, at 11 1/2 m.

The CAUSE OF DEATH* was as follows:

Prematurity (5 mos)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward L. Dennett M. D.

Mar 12, 191.. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL APR 10 1917

Commissioner Health.

For Wm. S. HOSBALL

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3221

CERTIFICATE OF DEATH.

4 12

D 3221

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 E Fairmount Ave ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vincent Jackson

(Residence in Baltimore: No. 27 Park St St.; 3 yrs., 6 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	colored	

6-DATE OF BIRTH, ... June (Month) 18 (Day), 1913 (Year)

7-AGE, 3 yrs. 6 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country), ?

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed MAR 12 1917 191.... ROBERT R. KRAUTER Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Mar (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 2 1916, to Mar 7 1917, that I saw h[im] alive on Mar 5 1917, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

.....Pyelonephritis.....

.....

.....

..... (Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

..... (Duration) yrs. mos. 3 ds.

(Signed) Wm B Fairbairn M. D.

Mar 10, 1917 (Address) 1611 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 2 mos. ds. In the State ..... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
HOPKINS HOSPITAL	MAR 12 1917, 191...
20-UNDERTAKER	ADDRESS
Commissioner of Health	

For Wm. A. Hoffman

D 3222

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3222

CERTIFICATE OF DEATH.

91

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1005 China St. St.) 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Milton C. Jenkins.(C)

(Residence in Baltimore: No. 1005 China St.

St.: yrs. 4 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	Colored.	Single.

6-DATE OF BIRTH, November 5th. 1916., (Month) (Day) 1 (Year)

7-AGE,	If LESS than 1 day,
yrs. 4 mos. 5 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Cephas Jenkins.(C)

11-BIRTHPLACE OF FATHER (State or Country) Calvert Co, Md.

12-MAIDEN NAME OF MOTHER Hattie Wilson.(C)

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
Hattie Jenkins.(C) mother.
(Informant)
(Address) 1005 China St.

15- Filed MAR 12 1917, 191 ROBERT R. KRAUTER
Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10th. 1917., (Month) (Day) 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia.
No history.
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Otto M. Rembadt (Coroner.) M. D.

March, 13, 1917. (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt Auburn et	March 12 1917
20-UNDERTAKER	ADDRESS
L. A. Broun and Son	1818 Montgomery

Spec.—S-24-14—M. & T.—2000 Blks.

D 3223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6 130 ✓ D 3223

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 N. Bethel ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Beale

(Residence in Baltimore: No. 418 N. Bethel St., St.; 65 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 65 yrs. [redacted] ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, John Baker

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Aquilla A. Baldwin

(Address) 3104 Harford

15- MAR 12 1917 ROBERT B. KRAUTER
Filed....., 191.....
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 9th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1917, to Mar 9, 1917, that I saw h[illegible] alive on Mar 9, 1917, and that death occurred, on the date stated above, at 9:00 m.

The CAUSE OF DEATH* was as follows:

Chronic Int. Nephritis

Unknown (Duration) ....yrs....mos....ds.

CONTRIBUTORY.....
(Secondary)

.....f. (Duration)....yrs....mos....ds.

(Signed) E K Mettam M. D.

Mar 10, 191.7. (Address) 1711 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Balto Cem. DATE OF BURIAL, Mar 12 191.7

20-UNDERTAKER Philip Henry ADDRESS 2016 Orleans

Spec.—5-19-13—M. & T.—500 Bks.

D 3224

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 3224

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1436 Presstman ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary L. Butler—

(Residence in Baltimore: No. 1436 Presstman St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Child

6-DATE OF BIRTH, Nov (Month) 26th (Day), 1912 (Year)

7-AGE, 4 yrs. 3 mos. 14 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Moses Butler

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary L. Jenifer

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. O. Butler

(Address) 1436 Prestmant St.

15- MAR 12 1917 Filed ..., 191... ROBERT R. KRAUSE Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 12th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 10th 1917, to Mar 12th 1917, that I saw h-er alive on Mar 11 1917, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia,

(Duration) 7 mos. 8 ds.

CONTRIBUTORY (Secondary): Measles

(Duration) yrs. 1 mos. 8 ds.

(Signed) Harry F. Brown M. D.

Mar 12 1917 (Address) 1501 Presstman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters cemetery — DATE OF BURIAL, March 13 1917

20-UNDERTAKER, Edward Ringgold — ADDRESS 1403 Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3225

CERTIFICATE OF DEATH.

D 3225

REGISTERED NO. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Leo Sing

(Residence in Baltimore: No. 232 Park Ave. St.; ....yrs.,.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Mongolian

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Not Known, (Month) (Day) 1 (Year)

7-AGE, 67 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ?

9-BIRTHPLACE, (State or Country), China

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), China

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), China

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp.

(Address) Calvert St

15- Filed MAR 12 1917, 191... ROBERT R. KRAUTER Registrar.

Burial Permit [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 12, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 11 1917, to Mar 12 1917, that I saw him alive on Mar 12 1917, and that death occurred, on the date stated above, at 1:45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchopulmonary Nephritis and Myocarditis

Contributory (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pneumonia Lobular Terminal (Duration) ... yrs. mos. 10 ds.

(Signed) Edward G. Smith M. D.

Mar 12, 1917. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 3/4 ds. In the State 2 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 232 Park Ave

Former or usual residence 232 Park Ave

19-PLACE OF BURIAL, OR REMOVAL, Baltimore Cemy. DATE OF BURIAL, March 18, 1917

20-UNDERTAKER E. H. Mitchell & Co ADDRESS 1201 W. Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3226

CERTIFICATE OF DEATH.

152 D 3226

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE. (No. 1039 N. Lexington St. WARD) 18

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Clement Reese.

(Residence in Baltimore: No. 1039 N. Lexington St.: ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, 3 (Month) 9 (Day), 1917 (Year)

7-AGE, 0 yrs. 0 mos. 0 ds. If LESS than 1 day, 27 hrs. or 20 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... None

9-BIRTHPLACE, (State or Country) Maryland.

PARENTS.

10-NAME OF FATHER John Henry Reese

11-BIRTHPLACE OF FATHER (State or Country) Maryland.

12-MAIDEN NAME OF MOTHER Sadie Fisher

13-BIRTHPLACE OF MOTHER (State or Country) Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hamm Parker

(Address) 1039 N. Lexington St.

15-
Filed MAR 12 1917 191 ROBERT B. KRAUTER
Burial Permit Issued Division

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-10 1917, to 3-10 1917, that I saw her alive on 3-10 1917, and that death occurred, on the date stated above, at 1 p. m.

The CAUSE OF DEATH* was as follows:

Meningeal Hemorrhage

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Prematurity

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. C. Maslin M. D.

3-14-, 191 7 (Address) Maryland Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn. DATE OF BURIAL, Mar 13, 1917

20-UNDERTAKER Alfred J Fleckenstein ADDRESS 104 N. Schroeder St.

Spec.—8-24-14—M. & T.—2000 Bks.

(1) 3227. HEALTH DEPARTMENT—CITY OF BALTIMORE (4) D 3227.

CERTIFICATE OF DEATH.

2-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 900 N. Eden St.; (7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Menkens

(Residence in Baltimore: No. 900 N. Eden St.; 20 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH December 24th, 1837.
(Month) (Day) (Year)

7-AGE, 79 yrs. 2 mos. 13 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Glass cutter
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country) Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. H. Buschmann

(Address) 900 N. Eden St.

15- Filed MAR 12 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH March 10th, 1917.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 2nd, 1917, to March 9th, 1917, that I saw him alive on March 9th, 1917, and that death occurred, on the date stated above, at 1.30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis 1/2

(Duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. ..... ds.

Witness Paul E. A. Meyer, M. D.

March 10th, 1917. (Address) 1031 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, March 13 1917.

20-UNDERTAKER Frank A. Fink ADDRESS 915 N. Gay St.

Spec.—8-24-14—M. & T.—2000 Blks.

Edward Bialek

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3228 104 D 3228

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 728 S Ann ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Bialek

(Residence in Baltimore: No. 728 S. Ann St.: 1 yrs., 7 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July 21", 1915.
(Month) (Day) (Year)

7-AGE, 1 yrs. 7 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Joseph Bialek.

11-BIRTHPLACE OF FATHER (State or Country), Austria Poland

12-MAIDEN NAME OF MOTHER Bronislawa Sobus.

13-BIRTHPLACE OF MOTHER (State or Country), Austria Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Bialek.

(Address) 728 S. Ann St.

15- MAR 12 1917 Filed....., 191.....

HARRY O. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 12, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 11 1917, to March 12 1917, that I saw h in alive on March 11 1917, and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia & Gastritis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

(Duration) yrs. mos. 4 ds.

(Signed) Thos. A. Buddenhagen M. D.

3-12, 1917 (Address) Thos. A. Buddenhagen

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, Mar. 14th, 1917.

20-UNDERTAKER M. F. Sadowski ADDRESS 705 S. Ann

Spec.—5-19-13—M. & T.—500 Bks.

D 3229 HEALTH DEPARTMENT—CITY OF BALTIMORE 28 D 3229

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 East Lafayette Ave ST.; 12 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Ursula Marie O'Connell

(Residence in Baltimore: No. 115 East Lafayette Ave. St.; 31 yrs. 2 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, January 9, 1886, 1
(Month) (Day) (Year)

7-AGE, 31 yrs. 2 mos. 1 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Anthony F. Sheel

11-BIRTHPLACE OF FATHER (State or Country) Baltimore, Md.

12-MAIDEN NAME OF MOTHER Julia Dugleman

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles O'Connell, Jr.

(Address) 115 East Lafayette Ave.

15- Filed MAR 12 1917, 191.... MARY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 191, to March 10 1917, that I saw her alive on March 8 1917, and that death occurred, on the date stated above, at 3:20 pm.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Heart failure

(Duration) yrs. mos. ds.

(Signed) Reginald J. Tonry M. D.

March 12 1917 (Address) 414 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	3/13, 191.7.

20-UNDERTAKER Henry W. Means & Son ADDRESS 705 N. Eutaw St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3230

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3230

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital ST.; ..... WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Culley

(Residence in Baltimore: No. Md. General Hospital St.; ..... yrs., mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Feb 7, 1840
(Month) (Day) (Year)

7-AGE, 77 yrs. 1 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) ..... at home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, David Shriner

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Eliza Smith

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) alice Culley

(Address) 1716 6 Eager

15- Filed MAR 12 1917, 191... HARRY ... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 11, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ~~Feb 27~~ 1917, to March 11 1917, that I saw her alive on March 11 1917, and that death occurred, on the date stated above, at 12 45 m.

The CAUSE OF DEATH* was as follows

Fracture of humerus
Accidental Fall in yard
(Duration) ... yrs. ... mos. 1 ... ds.

CONTRIBUTORY (Secondary) Hypostatic pneumonia
(Duration) ... yrs. ... mos. 1 ... ds.

(Signed) Born Letpen M. D.

..., 191... (Address) Md General Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ... yrs. ... mos. 17 ds. In the State Life yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Rock Hall - Md.

19-PLACE OF BURIAL OR REMOVAL Rock Hall Md — DATE OF BURIAL, Mar 15, 1917.

20-UNDERTAKER Walter W Shriner — ADDRESS 1616 Edmondson Av

Spec.—8-24-14—M. & T.—2000 Bks.

D 3231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 3231

1-PLACE OF DEATH. (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. Fireless Cook & Heater Co. WARD) REGISTERED NO. C 91

2-FULL NAME Pasquale Marco Poillucci

(Residence in Baltimore: No. 1117 Lauren St.; yrs., 6 mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. Oct 11th, 1916 (Month) (Day) (Year)

7-AGE. yrs. 5 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS:

10-NAME OF FATHER. Joseph Poillucci

11-BIRTHPLACE OF FATHER (State or Country). Italy

12-MAIDEN NAME OF MOTHER. Mary Paterre

13-BIRTHPLACE OF MOTHER (State or Country). Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Poillucci

(Address) 1735 Hanford Av

15-

Filed MAR 12 1917 191 HARRY C. ANDERS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 11, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10 1917, to March 11 1917, that I saw h[illegible] alive on Mar 11 1917, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia (No history)

(Duration) yrs. mos. 8 ds.

(Signed) Geo. Rosselen M. D.

3-11, 191[illegible] (Address) Maryland Poultry Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. 5 mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1117 Lauren St

19-PLACE OF BURIAL OR REMOVAL. St Vincent Cem. DATE OF BURIAL. March 13th 1917.

20-UNDERTAKER Geo. J. Rusch ADDRESS 1735 Hanford av.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 108 D 3232

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St.; 4 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)
2-FULL NAME Mrs Delphey
(Residence in Baltimore: No. University Hospital St.; ..... yrs., mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male
4-COLOR OR RACE. White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single
6-DATE OF BIRTH. Unknown ....., 1897.
(Month) (Day) (Year)
7-AGE. 20 yrs. ..... mos. ..... ds.
If LESS than 1 day, ... hrs. or ..... min.?
8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). at Home Work
9-BIRTHPLACE, (State or Country), Md.

PARENTS.
10-NAME OF FATHER, Geo Delphey
11-BIRTHPLACE OF FATHER (State or Country), Md
12-MAIDEN NAME OF MOTHER Nellie Dayhoff
13-BIRTHPLACE OF MOTHER (State or Country), Jonestown Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Discovered
(Address) Middleburg Md

15- Filed MAR 12 1917, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Mar ....., 12, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 10 1917, to Mar 12 1917, that I saw h[illegible] alive on Mar 12 1917, and that death occurred, on the date stated above, at 11.05 a.m.

The CAUSE OF DEATH* was as follows:

Acute Lagrippe with Appendicitis

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) General Debility

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Jno E Gunn M. D.

March 12, 1917. (Address) Univ Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. 3 ds. In the State 20 yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? Middleburg Md
Former or usual residence Middleburg Md

19-PLACE OF BURIAL OR REMOVAL, Middleburg Md. — DATE OF BURIAL, Mar 13, 1917.
20-UNDERTAKER Joseph Stock — ADDRESS W 3rd Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3233 ✓ D 3233

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 N. Port St. 8 WARD)

2-FULL NAME None Infant Toney

(Residence in Baltimore: No. 1108 N. Port St.; ....yrs., ...mos. 1 da.)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

D

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word) Single

6-DATE OF BIRTH, March 10, 1917 (Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 1 da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jackson Toney

11-BIRTHPLACE OF FATHER (State or Country), W-Va.

12-MAIDEN NAME OF MOTHER Mary Smith

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Toney

(Address) 1108 N. Port St.

15- Filed MAR 12 1917, 191... HARRY C. KELLER Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 11, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 8 1917, to March 11 1917, that I saw h... alive on March 11 1917, and that death occurred, on the date stated above, at 1:45 a.m.

The CAUSE OF DEATH* was as follows:

Premature Birth

.....

.....

..... (Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) Accidental fall

of Mother (Duration) ....yrs. ....mos. 3 ds.

(Signed) ..... M. D.

3/12 1917 (Address) 1520 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, HOPKINS HOSPITAL

DATE OF BURIAL, 3-13, 191...

20-UNDERTAKER Commissioner Health.

ADDRESS

per. Wm E. WOODALL.

D 3234

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 3234

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1322 N. Fremont ST.; 16 WARD)

2-FULL NAME George W. Suter

Residence in Baltimore: No. 1322 N. Fremont

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; 51 yrs., 5 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, Sept 24, 1865
(Month) (Day) (Year)

7-AGE, 51 yrs. 5 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Merchant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, Geo. A. Suter

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary C. Kelly

13-BIRTHPLACE OF MOTHER (State or Country), S. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Suter

(Address) 1322 N Fremont

15-
FILED MAR 12 1917, 191.....
HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.
The CAUSE OF DEATH* was as follows:

C Erysipelas (Autopsy)
1 Week
(Duration).....yrs.....mos.....ds.
CONTRIBUTORY (Secondary) Carcinoma
(Duration).....yrs.....mos.....ds.

(Signed) J. Mitchell M. D.
(Coroner.)
March 11, 191.7. (Address) 819 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State Home yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	March 13 1917
20-UNDERTAKER	ADDRESS
Geo W Little	531 N Fremont Ave

Spec.—3-24-14—M. & T.—2000 Bks.

D 3235

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3235

CERTIFICATE OF DEATH.

17

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Archer

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs., 1 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Single

6-DATE OF BIRTH, ... Sept 15, 1859
(Month) (Day) (Year)

7-AGE, 57 yrs. 5 mos. 25 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) ..... "

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Henry Archer

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Susan Stone

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev Mercy Hosp

(Address) Calvert St.

15-Filed MAR 12 1917 191.... HARRY C. ANDREWS
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Mar 12, 1917
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 13 1917, to Mar 12 1917, that I saw him alive on Mar 12 1917, and that death occurred, on the date stated above, at 10:20 a.m.

The CAUSE OF DEATH* was as follows:

Disease Fracture of femur
(Streptococcus sepsis)
Accidental Fall
(Duration) about yrs. 1 mos. ..... ds.
CONTRIBUTORY (Secondary) Arteriosclerosis
..... (Duration) about yrs. 6 mos. 10 ds.

(Signed) Edward J. Smith M. D.

Mar 12, 1917. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? White Hall Md

Former or usual residence White Hall Md

19-PLACE OF BURIAL, OR REMOVAL. White Hall Md

DATE OF BURIAL, 3/12, 191....

20-UNDERTAKER William Cook

ADDRESS 3016 North Ave

Spec. 3-24-14—M. & T.—2000 Bks.

D 3236 HEALTH DEPARTMENT—CITY OF BALTIMORE D 3236

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 748 West Mulberry Street ST.; 18 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Owens.

(Residence in Baltimore: No. 748 West Mulberry St St.; 2 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Colored	Widower

6-DATE OF BIRTH, March (Month) 11th, (Day) 1845 (Year)

7-AGE, 72 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... General Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Troy, N Y.

PARENTS.

10-NAME OF FATHER, Phillip Owens.

11-BIRTHPLACE OF FATHER (State or Country), Troy, N Y.

12-MAIDEN NAME OF MOTHER Emily Jane Jones

13-BIRTHPLACE OF MOTHER (State or Country), Troy, N Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Kate Owens.
(Address) #748 West Mulberry St.

15- Filed MAR 12 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 11th, (Day) 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1st 1916, to Mar 11th 1917., that I saw him alive on March 10th. 1917., and that death occurred, on the date stated above, at 8.30P m.

The CAUSE OF DEATH* was as follows:
Chronic Parenchymatous Nephritis, and Pericarditis

About (Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

About (Duration) 10 yrs. — mos. — ds.

(Signed) Bernard S. Cronin M. D.
March 12, 1917. (Address) #1707 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Zamal Cem. DATE OF BURIAL, (March 15, 191.)

20-UNDERTAKER Herrid Eagler ADDRESS 916 Penna ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 3237

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3237

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 686 W Mulberry ST.; 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME H Lee Sampson

(Residence in Baltimore: No. 686 W Mulberry St.; Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1871. (Year)

7-AGE, 46 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). General

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lora Sampson

(Address) 686 W. Mulberry

15-

Filed MAR 12 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 3 1917, to March 10 1917, that I saw h.. alive on March 9 1917, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Hypertro Blue
Cirrhosis of Liver
(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion
(Duration) yrs. mos. ds.

(Signed) Edwin P Blanke M. D.

March 12, 191.7 (Address) 1201 McHenry

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Dulaney Valley — DATE OF BURIAL, March 13, 191.

20-UNDERTAKER Daniel Eccleston — ADDRESS 916 Penna Ave

D 3238

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3238

CERTIFICATE OF DEATH.

REGISTERED No. C 175

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital St. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas J Klug

(Residence in Baltimore: No. 610 N Curley st St. Yale yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
male	white	married

6-DATE OF BIRTH, Oct 5 1860 (Month), (Day), 1 (Year)

7-AGE, 56 yrs. 5 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cabinet Makr
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Palto

PARENTS.

10-NAME OF FATHER, John Klug

11-BIRTHPLACE OF FATHER (State or Country), MD

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (State or Country), MD

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arthur Klug

(Address) 610 N Curley st

15- Filed MAR 12 1917 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 10 1917 (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiy (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism accident

Run into streat car

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) [illegible] (Coroner)

(Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State 2 yrs mos. ds.

Where was disease contracted, if not at place of death? Eden Md Easton Md

Former or usual residence 610 N. Curley St

19-PLACE OF BURIAL, OR REMOVAL, Oak Lawn Cem — DATE OF BURIAL, March 13, 1917

20-UNDERTAKER John Herzog & Co — ADDRESS 2001 Eden

D 3239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167 ✓ D 3239

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1815 E Fayette st ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Kumlehn

(Residence in Baltimore: No. 1815 E Fayette st

Sta (yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
female	white	married

6-DATE OF BIRTH, Jan 7 1852, 1
(Month) (Day) (Year)

7-AGE, 65 yrs. 2 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: H W
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John Pirch

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER, NotKnown

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) WM Kulehn

(Address) Raspburg

15- Filed MAR 12 1917 HARRY C. ANDERS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 12 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Accidental Burns
Lamp upset
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) G Wm Tuley M. D.
(Coroner.)
Mar 23 1917 (Address) N EDisy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem — DATE OF BURIAL, March 13. 1917

20-UNDERTAKER John Herring & Co — ADDRESS 2006 Orleans

Spec.—8-24-14—M. & T.—2000 Bks.

D 3240

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 3240

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 261 S. Robinson ST.) 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie E. Ries

(Residence in Baltimore: No. 261 S. Robinson St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widowed

6-DATE OF BIRTH: Aug. (Month) 14 (Day), 1830 (Year)

7-AGE: 86 yrs. 6 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Not Known

11-BIRTHPLACE OF FATHER (State or Country): Not Known

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or Country): Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ottilie Buschwitz

(Address) 261 S. Robinson St.

15- Filed MAR 12 1917, 191.... HARRY C. ANDERS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 11th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 9 1917, to March 9 1917, that I saw h.r alive on March 9 1917, and that death occurred, on the date stated above, at 7A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs....mos. X ds.

CONTRIBUTORY (Secondary) Uterus Cancer

(Duration) ....yrs. 2 mos.....ds.

(Signed) C. L. Lee M. D.

March 12, 1917. (Address) 220 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Pauls Cemetery

DATE OF BURIAL, March 13, 1917

20-UNDERTAKER: H. Sander & Sons

ADDRESS 1210 East A

Spec.—8-24-14—M. & T.—2000 Bks.

D 3241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 3241

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infy ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Carter Culbertson

(Residence in Baltimore: No. 3104 N. Calvert St.; 25 yrs., ? mos., ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ? (Month) ? (Day), 1863 (Year)

7-AGE, 54 yrs. ? mos. ? ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Samuel F. Culbertson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Adie Mildred Culbertson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ethel M. Darby

(Address) 138-C-St-N.E-Washington D.C.

15- Filed MAR 12 1917 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 24 191 7, to Mar. 11 191 7, that I saw h e alive on Mar. 11 191 7, and that death occurred, on the date stated above, at 6 20 P. m.

The CAUSE OF DEATH* was as follows:

Peritoneal hemorrhage.

(Duration) ....yrs. ....mos. 15 ds.

CONTRIBUTORY (Secondary) —

(Duration) ....yrs. ....mos. ....ds.

(Signed) E. Dyer M. D.

Mar. 11, 1917 (Address) Church Home Infy.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 15 ds. In the State 50 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 3104 N. Calvert St

Former or usual residence " "

19-PLACE OF BURIAL OR REMOVAL, Williamsport Md. DATE OF BURIAL, March 13, 1917

20-UNDERTAKER Stewart Mowen & Co ADDRESS 108 N. Nor.

D 3242

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 ✓ D 3242

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 425 N. Milton Ave ST.: 6 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William James Tigner

(Residence in Baltimore: No. 425 N. Milton Ave St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: May (Month) 27 (Day), 1852 (Year)

7-AGE: 64 yrs. 9 mos. 11 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Shipping Agent
(b) General nature of industry, business, or establishment in which employed (or employer): Steamboat

9-BIRTHPLACE (State or country): Somerset Co Md

PARENTS

10-NAME OF FATHER: Thomas Tigner

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Sarah A. Kelly

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Eva K. Tigner

(Address) 425 N. Milton Ave

15 MAR 12 1917 [illegible] HARRY [illegible]
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 10 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 10, 1914, to March 10 1917, that I saw him alive on March 10, 1917, and that death occurred, on the date stated above, at 3:00 P m.

The CAUSE OF DEATH* was as follows:

Fatty Degeneration of Heart

(Duration) 1 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Acute Gastritis

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) C. A. Dean M. D.

March 14 1917. (Address) 1401 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Chance, Somerset Co. Md

DATE OF BURIAL: March 13 1917

20-UNDERTAKER: H E Hughes

ADDRESS: 17 S Broadway

IS VERY IMPORTANT. See instructions on back of certificate.

D 3243

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 ✓ D 3243

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Baby McCaulley

(Residence in Baltimore: No. 1217 E. North Ave. St.: yrs. mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6 DATE OF BIRTH Feb. 21, 1917
(Month) (Day) (Year)

7 AGE ..... yrs. ..... mos. 18 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) Infant.

9 BIRTHPLACE (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Edgar McCaulley

11 BIRTHPLACE OF FATHER (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Louise Callis

13 BIRTHPLACE OF MOTHER (State or country) Baltimore Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Bright Bernheimer

(Address) Hebrew Hospital

15 Filed MAR 12 1917 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 11, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 21 1917 to Mch 11 1917 that I saw h-- alive on Mch 11 1917 and that death occurred, on the date stated above, at 1.35 P m. The CAUSE OF DEATH* was as follows:

Intestinal intoxication

(Duration) ..... yrs. ..... mos. 7 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Bernard Bacolson M. D.

March 11, 1917 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 18 ds. In the State Md. yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1217 E North Ave

19 PLACE OF BURIAL OR REMOVAL Greenmount Cemetery | DATE OF BURIAL Mch 13, 1917

20 UNDERTAKER H E Stughen | ADDRESS 174 Broadway

IS VERY IMPORTANT. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

42 D 3244

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1322 Wheatcroft ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna B. Effie

(Residence in Baltimore: No. 1322 Wheatcroft St.; 2 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1874 (Year)

7-AGE, 43 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Houses
(b) General nature of industry, business, or establishment in which employed (or employer), Work at Home

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, James Proctor

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Eleanor Joyce

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant), Mr. Booth

(Address) 1322 Wheatcroft St

15- Filed MAR 12 1917, 191.....

HARRY C. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1916, to 3/10 1917, that I saw h[illegible] alive on 3/10 1917, and that death occurred, on the date stated above, at 2:45 p.m.

The CAUSE OF DEATH* was as follows:

(a) Cardiac Insufficiency

(b) Causes of Uterus

Clinical History (Duration) yrs. 3 mos. 5 ds.

CONTRIBUTORY (Secondary) Anemia

(Duration) yrs. mos. ds.

(Signed) H. B. [illegible] M. D.

3/12, 1917. (Address) 2139 D[illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Mar. 13 1917.

20-UNDERTAKER, Samuel Hemsley ADDRESS 5 Rutland

Spec.—8-24-14—M. & T.—2000 Pds.

D 3245 HEALTH DEPARTMENT—CITY OF BALTIMORE 92 D 3245

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1024 W Lexington St.; 18 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Reed

(Residence in Baltimore: No. 1024 W. Lexington St.; - yrs. - mos. - ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Col	Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1868 (Year)

7-AGE, 49 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Maid
(b) General nature of industry, business, or establishment in which employed (or employer): Laundress

9-BIRTHPLACE, (State or Country) Greensboro N.C.

PARENTS.

10-NAME OF FATHER, Wm Morehead

11-BIRTHPLACE OF FATHER (State or Country), N.C.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Beulah Brown

(Address) 1024 W Lexington St

15- Filed MAR 12 1917, 191.... HARRY C. ANDREWS Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 5 1917, to March 10 1917, that I saw her alive on March 9 1917, and that death occurred, on the date stated above, at 1400 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. S. Hadlock M. D.

3/10, 1917. (Address) 117 N Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, March 13 1917.

20-UNDERTAKER Mt Auburn Cem. ADDRESS 5 S Bond

Samuel S. Herndon

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 3246

CERTIFICATE OF DEATH

41 ✓ D 3246

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 112 Winter St. 23 WARD)

2-FULL NAME Carmia Folkes.

Residence in Baltimore: No. 112 Winter St

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.: ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED (Write the word): Widow

6-DATE OF BIRTH: August 7, 1884 (Month) (Day) (Year)

7-AGE: 32 yrs. 7 mos. 7 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Pd. Occupation

9-BIRTHPLACE (State or country): Baltimore.

PARENTS

10-NAME OF FATHER: Emerson James

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Ellen Thompson

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sarah Folkes

(Address) 112 Winter St

15. Filed MAR 13 1917 by ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 12th, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 16th, 1916, to March 12th 1917

that I saw her alive on March 9th, 1917

and that death occurred, on the date stated above, at 7.15 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus.

(Duration) 1 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Operation about 2 years ago

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Bruce L Byrne M. D.

March 12th, 1917 (Address) 1223 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn St — DATE OF BURIAL: March 17, 1917

20-UNDERTAKER: L. E. Brown and Son — ADDRESS: 1518 W Monroe St

is very important. See instructions on back of certificate.

D 3247

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3247

CERTIFICATE OF DEATH.

8 167 ✓

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital ST. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isabella Pryor

(Residence in Baltimore: No. 1207 Chatham st St.; yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
female	col	Baby

6-DATE OF BIRTH, Oct 19 1912, 1
(Month) (Day) (Year)

7-AGE, 4 yrs. 4 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Jamew Pryor

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Emma Bundy

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Emma Pryor
(Address) 1207 Chatham st

15- Filed MAR 13 1917, 191. ROBERT R. KRAUTER Registrar. Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 9 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Accidental Burns while playing with matches

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. J. Smith Jr. M. D. (Coroner.)

Mar 10 1917 (Address) E. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 1 ds. In the State yrs. mos. 4 ds.
Where was disease contracted, if not at place of death?
1207 Chatham st
Former or usual residence 1207 Chatham st

19-PLACE OF BURIAL OR REMOVAL, Laurel Lawn — DATE OF BURIAL, Mar 14 1917

20-UNDERTAKER Harry A. Vodery — ADDRESS 1725 Orleans st

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3248

CERTIFICATE OF DEATH.

44 ✓ D 3248

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 N. Durham ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Albert Rost

(Residence in Baltimore: No. 1523 N. Durham St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	widower

6-DATE OF BIRTH, November (Month) 26 (Day), 1850 (Year)

7-AGE, 66 yrs. 3 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hatter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Clara Moore

(Address) 1523 N Durham St.

15-

Filed MAR 13 1917 191.... ROBERT B. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1916, to March 12 1917, that I saw him alive on March 12 1917, and that death occurred, on the date stated above, at 9½ P. m.

The CAUSE OF DEATH* was as follows:

Epithelioma face (involving nares, palate + skeletons of face + orbits)

(Duration) about 7 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Toxemia

(Duration) ....yrs. ....mos. 2 ds.

(Signed) J. W. Winton Clift M. D.

March 12 1917. (Address) 835 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet	March, 1917
20-UNDERTAKER	ADDRESS
Wm M. Gaulthof	1624 Mt Royal Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3249

CERTIFICATE OF DEATH.

6 D 3249

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. #39 E Lee ST. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Jones

(Residence in Baltimore: No. #39 E. Lee St.; 1 yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 24 (Day), 1915 (Year)

7-AGE, 1 yrs. 9 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ga.

PARENTS.

10-NAME OF FATHER, Sylvester Jones

11-BIRTHPLACE OF FATHER (State or Country), Ga.

12-MAIDEN NAME OF MOTHER Mary Beasley

13-BIRTHPLACE OF MOTHER (State or Country), Ga.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. H. C. Robinson

(Address) 1526 E. Monument St

15- Filed MAR 13 1917, 191..... ROBERT R. KRAUTER Registrar.

Burial Permit 31671

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 11, 1917, to March 12, 1917, that I saw h[illegible] alive on March 12, 1917, and that death occurred, on the date stated above, at 10:45 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

..... (Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Measles

..... (Duration) yrs. mos. 3 ds.

(Signed) J. H. C. Robinson M. D.

3/13, 191.. (Address) 1526 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, March 13 191 7.

20-UNDERTAKER John H. Toadvine — ADDRESS 145 W Hill St

Spec.—8-24-14—M. & T.—2000 Bks.

D 3250

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3250

CERTIFICATE OF DEATH.

REGISTERED No. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 W. Pre ST. 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence Franklin

(Residence in Baltimore: No. 507 W Pre St.: 1 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1877 (Year)

7-AGE, 40 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Ord. Occupation

9-BIRTHPLACE, (State or Country), Georgia.

PARENTS.

10-NAME OF FATHER, Benjamin Franklin

11-BIRTHPLACE OF FATHER (State or Country), Georgia.

12-MAIDEN NAME OF MOTHER Mary ——

13-BIRTHPLACE OF MOTHER (State or Country), Georgia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louise Franklin

(Address) 507 W. Pre St.

15-

Filed MAR 13 1917, 191

ROBERT B. KRAUTER
Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 12 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1 1917, to March 12 1917, that I saw h[illegible] alive on March 11 1917, and that death occurred, on the date stated above, at 11.40 m.

The CAUSE OF DEATH* was as follows: Pneumonia Lobar,

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 12 ds.

(Signed) [illegible] M. D.

March 13, 191 7 (Address) 712 S. Chas

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Cem	March 14, 1917
20-UNDERTAKER,	ADDRESS
John A. Toadvine	412 W. Pre St.

Spec.—8-24-14—M. & T.—2000 Bks.

Ja Romi Sapounas.

D 3251

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3251

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 201 N. Gay st. ST.; 5 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ja Romi Sapounas.

(Residence in Baltimore: No. 201 N. Gay St.; 1 yrs., 6 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1856 (Year)

7-AGE, 61 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Tobacco

9-BIRTHPLACE, (State or Country), Turkey Greece

PARENTS.

10-NAME OF FATHER, George Sapounas

11-BIRTHPLACE OF FATHER (State or Country), Turkey Greece

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Sapounas

(Address) 201 N. Gay st.

15-Filed MAR 13 1917 191.. ROBERT R. KRAUTER Clerk
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 12, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 1 1917, to Mar 12 1917, that I saw h[illegible] alive on Mar 11 1917, and that death occurred, on the date stated above, at 2 A.M.

The CAUSE OF DEATH* was as follows:

..... a

..... Chronic Interstitial Nephritis

..... (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

..... (Duration) yrs. mos. 3 ds.

(Signed) A L Chambers M. D.

Mar 12 1917. (Address) 201 E Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Woodlawn Cem. DATE OF BURIAL, 3/13, 191.

20-UNDERTAKER Ellsworth & Son ADDRESS 1617 Maryland Ave

FILM

Spec.—8-24-14—M. & T.—2000 Bks.

D 3252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 3252

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. U. S. Marine Hospital ... WARD.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amber J. Linn

Residence in Baltimore: No. U. S. Marine Hospital ... St.; ... yrs., ... mos. ... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word). Single

6-DATE OF BIRTH. ..... Unknown ....., 1891.
(Month) (Day) (Year)

7-AGE. 26 yrs. ... mos. ... da.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Seaman
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country) Finland

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital record

(Address) .....

15- MAR 13 1917 Filed ....., 191... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 12, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 22 1916 to March 12 1917, that I saw h[illegible] alive on March 12 1917, and that death occurred, on the date stated above, at 4:20 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Chr. Pulmonary

Tuberculosis of Larynx

(Duration) ... yrs. 8 mos. 20 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) ... yrs. ... mos. ... ds.

(Signed) H. R. Carter M. D.

Mch 13, 1917. (Address) U. S. Marine Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 2 mos. 21 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Finland

PLACE OF BURIAL OR REMOVAL. Woodlawn Cem. DATE OF BURIAL. 3/14, 1917

UNDERTAKER Chenowith & Co. ADDRESS 317 Chestnut ave

D 3253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 3253

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 417 S Washington ST.; WARD)

2-FULL NAME Robert H Dudrow

(Residence in Baltimore: No. 417 S Washington St

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs., 57 mos. 1 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 6, 1859
(Month) (Day) (Year)

7-AGE, 57 yrs. 1 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tin Lapper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, Robert Dudrow

11-BIRTHPLACE OF FATHER (State or Country), Indiana

12-MAIDEN NAME OF MOTHER Rachel Petty

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A Dudrow

(Address) 417 S. Washington St

15-Filed MAR 13 1917, 191.... ROBERT R. KRAUTHER Clerk.
Burial Permit Number.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Henry Grant Coroner M. D.

3/17 191 7 (Address) 16 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, OAK LAWN CEMETERY. DATE OF BURIAL, Mch. 12 1917

20-UNDERTAKER LILLY & ZEILER. ADDRESS 403 S. Wolfe ST.

D 3254

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3254

CERTIFICATE OF DEATH.

REGISTERED No. C 6 175

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John A Kiessing

(Residence in Baltimore: No. 2032 E Fayette st St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
male	white	Boy

6-DATE OF BIRTH, ... July 6 1902, 1
(Month) (Day) (Year)

7-AGE, ... 14 yrs. 8 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John Kissling

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Louis Steb

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louisa Kiessling

(Address) 2032 E Fayettte w

15- FILED MAR 13 1917 191 ROBERT R. KRAUTER Registrar

Burial Permit Clerk

Important. See instructions on back of Certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Mar 11 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism hit by automobile

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Wirt Dunlap (Coroner.) M. D.

191.. (Address) 111 E Eager

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 11 5 mo. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Charles & Fayette sts

Former or usual residence 2032 E Fayette st

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, March 13 19 17

20-UNDERTAKER Lilly & Zeiler

ADDRESS 1038 N Wolfe St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3255

CERTIFICATE OF DEATH.

92 D 3255

REGISTERED No. C.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 234 N. High St. ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Gustavo Gonnella

(Residence in Baltimore: No. 234 N. High St St.; ....yrs,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Single

6-DATE OF BIRTH, July (Month) 22 (Day), 1911 (Year)

7-AGE, 5 yrs. 8 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Giovanni Gonnella

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Genio Tavalli

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Giovanni Gonnella

(Address) 234 N. High St

MAR 13 1917 Filed....., 191.... ROBERT R. KRAUTER Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 6 1917, to March 12 1917, that I saw him alive on March 12 1917, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. ....ds.

(Signed) Luigi D. DiStefano M. D.

March 12, 1917. (Address) 407 N. Exeter St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Vincents Cem.	March 13, 1917.
20-UNDERTAKER Tilly & Zeiler	ADDRESS 403 S. Wolfe

Spec.—8-24-14—M. & T.—2000 Bks.

D 3256

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3256

63

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 931 S. Paca St. St.; 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George K. Wegner.

(Residence in Baltimore: No. 931 S. Paca St. St.; .....yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, July (Month) 8th (Day), 1843 (Year)

7-AGE,	If LESS than 1 day,
73 yrs. 8 mos. 2 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cooper.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Anthony Wegner.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Amelia Wegner.

(Address)..... 931 S. Paca St.

15-MAR 13 1917

Filed....., 191.. ROBERT R. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 10th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 6 1914, to March 10 1917, that I saw h.... alive on March 10 1917, and that death occurred, on the date stated above, at 9.05 a. m.

The CAUSE OF DEATH* was as follows:

Paralysis Agitans

.....

.....

..... (Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bulbar involvement with throat paralysis, difficulty swallowing (Duration) ..... yrs. ..... mos. 10 ds.

(Signed) Geo. T. Kemp M. D.

March 13, 1917.. (Address) 1 James Apartments

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer	March 14 1917.

20-UNDERTAKER	ADDRESS
Lilly & Zeiler.	403 S. Wolfe.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3257.

CERTIFICATE OF DEATH.

28 ✓ D 3257.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 331. S. Caroline ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Witalisa Lembska

Residence in Baltimore: No. 331. S. Caroline St. St.; 7 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... May (Month) 25 (Day) 1906 (Year)

7-AGE, 10 yrs. 11 mos. 13 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... Schoolgirl

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Wojciech Lembski

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Antonina Rutkowska

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wojciech Lembski

(Address) 331. S. Caroline St.

15- Filed MAR 13 1917

ROBERT R. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 12 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 6 1917, to March 12 1917, that I saw h[er] alive on March 12 16 1917, and that death occurred, on the date stated above, at 5P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) .... yrs. .... mos. 7 ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) .... yrs. .... mos. .... ds.

(Signed) Alex. G. Gentzmer M. D.

March 14, 1917. (Address) 721 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 4 yrs. — mos. — ds. In the State 3 yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, March 13, 1917.

20-UNDERTAKER William Fiaskowski ADDRESS 1618 Eastern Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 3258

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 N Castel ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Ernst

(Residence in Baltimore: No. 12 N Castel St.; ..... yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Fem	White	Widow

6-DATE OF BIRTH, Oct 11, 1863 (Month) (Day) (Year)

7-AGE, 53 yrs. 5 mos. ..... da. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Dont know

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Ernst

(Address) 12 N Castel

15-

Filed MAR 13 1917 191.. ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 30th 1916, to March 10th 1917, that I saw her alive on March 9th 1917, and that death occurred, on the date stated above, at 4:30 a. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) — yrs. — mos. 1 da.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(Duration) 1 yrs. — mos. — da.

(Signed) Edw M Shipwash M. D.

Mar. 10 191 7 (Address) 5 N. Washington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Trinity — DATE OF BURIAL, March 13 191.7

20-UNDERTAKER Wendell Apfel & Co — ADDRESS 378 N

Spec.—8-24-14—M. & T.—2000 Bks.

D 3259

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3259

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Mercy Hospital

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Earl Parkinson

(Residence ~~in Baltimore~~: No. Mercy Hospital St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Jan. 16, 1896
(Month) (Day) (Year)

7-AGE, 21 yrs. 1 mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Waterman
(b) General nature of industry, business, or establishment in which employed (or employer) Oyster Boat

9-BIRTHPLACE, (State or Country), Annapolis Md

PARENTS.

10-NAME OF FATHER, John Parkinson

11-BIRTHPLACE OF FATHER (State or Country), Annapolis Md

12-MAIDEN NAME OF MOTHER Stella Davis

13-BIRTHPLACE OF MOTHER (State or Country), Annapolis Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John R. Taylor

(Address) Annapolis Md

15- MAR 13 1917 ROBERT R. KRAUTER

Filed....., 191.... Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 13, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 2 1917, to Mar 13 1917, that I saw him alive on Mar. 13 1917 and that death occurred, on the date stated above, at 12:20 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) A

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. T. L. Smith M. D.

Mar. 13, 1917. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 11 ds. In the State 21 yrs. ..... mos. ..... dys.

Where was disease contracted if not at place of death? Locust Point Md

Former or usual residence Annapolis Md.

19-PLACE OF BURIAL OR REMOVAL, Annapolis Md — DATE OF BURIAL, March 13 1917

20-UNDERTAKER Wm. Tuckner & Sons — ADDRESS 475 W Camden

Spec.—8-24-14—M. & T.—2000 Bks.

D 3260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 D 3260

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine A. Wetter

(Residence in Baltimore: No. 1429 N Fulton Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, March 14, 1884
(Month) (Day) (Year)

7-AGE, 35 yrs. 11 mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Home Work
(b) General nature of industry, business, or establishment in which employed (or employer) Convent

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, George Nicholson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Weigel

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sisters Mercy Hospital

(Address) Convent Ave

15- Filed MAR 13 1917 ROBERT R. KRAUTER Registrar.

for Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 11, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7 1917, to March 11 1917, that I saw her alive on March 11 1917, and that death occurred, on the date stated above, at 11:20 P. m.

The CAUSE OF DEATH* was as follows:

Uremia Eclamsia

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis Chronic interstitial nephritis post-partum

(Duration) yrs. mos. 1 ds.

(Signed) W. A. A. A. Mercer M. D.

March 11, 1917. (Address) 1429 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 ds. In the State 35 yrs. 2 mos. ds.

Where was disease contracted, if not at place of death? 1429 N Fulton Ave

Former or usual residence 1429 N Fulton Ave

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, March 14 1917.

20-UNDERTAKER Wm J Lickum & Son

ADDRESS North Ave

Spec.—S-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

3261

CERTIFICATE OF DEATH.

D 3261

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles White

(Residence in Baltimore: No. 4167 Garrison Ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... January ....., 1908.
(Month) (Day) (Year)

7-AGE, 8 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School boy
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John White

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Margaret Webster

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John White

(Address) 4167 Garrison Ave

15- Filed MAR 13 1917, 191.. ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March ..... 12 ....., 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 26 1917, to March 12 1917, that I saw him alive on March 12 1917, and that death occurred, on the date stated above, at 7.10 a. m.

The CAUSE OF DEATH* was as follows:

Meningitis

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Otitis media

(Duration) yrs. 1 mos. ds.

(Signed) Wharton Dunlap M. D.

3/12, 191.7. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 14 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 4167 Garrison ave

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, March 14, 191..

20-UNDERTAKER Wm J. Tickner & Sons ADDRESS Fulton Ave

D 3262

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 D 3262

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1207 Maryland Ave ST.; 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia Norris

(Residence in Baltimore: No. 1207 Maryland Ave St.; 2 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female | 4-COLOR OR RACE: Colored | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: ..... (Month) June (Day) 1 (Year)

7-AGE: 50 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Pd Occupation

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Frank Norton

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Mary Jones

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Daniel Cassell
(Address) 1701 Bolton St

15. Filed MAR 13 1917 19.. ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 3 (Month) 11 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 8, 1917 to March 11, 1917 that I saw h.. alive on March 10, 1917 and that death occurred, on the date stated above, at 6 a m.
The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) ..... yrs. ..... mos. 4 ds

Contributory (SECONDARY) Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) L S Burbage M. D.
Mar 11, 1917 (Address) 1302 Druid Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery | DATE OF BURIAL: Mar 13, 1917

20-UNDERTAKER: R E Gross | ADDRESS: 1405 Mc Elderry St

Is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Eva Griffin

D 3263

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 D 3263

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 812 W Saratoga St. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva Griffin

(Residence in Baltimore: No. 812 W Saratoga St.; 34 yrs. 11 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Fem	Col'd	Mar

6-DATE OF BIRTH. Apr 4, 1882 (Month) (Day) (Year)

7-AGE. 34 yrs. 11 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): Pd Occupation

9-BIRTHPLACE. (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER. John Bradford

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER. Rebecca Hanson

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Bryant

(Address) 812 W Saratoga

15-

MAR 13 1917 191.... ROBERT R. KRAUTER.

Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Mch 13, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1916, to Mch 13 1917, that I saw h.r alive on Mch 12 1917, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 15 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. 1 mos. ds.

(Signed) J. Norwood M. D.

Mch 13, 1917. (Address) 737 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
M—Auburn	Mch 15, 1917
20-UNDERTAKER	ADDRESS
Sam'l. Cary & Son	1400 Madison

Spec.--8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3264

CERTIFICATE OF DEATH.

38 D 3264
REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St.; 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Klingsday

(Residence in Baltimore: No. 1638 N. Fulton Ave St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Widowed

6-DATE OF BIRTH. Apr 1, 1889 (Month) (Day) (Year)

7-AGE. 27 yrs. 11 mos. 11 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION.
(a) Trade, profession, or particular kind of work: Home Duties
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joseph Schwenger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Katherine Shuf

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mercy Hosp
(Address) Calvert St

15-
Filed MAR 13 1917 ROBERT R. KRAUTER Clerk
Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 12, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 9 1917, to Mar 12 1917, that I saw her alive on Mar 12 1917, and that death occurred, on the date stated above, at 1130 a m.

The CAUSE OF DEATH* was as follows:
Myocarditis (Contributory?)
(Duration) Died here
Senile Pneumonia (Secondary)
(Duration) 7 yrs. mos. ds.

(Signed) Edward P. Smith M. D.
Mar 13, 191. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. 9 ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death? 1635 N Milton Ave
Former or usual residence 1635 N Milton Ave

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery — DATE OF BURIAL, Mar 15, 191.

20-UNDERTAKER George J Smith — ADDRESS 1008 Fayette St

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3265

CERTIFICATE OF DEATH.

92 D 3265

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 668 Raborg St ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas Henry Broaden

Residence in Baltimore: No. 668 Raborg St St.; ...yrs.. 2 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, ... Autumn ....., 1 .....
(Month) (Day) (Year)

7-AGE, ..31.. yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... General

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Autumn

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mattie Smith

(Address) 668 Raborg St

15- MAR 13 1917 ROBERT E. KRAUTER

Filed ....., 191... Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March 11th ....., 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 17th 1917, to March 11th 1917, that I saw h[im] alive on March 10th 1917, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

..... Pneumonia Lobar .....

..... (Duration) ...yrs. ...mos. 7 ds.

CONTRIBUTORY (Secondary) Grip —

..... (Duration) ...yrs. ...mos. 22 ds.

(Signed) Gustav Goldman M. D.

....., 191... (Address) 656 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery

DATE OF BURIAL, ... 191..7

20-UNDERTAKER Charles B Jones

ADDRESS 230 Park

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3266

CERTIFICATE OF DEATH.

D 3266

1-PLACE OF DEATH

CITY of BALTIMORE: (No. 724 Raborg Street ST.; ..... WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Isaac King

Residence in Baltimore: No. 724 Raborg Street St.; — yrs., — mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Colored	———

6-DATE OF BIRTH, March (Month) 10th. (Day), 1917. (Year)

7-AGE, — yrs. — mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... XXX
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Julius D. King

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Rosa Belle Young

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosa B King

(Address) #724 Raborg Street

15-Filed MAR 13 1917, 191.... ROBERT B. KRAUTER Registrar.

Burial Permit No.....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 12th (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 10th 1917, to Mar 12th 1917, that I saw him alive on Mar 11th. 1917., and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Atelectasis with convulsions

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Prolonged delivery

(Duration) XXXXXXXXXX yr ds.

(Signed) Bernard S Feemster M. D.

Mar 13th 1917. (Address) 1707 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt auburn cem. DATE OF BURIAL, Mar 13, 1917.

20-UNDERTAKER Charles B. Jones ADDRESS 35 N Pine St

Spec.—8-24-14—M. & T.—2000 Bks.

Marquetta S. Prasch.

D 3267.

HEALTH DEPARTMENT—CITY OF BALTIMORE

30 D 3267.

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 532 S. Smallwood St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marquetta S. Prasch

(Residence in Baltimore: No. 532 S. Smallwood St.; .....yrs. .....mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Mulatto

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH: May (Month) 29 (Day), 1916 (Year)

7-AGE: .....yrs. 9 mos. 11 ds. If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: John J. Prasch

11-BIRTHPLACE OF FATHER (State or Country): Baltimore

12-MAIDEN NAME OF MOTHER: Florence E. Mould

13-BIRTHPLACE OF MOTHER (State or Country): Harford Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J. Prasch

(Address) 532 S. Smallwood St.

15-MAR 13 1917 Filed....., 191.... ROBERT P. KRAUTER ....., Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: March (Month) 11 (Day), 1917 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 21 1917, to March 11 1917, that I saw h.. alive on March 11 1917, and that death occurred, on the date stated above, at 1.30 P.M.

The CAUSE OF DEATH* was as follows:

Tuberculosis Meningitis

.....

.....

.....(Duration)..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

.....(Duration)..... yrs. ..... mos. ..... ds.

(Signed) Herbert C. Mikels M. D.

March 12, 1917. (Address) 2249 Mitchell

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Mar. 13, 1917

20-UNDERTAKER: F. B. Keefer — ADDRESS: 2138 Fred'k Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 3268 HEALTH DEPARTMENT—CITY OF BALTIMORE

Dr O'Mara. Edmondson Ave & Arlington

50 D 3268

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1504 Madision Ave ST.; 14 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward H Trainor

(Residence in Baltimore: No. 1504 Madisiou Ave St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, ...October.... (Month), ... (Day), 1856 (Year)

7-AGE, 60 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Telegraph .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Operator

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Felix Trainor

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Julia Welsh

13-BIRTHPLACE OF MOTHER (State or Country), Emmitsburg

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... (E. Trainor)

(Address) 1504 Madison Ave

15-MAR 13 1917 ROBERT B. KRAUTER

Filed ....., 191... Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 19 1917, to March 12 1917, that I saw him alive on March 12 1917, and that death occurred, on the date stated above, at 1 p m.

The CAUSE OF DEATH* was as follows:

Diabetis, with Diabetic Gangrene of Rt. Leg.

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetis Causa

(Duration) yrs. mos. 2 ds.

(Signed) J. T. Mara M. D.

March 12, 1917. (Address) 1042 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Cathedral — DATE OF BURIAL, March 15, 1917.

20-UNDERTAKER M Fahey & Sons — ADDRESS 602 Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3269

CERTIFICATE OF DEATH.

28 / D 3269

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 W Lafayette Ave St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter H. Minner

(Residence in Baltimore: No. 707 W. Lafayette Ave St.; ....yrs.,....mos.....ds.)

8

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1900 (Year)

7-AGE, 17 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work At School
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George H Minner

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Susan McCarthy

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susan Minner

(Address) 707 W Lafayette Ave

15- FILED MAR 13 1917 191..... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 9 1917, to March 12 1917, that I saw h[illegible] alive on March 12 1917, and that death occurred, on the date stated above, at 5:00a m.

The CAUSE OF DEATH* was as follows:

Pulmo Tuberculosis

(Duration) ....yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) H Haddock M. D.

Mch 13, 1917. (Address) 117 N. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral DATE OF BURIAL, Mar. 14, 1917

20-UNDERTAKER M Fahey & Sons ADDRESS 16 Lafayette Av

Spec.—8-24-14—M. & T.—2000 lks.

Charles H. Gier

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3270

CERTIFICATE OF DEATH.

79 ✓ D 3270

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 E. Montgomery St.; 22 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Gier.

(Residence in Baltimore: No. 109 E. Montgomery St.; 54 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, May 23rd (Month) (Day), 1862 (Year)

7-AGE, 54 yrs. 9 mos. 17 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cigar Maker
(b) General nature of industry, business, or establishment in which employed (or employer): Work Handy Fac.

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Chas H. Gier

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frances A. Gier

(Address) 109 E. Montgomery St

15- Filed MAR 13 1917 191 ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 12, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10 1917, to March 12 1917, that I saw h in alive on March 12 1917, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Grippe

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. 8 mos. ds.

(Signed) R. Blake M. D.

March 12 1917. (Address) 627 Columbia Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Western Cemetery	March 15, 1917.

20-UNDERTAKER Mr & Mrs John W. Teufel — ADDRESS 811 E. Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

D 3271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 3271

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Weber

Residence in Baltimore: No. 979 W Fayette St St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, January 17, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 1 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), md

PARENTS.

10-NAME OF FATHER, Charles Weber

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Emma Summers

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hospital Record

(Address) Greene & Lombard Sts.

15-

Filed MAR 13 1917 191.... ROBERT R. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 12, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 1 1917, to March 12 1917, that I saw him alive on March 12 1917, and that death occurred, on the date stated above, at 3:10 P m.

The CAUSE OF DEATH* was as follows:

.....Bronchial Pneumonia.....

.....

..... (Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) J. G. Brownlee M. D.

3/12, 1917. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 11 ds. In the State 1 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Baltimore Md

Former or usual residence " "

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hart's Island, Somerset Co Md	March 13, 1917

20-UNDERTAKER H. E. Hughes ADDRESS 17 S Broadway

D 3272

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

40 ✓ D 3272

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 Russell ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Catherin Adams

(Residence in Baltimore: No. 911 Russell St. 77 yrs. 1 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: January (Month) 29 (Day), 1840 (Year)

7-AGE: 77 yrs. 1 mos. 10 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION (a) Trade, profession or particular kind of work: Retired Domestic (b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Mitchell Hancock

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Susanna Blades

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Adams

(Address) 911 Russell St

15- MAR 13 1917 Filed ..... 191.....

HARRY C. ANDREWS
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 11 (Day), 1917 (Year)

I HEREBY CERTIFY, That I attended deceased from January 13 1917, to March 11 1917, that I saw h.... alive on March 10 1917, and that death occurred, on the date stated above, at 4.4 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(Clinical) (Duration) yrs. 4 mos. ..... ds.

Contributory (SECONDARY) Exhaustion

(Duration) yrs. 1 mos. ..... ds.

(Signed) G. F. Buxton M. D.

3/12 —, 1917. [Address] 304 E Cross St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem — DATE OF BURIAL: March 13, 191..

20-UNDERTAKER: Mrs J. E. Evans & Sons — ADDRESS: 1428 N Charles St

Spec.—8-24-14—M. & T.—2000 Bks.

D 3273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 3273

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 345 Warren Ave ST.; 24 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia H Gutzendanner

(Residence in Baltimore: No. 345 Warren ave St.; about 60 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Not Known (Month) (Day) 1 (Year)

7-AGE, about 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House-work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Thomas L Worth

(Address) 345 Warren Ave

15- Filed MAR 13 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 12, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 8 1917, to March 12 1917, that I saw her alive on March 11 1917, and that death occurred, on the date stated above, at 5.20 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(Duration) yrs. mos. 1 ds.

(Signed) J J O'Donnell M. D.

March 13, 1917. (Address) 107 W. Mt. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, LOUDON PARK. DATE OF BURIAL, MAR. 13 1917.

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

D 3274 HEALTH DEPARTMENT—CITY OF BALTIMORE 64 D 3274

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 N. Glover ST. WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael E Kelley

(Residence in Baltimore: No. 706 N. Glover St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, March (Month) 17 (Day), 1855 (Year)

7-AGE,	If LESS than 1 day,
61 yrs. 11 mos. 12 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wood
(b) General nature of industry, business, or establishment in which employed (or employer): Worker

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: John Kelley

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. K. Kelley

(Address) 706 N. Glover St.

15- Filed MAR 13 1917, 191.... HARRY C. ANDREWS Registrar.

Burial Permit Cl.s.t.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 16 1917, to March 11 1917, that I saw him alive on March 10 1917, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(Duration) ....yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) 2 yrs. ....mos. ....ds.

(Signed) A. Tolley M. D.

Mch 12, 191 7. (Address) 3314 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Mary's Hampden

DATE OF BURIAL, March 14, 1917

20-UNDERTAKER, Wm. Cook

ADDRESS 601 E north ave

D 3275 HEALTH DEPARTMENT—CITY OF BALTIMORE D 3275

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1820 Eutaw Place ST.: 14 WARD) REGISTERED No. C 79

2-FULL NAME Carrie Lauphimer —

(Residence in Baltimore: No. 1931 Madison Ave.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Lifetime
(St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 12 (Day), 1879 (Year)

7-AGE, 39 yrs. 9 mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer): Work

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Michael Holzman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Lizzie Sours

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Frank.

(Address) Plummer Hall & Ht.

15- Filed MAR 13 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Disease
11 months
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) H. W. Hollins M. D.
(Coroner.)
March 13, 1917. (Address) 5 1921 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? 1931 Madison Ave

Former or usual residence 1931 Madison Ave

19-PLACE OF BURIAL OR REMOVAL, Baltimore DATE OF BURIAL, March 17, 1917.

20-UNDERTAKER Ward & Goodlein ADDRESS 1411 Eutaw Pl

Spec.—8-24-14—M. & T.—2000 Bks.

D 3276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 42 D 3276

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 3703 Reisterstown Rd ST.; 13 WARD)
2-FULL NAME Ray Holt
(Residence in Baltimore: No. 3703 Reisterstown Rd St.; Lifetime)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept. (Month) ..... (Day) ....., 1860 (Year)

7-AGE, 56 yrs. 6 mos. ? ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Simon Ross

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Julia Guttentach

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. L. Holt

(Address) 3703 Reisterstown Rd

15- Filed MAR 13 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 12th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1917, to March 12 1917, that I saw her alive on March 12 1917, and that death occurred, on the date stated above, at 1 10 m.

The CAUSE OF DEATH* was as follows:

Sarcoma recurrence Cancer of Pelvis and Abdomen 1 year after operation Uterus

(Duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Obstruction Hemorrhage Collapse

(Duration) yrs. mos. ds.

(Signed) Joseph C. Richards M. D.

March 12, 1917. (Address) 1576 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Hebrew — DATE OF BURIAL, March 14, 191.

20-UNDERTAKER Rabbi Rosenheim — ADDRESS 824 Madison

Spec.—8-24-14—M. & T.—2000 Bks.

D 3277.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 ✓ D 3277.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1624 N. Gay 10 ST.; 8 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert C Lemmon

(Residence in Baltimore: No. 1624 N. Gay St. St.; 4/12 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, July 19 (Month) (Day), 1867 (Year)

7-AGE, 49 yrs. 7 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter at
(b) General nature of industry, business, or establishment in which employed (or employer): Geo Brun Bro

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Robert C Lemmon

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Catherine Shaw

13-BIRTHPLACE OF MOTHER (State or Country), Balto, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E Lemmon

(Address) 1624 N Gay St

15-MAR 13 1917 Filed....., 191.....

HARRY C. ANDREWS Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 24 1916, to Mch 11 1917, that I saw h[illegible] alive on Mch 10 1917, and that death occurred, on the date stated above, at 8 a, m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

(Duration) yrs. 2/3 mos. ds.

CONTRIBUTORY (Secondary) Sinuous of Larynx

Indefinite (Duration) yrs. mos. ds.

(Signed) Wm J Kraus M. D.

Mch 13 191 7. (Address) 712 St Paul

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore County | DATE OF BURIAL, March 14 1917

20-UNDERTAKER Robt J. Turner | ADDRESS 1342 W Fayette Street

Spec.—8-24-14—M. & T.—2000 Bks.

D 3278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 3278

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1403 N Montford Ave ST.) 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mona Fritzges

(Residence in Baltimore: No. 1403 N Montford Ave St.; 44 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word): Married

6-DATE OF BIRTH, March 10 (Month), 1852 (Year)

7-AGE: 65 yrs. mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER, Charles Seebach

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mona Bowers

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lizzie A Summers

(Address) 1403 N Montford Ave

15-

Filed MAR 13 1917, 191.... HARRY C. ANDREWS

Burial Permit Issued Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 12 (Month) (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Oct 30 191 6, to March 12 191 7, that I saw h 2d alive on March 11 191 7, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) 3 yrs. mos. ds.

(Signed) Wm F Watson M. D.

Mch 13, 191 7 (Address) 711 St Paul

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem'y — DATE OF BURIAL, March 17 191 7

20-UNDERTAKER Robt F Sumwalt — ADDRESS 1422 N Broadway

D 3279 HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH 2316 Pennsylvania ave. 28 ✓ REGISTERED NO. C D 3279

CITY OF BALTIMORE: (No. John I. Devine ST.; 15 WARD)

2-FULL NAME John I. Devine

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 12.)

(Residence in Baltimore: No. 2316 Pennsylvania Av St.; 9 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: March (Month) 20th (Day) 1840 (Year)

7-AGE: 76 yrs. 11 mos. 17 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: Thomas Devine

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Kenny

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs John Sheehan

(Address) 2316 Penna. Ave.

15- Filed MAR 13 1917, 191 HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 12th (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1916, to, Mch. 12, 1917, that I saw h[illegible] alive on Mch. 11th 1917, and that death occurred, on the date stated above, at 9 30 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs
+ Intestines

(Duration) yrs 6 mos. ds.

Contributory (SECONDARY) Gradual wasting & Marasmus

(Duration) yrs 3 mos. ds.

(Signed) E. L. Smith M. D.

Mch 12, 1917. [Address] 1605 N. York Av

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral | DATE OF BURIAL: March 14, 1917

20-UNDERTAKER: Robt. J. Turner | ADDRESS: 442 Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

D 3280

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 ✓

D 3280

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2318 Penn's Ave St.; 14th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph D Bracken

(Residence in Baltimore: No. 2318 Penn. Ave St.; 44 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. July 28, 1872
(Month) (Day) (Year)

7-AGE. 44 yrs. 7 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Finisher Factory
(b) General nature of industry, business, or establishment in which employed (or employer)..... Work.

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Bracken

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Anna Donner

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Margie Bracken

(Address) 2318 Pennsylvania Ave

15- MAR 13 1917 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 13, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 27 1917, to March 11 1917, that I saw h.. alive on March 11 1917, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

Chronic (Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. F. Mehling M. D.

March 13, 1917. (Address) 803 W. Pratt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mount Calvary Cemetery	March..., 191.7
20-UNDERTAKER	ADDRESS
Robt. J. Dunn	1412 N. Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

D 3281 HEALTH DEPARTMENT—CITY OF BALTIMORE 79 ✓ D 3281

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1977 Patterson Place ST.; 8 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry E. Flach.

(Residence in Baltimore: No. 1977 Patterson Place St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, July 15, 1837.
(Month) (Day) (Year)

7-AGE, 79 yrs. 7 mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Dont Know.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Pauline F. Flach

(Address) 1977 Patterson Place

15. MAR 13 1917 Filed....., 191.... HARRY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch 12, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 1 1917, to Mch 12 1917, that I saw h.. alive on Mch 12 1917, and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jacob Fenton M. D.

Mch 12, 1917. (Address) 1823 N. Mark[illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Redeemer	Mar 16, 1917.
20-UNDERTAKER	ADDRESS
Wm Cook &	502 E North Av

Spec.—8-24-14—M. & T.—2000 Bks.

D 3282 HEALTH DEPARTMENT—CITY OF BALTIMORE D 3282

CERTIFICATE OF DEATH. 120 ✓

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3307 Edmondson Av St.; 70 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W Williams

(Residence in Baltimore: No. 3307 Edmondson av St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, Jan 22, 1837.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
80 yrs. 1 mos. 19 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Commission Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hiram C. Williams

(Address) 3307 Edmondson Av

15-

Filed MAR 13 1917 191... HARRY C. ANDREWS Clerk
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 13, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....191..., to ....191...,
that I saw h... alive on ....191...,
and that death occurred, on the date stated above, at ... m.
The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) ... M. D.

..., 191... (Address) ...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	Mar 16, 1917
20-UNDERTAKER	ADDRESS
Wm Orr	502 E. Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

D 3283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 ✓ D 3283

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1205 Hanover St. ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William F. Mercer.

(Residence in Baltimore: No. 1205 Hanover St. St.; Life yrs., mos., da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec. 28, 1882
(Month) (Day) (Year)

7-AGE, 34 yrs. 4 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter.
(b) General nature of industry, business, or establishment in which employed (or employer): House

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER, Frederick Mercer

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER, Susan C. Hilde

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Mercer.

(Address) 307 E. Hamburg St.

15- Filed MAR 13 1917, 191.... HARRY C. ANDERSON Bryant Lesmit Olert Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 11, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended, deceased from Dec. 1916, to March 11 1917, that I saw h[illegible] alive on March 11 1917, and that death occurred, on the date stated above, at 10:45 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. E. Smith M. D.

March 12, 1917 (Address) 910 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. DATE OF BURIAL, March 14, 1917.

20-UNDERTAKER: Jos. J. Fahey & Sons ADDRESS 138 Eight St

D 3281

HEALTH DEPARTMENT--CITY OF BALTIMORE

1 PLACE OF DEATH

CERTIFICATE OF DEATH

64

D 3284

REGISTERED No. C

CITY OF BALTIMORE (No. 106 Welcome St. St.; 22 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dena Ross.

(Residence in Baltimore: No. 106 Welcome St St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Fem.	Col.	Widow

6-DATE OF BIRTH: May (Month) 20 (Day), 1853 (Year)

7-AGE: 63 yrs. 9 mos. 29 ds. (If LESS than 1 day, ... hrs. or ..... min.?)

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Floyd Lemmist

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Priscilla Ross

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Ross

(Address) 106 welcome sty

MAR 14 1917 Filed ....., 191.... ROBERT B. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar (Month) 11 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 4, 1917, to Mar 11 1917, that I saw h.r alive on Mar. 11, 1917, and that death occurred, on the date stated above, at 12.50 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(Duration) ..... yrs. 7 mos. 8 ds

Contributory (SECONDARY) —

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Frank E. Wagner M. D.

Mar. 11, 1917. (Address) 1006 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Cemetery — DATE OF BURIAL: March 14, 1917

20-UNDERTAKER: John H Owens — ADDRESS: 5-7 S Eutaw

is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3285

CERTIFICATE OF DEATH.

28 D 3285

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 Josephine St. ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Randolph Powell

(Residence in Baltimore: No. 707 Josephine St. St.; 50 yrs., 4 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widowed

6-DATE OF BIRTH, October 24, 1876 (Month) (Day) (Year)

7-AGE, 40 yrs. 4 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Moses Powell

11-BIRTHPLACE OF FATHER (State or Country), Balto, Md.

12-MAIDEN NAME OF MOTHER Rachael Ann Lewis

13-BIRTHPLACE OF MOTHER (State or Country), Balto, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)....Chester Riland, M.D.

(Address) 2532 Edmondson Ave.

15- MAR 14 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 11, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 6 1917, to March 11 1917, that I saw him alive on March 10 1917, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chester Riland M. D.

3-11-, 1917. (Address) 2532 Edmondson Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Farmer or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn — DATE OF BURIAL, March 15 191 7

20-UNDERTAKER John H Arnum — ADDRESS 5-38 Dolphin

FILMED

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3286

CERTIFICATE OF DEATH.

102 D 3286

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 W. Saratoga St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lizzie Cohen

(Residence in Baltimore: No. 504 Saratoga St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Fem

4-COLOR OR RACE: Blk

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): married

6-DATE OF BIRTH, Not known (Month), ... (Day), 1 (Year)

7-AGE, 38 yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Alabama

PARENTS.

10-NAME OF FATHER, Jack Tyler

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER, Louisa Tyler

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Cohen

(Address) 504 Saratoga St

15-

Filed MAR 14 1917, 191.. ROBERT R. KRAUTER

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 17 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Janu 6 1917, to Mch 17 1917, that I saw her alive on Mch 11 1917, and that death occurred, on the date stated above, at 9.10A m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) ....yrs. 2 mos. 6 ds.

CONTRIBUTORY (Secondary) Gastric Ulcer

(Duration) ....yrs. 6 mos. .... ds.

(Signed) Gustav Goldman M. D.

Mch 13, 191.. (Address) 656 W. Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, 3.17, 191..

20-UNDERTAKER, Samuel S. Hensley ADDRESS 5718 Old Ldn

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3287.

CERTIFICATE OF DEATH.

D 3287

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 616 Gold ST.; 14th WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Phillips

(Residence in Baltimore: No. 616 Gold St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE. 40 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). Gunsmith

9-BIRTHPLACE, (State or Country), Balto co Md.

PARENTS.

10-NAME OF FATHER. Quill Phillips

11-BIRTHPLACE OF FATHER (State or Country), Balto co

12-MAIDEN NAME OF MOTHER Puella Scott

13-BIRTHPLACE OF MOTHER (State or Country), Balto co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Phillips

(Address) 616 Gold St

15-
Filed MAR 14 1917, No. .....
ROBERT R. KRAUTER
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 13, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 12 1917, to March 13th 1917, that I saw h[illegible] alive on March 12th 1917, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Acute

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Pul. T. B.

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. E. Cole M. D.

Mar 13, 1917. (Address) 924 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Mar 15, 1917.

20-UNDERTAKER Edward Ringgold — ADDRESS 1463 N Carey

KODAK

Spec.—8-24-14—M. & T.—2000 Blks.

D 3288

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

D 3288

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hahnemann Gen Hospital 269 WARD) REGISTERED NO. C 92

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr George ~~Kemp~~ Kremp

(Residence in Baltimore: No. 400 E Fort Ave St.; 31 yrs., 10 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Apr 18, 1885 (Month) (Day) (Year)

7-AGE, 31 yrs. 10 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Beer Wagon
(b) General nature of industry, business, or establishment in which employed (or employer)..... Driver

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Louis Kremp

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Richning

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Kremp

(Address) 400 E. Fort Ave.

15- Filed MAR 14 1917, 191..... ROBERT R. KRAUTHER Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 5 1917, to March 17 1917, that I saw h[illegible] alive on March 12 1917, and that death occurred, on the date stated above, at 12.30 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. W. Stevenson M. D.

March 17, 1917 (Address) 102 W Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 400 E. Fort Ave.

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, Mar. 15, 1917

20-UNDERTAKER Philip Hennig — ADDRESS 201 E Orleans

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

3289

CERTIFICATE OF DEATH.

4 109 D 3289

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hosp ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Horace Morris

(Residence in Baltimore: No. 678 Fabory St. St.: 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, unknown ....., 18..
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
34 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer (Day)
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, William Morice

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Sarah Banks

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Morice

(Address) 630 Robinson St

15- Filed MAR 14 1917 191.. ROBERT B. KRAUTHER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7, 191 1, to March 10 191 7, that I saw h.im alive on March 10 191 7, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

1 Strangulated right inguinal hernia (Indirect)

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Toxaemia

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Ed Landau M. D.

3-10, 191 7 (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 5 yrs. mos. ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 678 Fabory St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Ware House Whalfs a	March 11 1917.

20-UNDERTAKER Geo H Hooper (over)

ADDRESS 609 Little Mad

Spec.—8-24-14—M. & T.—2000 Bks.

D 3290

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3290

CERTIFICATE OF DEATH.

120

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1838 E. North Ave St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret E. Falkenstein

(Residence in Baltimore: No. 1838 E. North Ave St.: 68 yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 6th, 1849
(Month) (Day) (Year)

7-AGE, 68 yrs. ..... mos. 6 da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General natnre of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Fizzelsburg Carroll Co Md

PARENTS.

10-NAME OF FATHER, Caleb Boring

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Susan Wiffenbaugh

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Karl K. Falkenstein

(Address) 1613 N. Eden St.

15. Filed MAR 14 1917, 191.....

ROBERT R. KRAUSER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 12, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 11 1917, to Mch 12 1917, that I saw her alive on Mch 12 1917, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Uremic Coma

..... (Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Chronic Nephritis

..... (Duration) 2 yrs. ..... mos. ..... da.

(Signed) Albert B Leman M. D.

Mch 13, 191.7 (Address) 718 N Patterson Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Mar. 14, 1917

20-UNDERTAKER William Cook

ADDRESS 502 E. North Ave

Spec.—8-24-14—M. & T.—2000 Blks.

Census Work.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ 108

D 3291

CERTIFICATE OF DEATH

D 3291

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital Madison & Linden Ave ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Mock

(Residence in Baltimore: No. 60 Woodland Ave (Arlington) St., yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH. Nov 3 (Month) (Day), 1878 (Year)

7-AGE 38 yrs. 4 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country).

PARENTS.

10-NAME OF FATHER. Mock

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Kunz Kunst

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mock

(Address) 60 Woodland Ave.

15- MAR 14 1917 191.. ROBERT R. KRAUSE Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 11 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 6 191 7, to Nov 11 191 7, that I saw h[illegible] alive on Nov 11 191 7, and that death occurred, on the date stated above, at 10 55 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism

5 mins (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Laceration of Uterus Cervix

Appendectomy (Duration) yrs. mos. 6 ds.

(Signed) [illegible] M. D.

Nov 12, 191 7. (Address) 1228 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 6 ds. In the State 15 yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence 60 Woodland Ave

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Western Cemetery	Nov 14 191 7.
20-UNDERTAKER	ADDRESS
F. A. Krause	703 Hanover

Spec.—3-24-14—M. & T.—2000 Bks.

D 3292

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 3292

REGISTERED NO. C

PLACE OF DEATH

CITY OF BALTIMORE: (No. 400 Gold ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME George Koehler

(Residence in Baltimore: No. 400 Gold St.; 3 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, July (Month) 21 (Day), 1858 (Year)

7-AGE, 58 yrs. 7 mos. 20 da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Machinist
(b) General nature of industry, business, or establishment in which employed (or employer) Piano factory

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Perenzer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Ida Bohanan

(Address) 400 Gold St

15- Filed MAR 14 1917, 191 ROBERT R. KRAUSE Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 8 1917, to March 13 1917, that I saw h[illegible] alive on March 13 1917, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Cerebro Pneumonia

(Duration) yrs. mos. 5 da.

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) yrs. mos. 1 da.

(Signed) J. Frederick Litt M. D.

March 13, 1917. (Address) 2614 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore County — DATE OF BURIAL, March 16, 1917.

20-UNDERTAKER J. A. Krause — ADDRESS 703 Hanover

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 3293

CERTIFICATE OF DEATH.

120 D 3293

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St.; 120 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nellie Hall.

(Residence in Baltimore: No. 1212 W. Lanvale St. St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH. November 27, 1876 (Month) (Day) (Year)

7-AGE. 40 yrs. 3 mos. 14 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Telephone Operator
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Chas Hall

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Ella A Brein

13-BIRTHPLACE OF MOTHER (State or Country), Eng.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). University Hosp Record.

(Address). Green & Lombard Sts.

15-

FILED MAR 14 1917 191. ROBERT R. KRAUTER Registrar

Burial Permit ISSUED

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 13, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 9 1917, to March 13 1917, that I saw her alive on March 13 1917, and that death occurred, on the date stated above, at 2 14 p. m.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (Duration) Unknown mos. ds.

(Signed). C. A. Reifschneider M. D.

3/13, 191.7. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State yrs. Life mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1212 W Lanvale St.

19-PLACE OF BURIAL, OR REMOVAL. Loudon Park — DATE OF BURIAL. Mar. 16, 191.7.

20-UNDERTAKER T. A. Krauss — ADDRESS 103 Hanover St

Spec.—8-24-14—M. & T.—2000 Bks.

D 3294

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

92 D 3294

REGISTERED No. C.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1207 Denver ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME James Meagher

(Residence in Baltimore: No. 1207 Denver St.; — yrs., 8 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. July (Month) 9 (Day), 1916 (Year)

7-AGE, ...yrs. 8 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Thomas W. Meagher

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Annie V. Carter

13-BIRTHPLACE OF MOTHER (State or Country), Harrisburg Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Thomas W. Meagher
(Address) 1207 Denver St.

15. Filed MAR 14 1917 191.... ROBERT B. KRA[illegible] Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 9 191 7, to Mar 11 191 7, that I saw h[illegible] alive on Mar 11 191 7, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

.....
Lobar Pneumonia
..... (Duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary)
..... (Duration) — yrs. — mos. — ds.

(Signed) F. C. Link M. D.
Mar 12 191 7 (Address) 1313 N. 9th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Peters Cemetery — DATE OF BURIAL, March 14 191 7

20-UNDERTAKER, James Degnan & Son — ADDRESS 1000 S. Paca St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3295

HEALTH DEPARTMENT—CITY OF BALTIMORE

139 D 3295

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 North Dallas ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Jacock

(Residence in Baltimore: No. 112 North Dallas St.; ....yrs....mos....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 23 yrs....mos....da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laundress
(b) General nature of industry, business, or establishment in which employed (or employer). Pd Occupation

9-BIRTHPLACE, (State or Country), Virginia.

PARENTS.

10-NAME OF FATHER, Peter Jacock

11-BIRTHPLACE OF FATHER (State or Country), N Carolina

12-MAIDEN NAME OF MOTHER Rosa Williams

13-BIRTHPLACE OF MOTHER (State or Country), N Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florance Baxton

(Address) 112 N Dallas St

15-

Filed MAR 14 1917, 191.... ROBERT B. KRAUTH Registrar

Burial Permit Given

(Over)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 11, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10 1917, to March 11 1917, that I saw her alive on March 11 1917, about 1 P. m. and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Sudden death following

Childbirth

(Duration) ....yrs....mos....1..da.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs....mos....da.

(Signed) John G Jenvay M. D.

March 11, 191.. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Asbury — DATE OF BURIAL. March 15., 1917.

20-UNDERTAKER John W Henderson — ADDRESS N. Carolina

8–9 P. M. DISEASES OF WOMEN AND CHILDREN A SPECIALTY

REG. NO. 743

℞ NAME..... ADDRESS

This authorizes undertaker to remove body of Christian Nilsen from residence to Hopkins Hospital

A. K. Buckley M.D.

3-12-17 Coroner.

granted to remove

Dallas St

BLAKE M. D.

borer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

STATEMENT OF CAUSE OF DEATH.—Name, *first*, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of*

ma, Sar-
; "Cancer" is
for malignant
ooping cough; Chronic
nic interstitial nephritis;
ondary or intercurrent)
unless important. Ex-
causing death), 29 *ds.*;
lary), 10 *ds.* Never re-
minal conditions, such as
ely symptomatic), "Atro-
" "Convulsions," "De-
nile," etc.), "Dropsy,"
e," "Hæmorrhage," "In-
d age," "Shock," "Uræ-
en a definite disease can
se. Always qualify all
dbirth or miscarriage, as
"PUERPERAL *peritonitis*,"
a surgical operation was
undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (*e. g., sepsis, tetanus*) may be stated under the head of "Contributory."

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death:

Abortion, Cellulitis, Childbirth, Convulsions, Hæmorrhage, Gastritis, Erysipelas, Meningitis, Gangrene, Miscarriage, Necrosis, Peritonitis, Phlebitis, Pyæmia, Septicæmia, Tetanus.

The following must be referred to a Coroner:

Deaths due to accident (if criminal negligence possibly involved); *Suicides, Homicides, Abortions (if induced)*, whether death is directly or indirectly due to the same.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3296

CERTIFICATE OF DEATH.

20 D 3296

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. Homewood Apts., Class & 31st ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest Harrison Rowe

(Residence in Baltimore: No. Homewood Apts, Class & 31st St.; 33 yrs., 11 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, March (Month) 22 (Day), 1883 (Year)

7-AGE, 33 yrs. 11 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, William E Rowe

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Kate E Auld

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William E Rowe

(Address) 4105 Main Ave Forest Park

15- Filed MAR 14 1917 ROBERT R. KRAUTER Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 13 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 12 1917, to March 13 1917, that I saw him alive on March 12 1917, and that death occurred, on the date stated above, at 6.40 A m.

The CAUSE OF DEATH* was as follows:

Septicaemia - Cryptogenetic

(Duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Louis P. Hamburger M. D.

March 13 1917. (Address) 1207 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, March 15, 1917

20-UNDERTAKER George J Smith ADDRESS 1000 Fayette St

D 3297

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 D 3297

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 St. Peter St. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vincent Reklis

(Residence in Baltimore: No. 716 St. Peter St.; 54 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: ..... (Month) ..... (Day) 1862 (Year)

7-AGE: 55 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) Tailor At Home

9-BIRTHPLACE (State or country) Russia

PARENTS

10-NAME OF FATHER Martin Reklis

11-BIRTHPLACE OF FATHER (State or country) Russia

12-MAIDEN NAME OF MOTHER Mary Zlockas

13-BIRTHPLACE OF MOTHER (State or country) Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ane Reklis

(Address) 716 St. Peter St.

15- Filed MAR 14 1917, 191 ..... ROBERT B. KRAUSER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 13, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 11, 1917, to, March 13 1917, that I saw h-- alive on March 11 1917, and that death occurred, on the date stated above, at 30 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis - Nomma

(Duration) ..... yrs 6 mos. ..... ds.

Contributory (SECONDARY) Chronic Bronchitis Asthma

(Duration) ..... yrs 6 mos. ..... ds.

(Signed) John A Meadowsky M. D.

3-13, 1917. [Address] 629 Columbia av

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 716 St Peter St

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: March 15 1917

20-UNDERTAKER: John Gebhauer — ADDRESS: 475 S. Paca St

Spec.—8-24-14—M. & T.—2000 Blks.

D 3298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

126 D 3298

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. John Hopkins Hosp. ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Graf.

(Residence in Baltimore: No. 407 N. Patterson Pk. Ave. St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, ...January.... (Month) 14 (Day), 1855 (Year)

7-AGE, 61 yrs. 7 mos. 27 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Phelps.

(Address) Johns Hopkins Hosp.

15-MAR 14 1917 ROBERT B. KRAUTER

Filed....., 191.... Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 17 1917, to Mar 13 1917, that I saw him alive on Mar 13 1917, and that death occurred, on the date stated above, at 2.55 P. m.

The CAUSE OF DEATH* was as follows:

Benign prostatic hypertrophy 3 yrs.
Duration - Hydronephrosis bilateral
acute pyelo-nephritis
of 4 days duration - terminal bronchopneumonia

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

.....(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Edward Burns M. D.

Mar 13, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. 24 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 407 N. Patterson Pk Ave.

19-PLACE OF BURIAL OR REMOVAL, St Peters — DATE OF BURIAL, March 17, 1917.

20-UNDERTAKER A. S. Jenkins — ADDRESS 1524 N. Paca St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

D 3299

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1621 Abbott ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antone Slechta

(Residence in Baltimore: No. 1621 Abbott St.; 35 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, March (Month) 1 (Day) ....., 1 (Year)

7-AGE, 58 yrs. ..... mos. ..... ds.	If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Antone Slechta

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Mary Krown

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant)..... Mary Slechta
(Address)..... 1621 Abbott St

15-
Filed MAR 14 1917, 191.... ROBERT R. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 6 1917, to March 12 1917, that I saw h[illegible] alive on March 12 1917, and that death occurred, on the date stated above, at 12:30 P m.

The CAUSE OF DEATH* was as follows:
Multiple Neuritis

(Duration) 1 yrs. 5 mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Valvular Heart Disease

(Duration) ..... yrs. 6 mos. ..... ds.

(Signed) T. L. Krownstein M. D.

March 12, 191.7 (Address) 604 N. Bethel Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	March 15, 191.7

20-UNDERTAKER	ADDRESS
Frank Cracklon	1906 Holland

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3300

CERTIFICATE OF DEATH.

28 D 3300

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 N Duncan ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Gruger

(Residence in Baltimore: No. 217 N Duncan St.; 20 yrs., 3 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec. (Month) 6 (Day), 1896 (Year)

7-AGE, 20 yrs. 3 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Isadore Gruger

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER, Mary Sacha

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Gruger

(Address) 217 N. Duncan St.

15- MAR 14 1917 ROBERT R. KRAUTER

Filed....., 191.....

Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 11 191..., to March 12 1917, that I saw h.. alive on March 12 191.., and that death occurred, on the date stated above, at 7:10 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Acute Lobar Pneumonia

(Duration) ... yrs. ... mos. 2 ds.

(Signed) J. H. Kinsloe M. D.

March 13, 1917 (Address) 604 N. Arlington Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Mar. 16., 1917

20-UNDERTAKER Frank Crachton — ADDRESS 1906 Eastern Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5 79 D 3301

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 Aisquith ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emily H Harrison

(Residence in Baltimore: No. 422 Aisquith St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, ... Jan (Month) 12th (Day), 1839 (Year)

7-AGE, 78 yrs. 1 mos. 27 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: John Denison

11-BIRTHPLACE OF FATHER (State or Country): Cecil county.

12-MAIDEN NAME OF MOTHER: Elizabeth Dwight

13-BIRTHPLACE OF MOTHER (State or Country): Harford county

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Schaller

(Address) 826 E. N. Patterson Park ave

MAR 14 1917 ROBERT R. KRAUTER

Filed ....., 191.... Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 11 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 6 1917, to March 11 1917, that I saw her alive on March 11 1917, and that death occurred, on the date stated above, at 5.30 p. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Several Years (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

Infirmities of old age (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. H. Sandrock M. D.

March 13, 1917. (Address) 1242 N. Broadway.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, March 14 1917.

20-UNDERTAKER Millard B Callender — ADDRESS 1760 Bank St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3302

D 3302

54

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 Fawn ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Provenza

(Residence in Baltimore: No. 1116 Fawn St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Feb (Month) 28 (Day), 1913 (Year)

7-AGE,	If LESS than 1 day,
4 yrs. 0 mos. 13 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, N. Provenza

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Rosa Zeppatte

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) N. Provenza

(Address) 1116 Fawn St

15-Filed MAR 14 1917, 191.... ROBERT B. KRAUTHEIM Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 14 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 14 1917, to March 13 1917, that I saw h.r alive on March 13 1917, and that death occurred, on the date stated above, at 5.00 A. m.

The CAUSE OF DEATH* was as follows:

Progressive pernicious anaemia

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Robert F. Green M. D.

March 14 1917. (Address) 120½ Aisquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, New Cathedral Cem

DATE OF BURIAL, 16 Mch 1917.

20-UNDERTAKER, Robert Bortmeyer

Cortège Hse Holliday

Spec.—8-24-14—M. & T.—2000 Blks.

D 3303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 3303

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2103 E Chase ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Suchanek

(Residence in Baltimore: No. 2103 E. Chase St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March 5th, 1917
(Month) (Day) (Year)

7-AGE. ....yrs. ....mos. 8 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Edward Suchanek

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Margaret Boyle

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward A. Suchanek

(Address) 2103 E. Chase.

15-

Filed MAR 14 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 13th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 5th 1917, to March 13th 1917, that I saw him alive on March 12th 1917, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) None

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wilbur G. Dingeman M. D.

3/13/, 191.7 (Address) 1613 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Carmel Cemetery	March 14, 1917.
20-UNDERTAKER	**ADDRESS**
Geo. Kimball & Son	647 N. Paca St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3304

CERTIFICATE OF DEATH.

+92 D 3304

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Cordelia Taylor

(Residence in Baltimore: No. Mercy Hospital St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1888 (Year)

7-AGE, 29 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wm Barnes

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Mary Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) B B Williams

(Address) Waltering md

15- MAR 14 1917 Filed, 191 ROBERT R. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 4 1917, to Mch 14 1917, that I saw her alive on Mch 14 1917, and that death occurred, on the date stated above, at 7 40 a m.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Emphysema Pericarditis

(Duration) yrs. mos. 21 ds.

(Signed) L. Houston Poulson M. D.

3/14, 1917. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 10 ds. In the State yrs. life mos. ds.

Where was disease contracted, if not at place of death? Mullersville, Md ad

Former or usual residence Mullersville Md

19-PLACE OF BURIAL OR REMOVAL, Waltering Md

DATE OF BURIAL, Mch 14, 1917

20-UNDERTAKER R. Thos Williams Son

ADDRESS Waltering md

Spec.—8-24-14—M. & T.—2000 Bks.

3305

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3305

CERTIFICATE OF DEATH.

8 151

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Elmore

(Residence in Baltimore: No. 1801 N. Collington Ave St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March (Month) 1 (Day), 1917 (Year)

7-AGE, ... yrs. ..... mos. 13 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George Elmore

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Lillian Brown

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G J Smith

(Address) Johns Hopkins Hospital

15- MAR 14 1917 Filed....., 191.....

ROBERT R. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 3 1917, to March 13 1917, that I saw h[illegible] alive on March 13 1917, and that death occurred, on the date stated above, at 2 p m.

The CAUSE OF DEATH* was as follows:

Prematurity

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Milton H. Keller M. D.

Mar. 13., 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 11 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 1801 N. Collington Ave

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemty — DATE OF BURIAL, Mar. 14., 1917.

20-UNDERTAKER Edward C Fuller — ADDRESS 221 N Bundy

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 3306

CERTIFICATE OF DEATH.

91 D 3306

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hosp. ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Crosby

Residence in Baltimore: No. St. Vincents Asylum St.: ....yrs., 10 mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ...September...., 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 10 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....None....
(b) General nature of industry, business, or establishment in which employed (or employer) ....."....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sr. Superiorss

(Address) 1401 Dawson St.

15-MAR 14 1917 ROBERT B. KRAUSE

Filed ....., 191.... Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...March....13...., 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 11, 1917, to March 13 1917, that I saw him alive on March 13 1917, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

....Bronchopneumonia....

.....

.....

..... (Duration) ....yrs. ....mos. 2 ....ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (Duration) ....yrs. ....mos. 1 ....ds.

(Signed) ....Sr. Superiorss....M. D.

3-13..., 1917. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ....ds. In the State ....yrs. 10 mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence St. Vincents Asylum

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral	Mar. 17., 191.7.
20-UNDERTAKER	**ADDRESS**
M. Fahey & Sons	606 Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 3307.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 3307.

CERTIFICATE OF DEATH.

56

1-PLACE OF DEATH St Joseph Hospital

CITY OF BALTIMORE: (No. Caroline & Orleans ST. 10 WARD)

REGISTERED No. C

2-FULL NAME James B. Kelley

Residence in Baltimore: No. 411 E. Biddle St

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; 27 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 27 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Not him working
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER, John J. Kelley

11-BIRTHPLACE OF FATHER (State or Country), D. Ireland

12-MAIDEN NAME OF MOTHER Nellie Kelley

13-BIRTHPLACE OF MOTHER (State or Country), D. Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J. Kelley

(Address) 411 E. Biddle St

15- MAR 14 1917 Filed ....., 191.... ROBERT R. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 12 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1917, to March 12 1917, that I saw h in alive on March 12 1917, and that death occurred, on the date stated above, at 10 4 m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(Sudden).

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Alcoholism (Chronic)

(Duration) ..... yrs. 6 mos. ..... ds.

(Signed) Henry Marked M. D.

3/14/17, 191... (Address) Sol. Jos. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Not Known

Former or usual residence 411 E. Biddle St

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Mar. 14, 1917

20-UNDERTAKER, Mayberry & Sons — ADDRESS 606 Lafayette Ave

D 3308

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 D 3308

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 617 N Pulaski St. 66 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis King

(Residence in Baltimore: No. 617 N Pulaski St.; 65 yrs. 11 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED~~, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: April 29th (Month) (Day), 1851 (Year)

7-AGE: 65 yrs. 11 mos. 15 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Brassfinisher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: John King

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Childs

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Lavenia King

(Address) 617 N. Pulaski

15- Filed MAR 14 1917 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 14th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 13, 1917, to, March 14 1917, that I saw h.. alive on March 13 1917, and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Fractural Stenosis

(Duration) 2 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Pleurisy

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Raymond Allen M. D.

3/14 1917 [Address] 1000 N Payson

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: March 16th 1917

20-UNDERTAKER: C. H. McComas — ADDRESS: 1936 West Fayette St

Spec.—3-24-14—M. & T.—2000 Bks.

D 3309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 3309

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1915 W. Franklin ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Doris Virginia Corkran

(Residence in Baltimore: No. 1915 W. Franklin St. St.; 1 yrs. 2 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	white	single

6-DATE OF BIRTH, January (Month) 5 (Day), 1916 (Year)

7-AGE, 1 yrs. 2 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Roland S. Corkran

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Harriett Bell Westcott

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Roland S. Corkran,

(Address) 1915 W. Franklin St.

15- MAR 14 1917 MARY C. ANDREWS

Filed....., 191..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 5 1917 to Mar 13 1917, that I saw her alive on Mar 13 1917, and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) 1 yrs. 1 mos. 8 ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

(Signed) Henry E. Ohler M. D.

Mar 13., 191.7 (Address) 1203 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, Mar. 15 191.7.

20-UNDERTAKER Jos. L. Cook — ADDRESS 1003 W. Balto.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 3310

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 653 George ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Dora Sprengel

(Residence in Baltimore: No. 653 George St. St.; 66 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	widow

6-DATE OF BIRTH, Dec. 27, 1838
(Month) (Day) (Year)

7-AGE, 78 yrs. 4 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Geo. Strobach

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Weisenborn

(Address) 653 Geo. St.

15- Filed MAR 14 1917, 191... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 12 1917, to March 14 1917, that I saw h[er] alive on March 14 1917, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

(Duration) - yrs. - mos. - ds.

CONTRIBUTORY (Secondary) Chronic Heart Disease

(Duration) - yrs. - mos. - ds.

(Signed) Jno. G. Schleiss M. D.

March 14, 1917. (Address) 204 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cemetery	Mar 16, 1917.
20-UNDERTAKER	ADDRESS
Wm. A. Rohde Sons	730 Pa Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 3311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 3311

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 746 N. Lexington ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Elizabeth Horst

Residence in Baltimore: No. 746 N. Lexington St.; 61 yrs., X mos. X ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Write the word.) Widow

6-DATE OF BIRTH, Feb 1 (Month) (Day), 1826 (Year)

7-AGE, 91 yrs. 1 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... " "

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry Schott

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Annie Schott Jackmann

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Birkenstock

(Address) 2211 E. Baltimore St

15- MAR 14 1917 HARRY C. ANDREWS

Filed....., 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 13 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 191 7, to March 13. 191 7, that I saw her alive on March 6 191 7, and that death occurred, on the date stated above, at 1145 a.m.

The CAUSE OF DEATH* was as follows:

Old age

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac sclerosis

(Duration) yrs. mos. 2 ds.

(Signed) Chas Benneke M. D.

March 13, 191 7 (Address) 800 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery

DATE OF BURIAL, March 15, 191 7

20-UNDERTAKER Mrs. A. Rondeau Son

ADDRESS 730 Penna Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 3312

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3312

CERTIFICATE OF DEATH.

150

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 24 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Woolinski.

Residence in Baltimore: No. 1413 Cookcair St.; .....yrs. .....mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Sing

6-DATE OF BIRTH, March 9, 1917
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
2 hrs.	....hrs. or....min.?
.....yrs.....mos.....ds.	

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), md.

PARENTS.

10-NAME OF FATHER, Frank Woolenski

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Kroschwork

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkin Hosp

15- Filed MAR 14 1917, 191.... HARRY J. ANGELL Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 9, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 9 191 7, to March 9 191 7, that I saw h.. alive on March 9 191 7, and that death occurred, on the date stated above, at 5 45 p. m.

The CAUSE OF DEATH* was as follows:

Congenital Malformation

2 hrs.

(Duration) 0 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Henry B. Conrad M. D.

March 9 191 7 (Address) Johns Hopkin Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. few hrs. ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 1413 Cookcair St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	....., 191...
20-UNDERTAKER Commissioner Health.	ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

D 3313

HEALTH DEPARTMENT—CITY OF BALTIMORE

109 D 3313

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. The Church Home & Infirmary, WARD) 15

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter M Stup

(Residence in Baltimore: No. 1649 Thomas Ave St.; — Yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	single

6-DATE OF BIRTH, ... Aug. 22 ....., 1916.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
.....yrs. 6 mos. 19 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, C. R. Stup

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER May Stup

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. R. Stup

(Address) 1649 Thomas Ave

15-

Filed MAR 14 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 13, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 13 1917, to ——— 191....., that I saw h[illegible] alive on March 13 1917, and that death occurred, on the date stated above, at 5:30 P.m.

The CAUSE OF DEATH* was as follows:

Congenital Hernia (Indirect inguinal)

..... (Duration), Congenital ds.

CONTRIBUTORY (Secondary) Surgical Shock

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C M Harmon M. D.

....., 191... (Address) Church Home & Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 1 ds. In the State Life yrs. — mos. — ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 1649 Thomas Ave, Balto.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hanover Pa	Mar. 15., 191.7

20-UNDERTAKER	ADDRESS
Wm J. Tickner & Sons	North & Penn

D 3314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

D 3314

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1245 Cleveland St. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2 FULL NAME Lawrence C. A Dorsey

(Residence in Baltimore: No. 1245 Cleveland St. 21 yrs. 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6 DATE OF BIRTH Jan 17 (Month), 1862 (Day) (Year)

7 AGE 55 yrs. 1 mos. 25 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Marble Worker
(b) General nature of industry, business, or establishment in which employed (or employer): Evans & Co

9 BIRTHPLACE (State or country): Balto Co Md

PARENTS

10 NAME OF FATHER: John A Dorsey

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Hignan

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Francis Dorsey

(Address) 1245 Cleveland St

15. Filed MAR 14 1917, 191 MARRY C. ANDREWS Burial Permit Issued REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 3 (Month) 14 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 5th, 1917, to March 14 1917 that I saw h[im] alive on 3-11-1917, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) 1 yrs. ..... mos. ..... ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. F. O'Reilly M. D.

....., 191..... (Address) 810 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: March 17, 1917

20 UNDERTAKER: Robt. J. Lumm — ADDRESS: 1472 N. Broadway

THE CAUSE OF DEATH may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-10-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3315

CERTIFICATE OF DEATH.

80 D 3315

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1036 Aisquith Street ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Haney

(Residence in Baltimore: No. 1036 Aisquith St. St.: 45 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, Unknown ---------- (Month), ---- (Day), 1---- (Year)

7-AGE, about 66 yrs. - mos. - ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Ireland

PARENTS.

10-NAME OF FATHER: Charles Fitzsimmons

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Taggert

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daniel Haney

(Address) 1036 Aisquith Street

15- Filed MAR 14 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 13 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Oct 15 1911, to March 13 1917, that I saw h[illegible] alive on March 12 1917, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) 5 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Enlers-Calculus

(Duration) yrs. mos. 20 ds.

(Signed) James M Reuton M. D.

Mar 14 1917. (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	3/15, 1917.
20-UNDERTAKER	ADDRESS
Henry W. Means & Son	406 N. Calvert St

Spec.—8-24-14—M. & T.—2000 Bks.

D 3316

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

37 ✓ D 3316

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hosp. ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Berkley.

(Residence in Baltimore: No. 2415 Mace St.; Life yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, Jan. 10, 1895
(Month) (Day) (Year)

7-AGE, 22 yrs. 2 mos. 2 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Chas Berkley

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sarah Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Berkley

(Address) 2416 Mace St

15-MAR 14 1917 Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 12, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1917, to March 12, 1917, that I saw h... alive on ..., 191.., and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Laryngis ulcerative of throat

(Duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Pleurisy with effusion

(Duration) yrs. mos. 1 ds.

(Signed) D.A. Davidson M. D.

3-12..., 191.7 (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 16 ds. In the State 22 yrs. 2 mos. 2 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 2415 Mace St.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel Cem.	March 17, 191.7
20-UNDERTAKER George H. Holland	ADDRESS 577 Robert St

Spec.—8 24 14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3317

CERTIFICATE OF DEATH.

91 D 3317

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 3033 E. Lanvale ST.: 17 WARD) REGISTERED No. C.....

2-FULL NAME Francis X McShane

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Residence in Baltimore: No. 3033 E. Lanvale St.: ....yrs., 1 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan 27 (Month) 7 (Day), 1917 (Year)

7-AGE, — yrs. 1 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph McShane

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Helen Finnegan

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kellen McShane

(Address) 3033 E. Lanvale St.

15-
Filed MAR 14 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 13 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from March 8 1917, to March 13 1917, that I saw him alive on March 13 1917, and that death occurred, on the date stated above, at 1a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration)....yrs....mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchial Embacle

(Duration)....yrs. 1½ mos....ds.

(Signed) James M Reuben M. D.

Mar 14 1917. (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, Mar 15, 1917

20-UNDERTAKER H. C. Sudefeld — ADDRESS 1715 Hammond Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3318 ✓ 170 D 3318

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Union P. Infirm ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hannah Eastorough

(Residence in Baltimore: No. Union Protestant Infirmary St.; yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widow

6-DATE OF BIRTH, Sept. (Month) 2 (Day), 1852 (Year)

7-AGE, 61 yrs. 6 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Farm Wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Elijah Pyle

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Caroline Gratton

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) (John Pyle) Brother

(Address) for 3rd & Co-Md

15- MAR 14 1917

Filed ....., 191.... HARRY C. ...

MAR 14 1917 ...Registrar.

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bright's Disease

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] (Coroner.) M. D.

March 14, 191.. (Address) 819 McCulloh

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State 1 yrs. 4 mos. 1 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Highland Md

19-PLACE OF BURIAL OR REMOVAL, Highland Station Howard Co. Md

DATE OF BURIAL, March 15, 191.7

20-UNDERTAKER Chas E. Franck

ADDRESS 807 Madison Ave

Sylvia Brooks.

D 3319

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3319

CERTIFICATE OF DEATH.

91

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 826 Kirby; ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sylvia Brooks

(Residence in Baltimore: No. 826 Kirby's St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Fem	Col	Sgl

6-DATE OF BIRTH, Nov 30, 1916
(Month) (Day) (Year)

7-AGE, 3 yrs. 3 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Baby
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Harry Brooks

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER May Wood

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Brooks

(Address) 826 Kirby's

15- MAR 15 1917 Filed....., 191... ROBERT R. KRAUTER Registrar

Burial Permit

Important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. Wm. Kemp M. D.
(Coroner.)

....., 191... (Address) 11 E. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Asbury Cemetary	March 18 1917
20-UNDERTAKER	**ADDRESS**
Mrs R A Elliott	506 East Pr

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3320

CERTIFICATE OF DEATH.

28

REGISTERED NO. C D 3320

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 S. Belnord Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary C. O'Brien

(Residence in Baltimore: No. 624 S. Belnord Ave St.; 44 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov. 26th, 1882
(Month) (Day) (Year)

7-AGE, 34 yrs. 3 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore City Md.

PARENTS.

10-NAME OF FATHER, Martin A. H. Schwelm

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Annie M. Hiltz

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John L. O'Brien

(Address) 624 S. Belnord Ave.

15- MAR 15 1917

Filed....., 191....

ROBERT R. KRAUTHER
Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 11th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 9 1917, to March 11 1917, that I saw h[illegible] alive on March 11 1917, and that death occurred, on the date stated above, at 4.45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis and Pleurisy of Left side

(Duration) yrs. mos. ds.

(Signed) Leo L. Watkins M. D.

March 12, 1917. (Address) 6 W. Mt. Royal

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, March 15, 1917

20-UNDERTAKER H. Sander Sons

ADDRESS 1710 Eutaw St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3321

CERTIFICATE OF DEATH.

114 D 3321

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3027 O'Donnell St.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anton Rider

(Residence in Baltimore: No. 3027 O'Donnell St.; 64 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March 26, 1842
(Month) (Day) (Year)

7-AGE, 74 yrs. 11 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Ordinless.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Excavator.....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Burckett Rider

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Georgia Rider.....

(Address) 3027 O'Donnell

15-

Filed MAR 15 1917 191.....

ROBERT R. KRAUTER
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 12, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1917, to Feb 12 1917, that I saw h.. alive on Feb 12 1917, and that death occurred, on the date stated above, at 6.08 P. m.

The CAUSE OF DEATH* was as follows:

Gall Stones

..... (Duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Obstruction Hepatic Flex of Colon

..... (Duration) yrs. mos. 3 ds.

(Signed) H. B. Tilghman M. D.

Mar 13 1917. (Address) 3035 O'Donnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel

DATE OF BURIAL, March 16 1917.

20-UNDERTAKER H. Sanders Sons

ADDRESS 1710 E Lafay

Spec.—8-24-14—M. & T.—2000 Bks.

Annie Smith

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3322

CERTIFICATE OF DEATH.

91 D 3322

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 N. Parrish ST.; 14 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Smith

(Residence in Baltimore: No. alw 312 N. Parrish St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widw

6-DATE OF BIRTH, Feb 12, 1865
(Month) (Day) (Year)

7-AGE, 52 yrs. — mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Pd. Occupation

9-BIRTHPLACE, (State or Country), unknown

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fannie Jenkins

(Address) 312 Parrish St

15- Filed MAR 15 1917, 191... ROBERT R. KRAUTER, Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2-12-17 191..., to 3-13-17 191..., that I saw her alive on 3-12-17 191..., and that death occurred, on the date stated above, at 6a, m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Debility

(Duration) ....yrs. 2 mos. ....ds.

(Signed) F. M. Pardoe M. D.

3-13-17, 191... (Address) 1524 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem DATE OF BURIAL, March 15, 191 7

20-UNDERTAKER Charles B. Jones ADDRESS 2365 N Pine

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3323

CERTIFICATE OF DEATH.

10 D 3323

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 Lexington ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ada M. Wagner

(Residence in Baltimore: No. 908 Lexington ave St.; 24 yrs. 11 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, April (Month) 6 (Day), 1892 (Year)

7-AGE, 24 yrs. 11 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Book Keeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Joseph Wagner

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Minnie Lewis

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 Hollins St

15- Filed MAR 15 1917, 191 ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 14 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from 2-26 1917, to 3-14 1917, that I saw h[illegible] alive on 3-14 1917, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Influenza Pneumonia Endocarditis

Nephritis

(Duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary) Embolism & Infarction

(Duration) yrs. mos. 6 ds.

(Signed) Arthur G. Barry M. D.

3-17, 191[illegible] (Address) 1631 Madison ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet Cemetery	3-15, 191[illegible]
20-UNDERTAKER Isaac Lewis	ADDRESS 1411 Hollins St

Spec.—8-24-14—M. & T.—2000 Bks.

D 3324

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3324

CERTIFICATE OF DEATH.

37

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3156 Wilkins ave ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Katzenburger Mitchel

(Residence in Baltimore: No. 3156 Wilkins ave. St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Mar. 12, 1917.
(Month) (Day) (Year)

7-AGE, ...yrs. mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Henry Mitchel

11-BIRTHPLACE OF FATHER (State or Country). Balto. Md.

12-MAIDEN NAME OF MOTHER Alberta Snider

13-BIRTHPLACE OF MOTHER (State or Country). Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Mitchel

(Address) 3156 Wilkins Ave

15- MAR 15 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 14, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 12 1917, to Mar 14 1917, that I saw h~ alive on Mar 14 1917, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Congenital Lues

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) James N Katzenburger M. D.

Mar 15, 1917. (Address) 2 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park.

DATE OF BURIAL, Mar. 15...., 1917.

20-UNDERTAKER Wm. Cook.

ADDRESS 502 E. North ave.

D 3325 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 D 3325

REGISTERED No. C.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1616 Eastern ave ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. John Wojcik

(Residence in Baltimore: No. 1616 Eastern ave St.; yrs., mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March 6, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 8 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Wojcik

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Agnes Palasek

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Wojcik

(Address) 1616 E Baltimore

15-Filed MAR 15 1917 191... ROBERT R. KRAUTER Registrar

Burial Permit Given

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH March 14, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Debility

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

3/14/17 (Signed) Otto Amoss M. D. (Coroner.)

191... (Address) 1616 E Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	Mar 15 1917
20-UNDERTAKER	ADDRESS
William Fialkowski	1618 Eastern Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

Leon Wujek

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3326

CERTIFICATE OF DEATH.

150

D 3326

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 841 S Dallas ST. 7 WARD)

2-FULL NAME Leon Wujek

Residence in Baltimore: No. 841 S. Dallas St

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; ..... yrs., 3 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Nov. 29, 1916
(Month) (Day) (Year)

7-AGE. ..... yrs. 3 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Infant .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Andrew Wujek

11-BIRTHPLACE OF FATHER (State or Country), Russia Poland

12-MAIDEN NAME OF MOTHER Victoria Ozazewska

13-BIRTHPLACE OF MOTHER (State or Country), Russia Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Andrew Wujek .....

(Address) ..... 841 S. Dallas St .....

15- Filed MAR 15 1917 191.... ROBERT B. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March 12, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10 1917, to March 12 1917, that I saw h— alive on March 12 1917, and that death occurred, on the date stated above, at 4 m.

The CAUSE OF DEATH* was as follows:

Convulsions

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Heart Malformation

..... (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) ..... J. J. Chisholm ..... M. D.

March 12, 1917 (Address) 16 E. Penty

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Mar. 13, 1917

20-UNDERTAKER Jacob Fialkowski — ADDRESS 4190 Bond St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3327

CERTIFICATE OF DEATH.

113

D 3327

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Stafford Hotel ST.; 11 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oscar G Murray

(Residence in Baltimore: No. Stafford Hotel St.; ...yrs.. mos ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May 20, 1847. (Month) (Day) (Year)

7-AGE, 69 yrs. 9 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Chairman Bd Board
(b) General nature of industry, business, or establishment in which employed (or employer) BROKR

9-BIRTHPLACE (State or Country), Bridgeport Connecticut

PARENTS.

10-NAME OF FATHER, Alexander Murray

11-BIRTHPLACE OF FATHER (State or Country), Edmborough Scotland

12-MAIDEN NAME OF MOTHER Catharine Watson Nichols

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [signature]

(Address) [illegible]

15- Filed MAR 15 1917, 191.. ROBERT R. KRAUTER Registrar. Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 19 1917, to March 14 1917, that I saw h[illegible] alive on March 14 1917, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebro Spinal Meningitis

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

Arteriosclerosis (Duration) ...yrs. 17 mos. ...ds.

(Signed) John A. Hutcheson M. D.

March 15, 1917. (Address) 1025 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Rural Cemetery Albany N.Y. DATE OF BURIAL, March 16, 1917.

20-UNDERTAKER Henry W. Jenkins & Sons ADDRESS Cathedral & Richard Sts.

Spec.—S-24-14—M. & T.—2000 Bks.

D 3328

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3328

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH The Severn Apartments

CITY OF BALTIMORE: (No. Cathedral St. ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benson Massey Greene

(Residence in Baltimore: No. The Severn Apts St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. May 2nd 1840 (Month) (Day) (Year)

7-AGE. 76 yrs. 10 mos. 13 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Insurance Agents - Brokers

(b) General nature of industry, business, or establishment in which employed (or employer): President

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, Joshua Greene

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER not Known

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma F. Greene

(Address) The Severn Apartments

15- Filed MAR 15 1917 ROBERT R. KRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 2nd 1917, to March 14th 1917, that I saw him alive on March 14th 1917, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ? yrs. ..... mos. ..... ds.

(Signed) Thomas L. Steane M. D.

March 14th, 1917. (Address) 725 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem — DATE OF BURIAL, 3-17-, 1917.

20-UNDERTAKER H. W. Jenkins Sons Co — ADDRESS Orchard & Fulton Sts

D 3329

HEALTH DEPARTMENT--CITY OF BALTIMORE

42 D 3329

CERTIFICATE OF DEATH

1 PLACE OF DEATH

Registered No. C 6

CITY OF BALTIMORE (No. 1740 Orleans St.; Ward) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Melcher Lutz

(Residence in Baltimore: No. 1740 Orleans St.; 64 yrs. 7 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: August 9th, 1852 (Month) (Day) (Year)

7-AGE: 64 yrs. 7 mos. 4 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House-wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore - Md.

PARENTS

10-NAME OF FATHER: Casper Melcher

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Margaret Schonhafer

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Charlotte Melcher

(Address) 1740 Orleans St

15- Filed MAR 15 1917 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 13, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 7th, 1917, to March 13th 1917.
that I saw h[er] alive on March 13, 1917.
and that death occurred, on the date stated above, at 7.30 P.M.
The CAUSE OF DEATH* was as follows:

Carcinoma of uterus & rectum

(Duration) 3 yrs. ... mos. ... ds

Contributory (SECONDARY) Operation abt 2 years ago

(Duration) ... yrs. ... mos. ... ds.

(Signed) Ruth E. Tapman M. D.

March 13, 1917 (Address) 2733 York Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: CEDAR HILL. DATE OF BURIAL: MAR 15 1917

20-UNDERTAKER: ARMSTRONG-DENNY CO. ADDRESS: 715 Light St

*State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1917 D 3330

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 S. Milton Ave St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva. Kotasenska

Residence in Baltimore: No. 817 S. Milton. St.; ....yrs., mos. 1/ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single.

6-DATE OF BIRTH, Mar 10, 1917 (Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 4 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Stanislaw Kotasenska

11-BIRTHPLACE OF FATHER (State or Country), Baltimore.

12-MAIDEN NAME OF MOTHER Antonina Koch.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..M. Koch.

(Address)...817 S. Milton Ave

15- Filed MAR 15 1917 191.... ROBERT R. KRAUTER Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14th 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/10/ 1917, to 3/14/ 1917, that I saw her alive on 3/13/ 1917, and that death occurred, on the date stated above, at 5:30 a. m.

The CAUSE OF DEATH* was as follows:

unknown disease

Or unknown Chronic disease

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY..... (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) J. A. Miller M. D.

3/14/, 191.7 (Address) 2739 Eastern Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Mar 15, 1917

20-UNDERTAKER William Hargrove ADDRESS 164 Eastern Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

Mary Heintz.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3331

CERTIFICATE OF DEATH.

84 D 3331

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital ST.; 12 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Heintz.

Residence in Baltimore: No. 443 Pinkney Pl. St.; ....yrs. 10 mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH. May 14, 1906.
(Month) (Day) (Year)

7-AGE. ....yrs. 10 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Walter Heintz.

11-BIRTHPLACE OF FATHER (State or Country). Balto. Md.

12-MAIDEN NAME OF MOTHER Mary White.

13-BIRTHPLACE OF MOTHER (State or Country). Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Heintz

(Address) John Hopkins Hosp.

15- Filed MAR 15 1917, 191... ROBERT R. KRAUTER Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 14, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 2 191 7, to Mar 14 191 7, that I saw h[illegible] alive on Mar 14 191 7, and that death occurred, on the date stated above, at 5-30 p. m.

The CAUSE OF DEATH* was as follows:

Septicaemia, Streptococcus

(Duration) ....yrs. ....mos. 7 ....ds.

CONTRIBUTORY (Secondary) Adenitis

(Duration) ....yrs. ....mos. 2 1 ds.

(Signed) Nilla K. Miller M. D.

Mar 14, 191 7 (Address) John Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 12 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 443 Pinkney Pl.

19-PLACE OF BURIAL OR REMOVAL. Holy Cross Hosp Pd. DATE OF BURIAL. Mar 17, 191 7.

20-UNDERTAKER John Heaman ADDRESS 707 Holliday St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3332

CERTIFICATE OF DEATH.

8 137 D 3332

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 N. Port ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Tamey

(Residence in Baltimore: No. 1108 N. Port St St.; 10 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col. a. a.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown 1 (Month) (Day) (Year)

7-AGE, 35 yrs. ? mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Pd Occupation

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Judson Tamey

(Address) 1108 N. Port St

15- Filed MAR 15 1917, 191.. ROBERT R. KRAUTH Registrar

Burial Permit to work

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 13, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10, 1917, to March 13, 1917, that I saw h[illegible] alive on March 12, 1917, and that death occurred, on the date stated above, at 7:30 a. m.

The CAUSE OF DEATH* was as follows: Puerperal Septicaemia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Premature Birth

(Duration) yrs. 6 mos. ds.

(Signed) Jno. C. Corbin M. D.

3/14, 191 7. (Address) 1520 Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Mar 15, 191 7.

20-UNDERTAKER P. B. Gross & Co — ADDRESS Mt Elderry

Spec.—8-24-14—M. & T.—2000 Bks.

D 3333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 3333

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2803 Ullman Ave. ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Lowe Reinhardt

(Residence in Baltimore: No. 2803 Ullman Ave. St.: ....yrs.,.... mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) Widow

6-DATE OF BIRTH, August 3rd. (Month) (Day), 1843 (Year)

7-AGE, 73 yrs. 7 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Henry Coulter

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ann Lowe

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Reinhardt.

(Address) 2803 Ullman Ave.

15- Filed MAR 15 1917, 191... ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14", 1917 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 8th 191 7 to March 14 191 7, that I saw h er alive on March 14 191 7, and that death occurred, on the date stated above, at 9 4 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. 2 mos. 9 ds.

(Signed) W. E. Tilley M. D.

March 14 191 7 (Address) 1 W. E. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore New DATE OF BURIAL, March 17, 191 7.

20-UNDERTAKER Chas R. Evans & Son ADDRESS 118 W. Mt Royal ave

D 3334

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 3334

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hosp. St. 8 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Agnes Sandel (Bandel)

(Residence in Baltimore: No. 1529 N. Caroline St. St.; 25 yrs. ... mos. ... ds.)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Feby 16, 1865 (Month) (Day) (Year)

7-AGE: 52 yrs. 0 mos. 29 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): England

PARENTS

10-NAME OF FATHER: George Woodward

11-BIRTHPLACE OF FATHER (State or country): England

12-MAIDEN NAME OF MOTHER: Catherine Hopkins

13-BIRTHPLACE OF MOTHER (State or country): England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H. Wright Dorsheimer

(Address) Hebrew Hosp.

15. MAR 15 1917 ROBERT R. KRAUTER REGISTRAR
Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 14, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 11, 1917, to March 14 1917, that I saw h-r alive on March 14, 1917, and that death occurred, on the date stated above, at 11.55 P.M.

The CAUSE OF DEATH* was as follows:

Malignancy of uterus (Duration) yrs. 1 mos. 4 ds

Contributory (SECONDARY) Obstructive peritonitis (Duration) yrs. ... mos. 2 ds.

(Signed) H. N. Foos M. D.

Mar. 14, 1917 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: March 17, 1917

20-UNDERTAKER: John B. Spence

ADDRESS: 1325 N. Caroline St

Spec.—8-24-14—M. & T.—2000 Bks.

D 3335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

114 D 3335

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4102 Belvieu Av ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James T. Harrison

Residence in Baltimore: No. 4102 Belvieu Av St.; 13 yrs., 11 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, April (Month) 1st (Day), 1859 (Year)

7-AGE, 57 yrs. 11 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Traveling Salesman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER, Theophelus

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Martha Turner

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) H W Harrison

(Address) 4108 Belvieu Ave

15- Filed MAR 15 1917 ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 12th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7 1917, to March 13 1917, that I saw h[e] alive on March 13 1917, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Gall Stones and

Cancer of Stomach

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. 2 mos. 4 ds.

(Signed) J. W. Bruce Lynn M. D.

March 19 17 (Address) 2 Wood Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge Cem. DATE OF BURIAL: March 16, 1917.

20-UNDERTAKER: M. Bowers Sons ADDRESS: Norfolk

Spec.—8-24-14—M. & T.—2000 Bks.

Henry S. Rowe.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3336

CERTIFICATE OF DEATH.

92

D 3336

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 South Elwood St.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry S. Rowe

(Residence in Baltimore: No. 604 S. Elwood St. 15 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... May ..... (Month) 17 (Day), 1891 (Year)

7-AGE, 25 yrs. 9 mos. 24 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Jewelry

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, Joseph Rowe

11-BIRTHPLACE OF FATHER (State or Country) Pennsylvania

12-MAIDEN NAME OF MOTHER Florence H. Seamon

13-BIRTHPLACE OF MOTHER (State or Country) W. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ina E. Rowe

(Address) 604 S. Elwood Ave

15- Filed MAR 15 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Mar. (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 1st 1917, to March 13th 1917, that I saw h.im alive on March 13th 1917, and that death occurred, on the date stated above, at 2.35 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. 14 Hours mos. ..... ds.

CONTRIBUTORY (Secondary) La Grippe

(Duration) ..... yrs. ..... mos. 14 ds.

(Signed) L. B. Hammond M. D.

Mar. 13, 1917. (Address) 435 S. Elwood

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn County	Mch. 16, 1917.
20-UNDERTAKER William Cook	ADDRESS 504 E. North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3337

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. Madison & Fleet Ave ST.; 11 WARD) REGISTERED NO. C

2-FULL NAME Willie Jones

(Residence in Baltimore: No. Jarvis Place ST.; yrs., mos., ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, January 7, 1

7-AGE, 26 yrs. — mos. — ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Shannon Point

9-BIRTHPLACE, (State or Country): Va

PARENTS.

10-NAME OF FATHER: Tom Jones

11-BIRTHPLACE OF FATHER (State or Country): Va

12-MAIDEN NAME OF MOTHER: Julia Sears

13-BIRTHPLACE OF MOTHER (State or Country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nelson Sears

(Address) Shannon Point

15- Filed MAR 15 1917, 191... ROBERT R. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 13, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 4th 1917, to March 13 1917, that I saw h im alive on March 13 1917, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia,

(Duration) yrs. mos. 9 ds.

(Signed) George L. Bowden M. D.

3-14, 191 7 (Address) Md. Gen'l Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Buckhan Co | DATE OF BURIAL: March 15, 191...

20-UNDERTAKER: John W Henderson | ADDRESS: 317 Cardy

Spec.—8-24-14—M. & T.—2000 Bks.

D 3338

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3338

CERTIFICATE OF DEATH.

91

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 N Carey St ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Mary C. Sheridan

(Residence in Baltimore: No. 511 N. Carey St.; 40 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, February 28, 1857 (Month) (Day) (Year)

7-AGE. 60 yrs. 0 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House
(b) General nature of industry, business, or establishment in which employed (or employer)..... wife

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Dugan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Thomas Sheridan

(Address) 511 N. Carey St.

15- Filed MAR 15 1917, 191.. ROBERT R. KRAUTER Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10 1917, to March 14 1917, that I saw h.. alive on March 14 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

..... (Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John A. Cogan M. D.

..... 191... (Address) 10 N. Carey St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cem	Mar. 17th 1917
20-UNDERTAKER	ADDRESS
John J. Cowan & Son	901 Holliday St

Important. See instructions on back of certificate.

Jessie A. Kirk

HEALTH DEPARTMENT—CITY OF BALTIMORE.

3339

CERTIFICATE OF DEATH.

D 3339

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1217 Laurens ST.) 16 WARD) REGISTERED No. C 79

2-FULL NAME Jessie A. Kirk

(Residence in Baltimore: No. 1217 Laurens

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.: 32 yrs., 1 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, June (Month) 18 (Day), 1885 (Year)

7-AGE,	If LESS than 1 day,
32 yrs. 1 mos. 27 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farm
(b) General nature of industry, business, or establishment in which employed (or employer): Lighter

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jesse A. Kirk Sr

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Mary Dorsey

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wife

(Address) 1217 Laurens

15-MAR 15 1917 Filed....., 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch. (Month) 14 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Dilation

Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Leland Mitchell (Coroner.) ..... M. D.

Mch 17, 1917. (Address) 719 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State 30 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cemetery — DATE OF BURIAL, Mch. 19 1917

20-UNDERTAKER John J. Cowan Co — ADDRESS 901 Hollins

IMPORTANT—If DEATH is due to EXTERNAL CAUSES, this CERTIFICATE must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 3340 × 92 D 3340

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital REGISTERED No. C

CITY OF BALTIMORE: (No. ..... ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence Holland

(Residence in Baltimore: No. 1009 S. Howard St.; ..... yrs., 1 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, ..., 1892.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
18 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Arthur Holland

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Nellie Burnett

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15 MAR 15 1917

Filed....., 191... ROBERT R. KRAUTH ...
Registrar.

Burial Permit Oleyk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 11, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 6 1917, to March 11, 1917, that I saw h.m alive on March 11, 1917, and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) History of yrs. 1 mos. 15 ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Bernard J. Perry M. D.

3-12, 1917. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State ..... yrs. 1 mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Pinehurst, N. C.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND MAR 14 1917 Commissioner Health

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3341

CERTIFICATE OF DEATH.

64 D 3341

REGISTERED No. C.....

X-PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 S Rose ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Schmidt

Residence in Baltimore: No. 620 S Rose St.; 63 yrs., — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH. July (Month) 24 (Day), 1853 (Year)

7-AGE, 83 yrs. 8 mos. 9 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Caroline Lancaster

(Address) 620 S Rose St

15-

Filed MAR 15 1917 191.... ROBERT B. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 23 1916, to March 191..., that I saw h.. alive on March 13 1917, and that death occurred, on the date stated above, at 10 20 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 4 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cirrhosis of Liver

(Duration) 2 yrs. ... mos. ... ds.

(Signed) C E Lutz M. D.

March 15, 1917. (Address) 710 Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, 5th Reformed — DATE OF BURIAL, Mar 16, 1917.

20-UNDERTAKER Peter Nicolaus — ADDRESS 1021 Eastern Ave

D 3342

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 3342

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1434 Fairmount ave ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Turner

(Residence in Baltimore: No. 1434 Fairmount ave St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word.)
male	col	Single

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 24 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Joht Turner

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mattie Turner

(Address) 1434 Fairmount ave

15-

Filed MAR 15 1917 191 ROBERT R. KRAUTER

Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 10 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuburculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J Wm Luckey (Coroner.) M. D.

191.. (Address) 1 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER Commissioner Health,	ADDRESS

important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND MAR 5 1917

Spec.—8-24-14—M. & T.—2000 Bks.

D 3343

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3343

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH
CITY OF BALTIMORE; (No. St Joseph's Hospital 4 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Anderson

(Residence in Baltimore: No. 334 St Paul St

St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col	Single

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 21 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15-Filed MAR 15 1917, 191.... ROBERT R. KRAUTER
Burial Permit Clerk
Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2-26 1917, to 3-1st 1917, that I saw h... alive on 3/1 1917, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
Tuberculosis Peritonitis

(Duration) ..... yrs. 11 mos. ..... ds.

CONTRIBUTORY (Secondary) None

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm R Johnson M. D.

3/1, 191... (Address) St Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. 3 ds. In the State ? yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 334 St Paul St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
?	

20-UNDERTAKER ..... ADDRESS .....

STATE OF MARYLAND
MAR 15 1917
Commissioner of Health,

Spec.—8-24-14—M. & T.—2000 Bks.

D 3344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 D 3344

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 349 S Calhoun ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Thompson

Residence in Baltimore: No. 349 S Calhoun St.; ....yrs.. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, ... Feb (Month) 9 (Day), 1861 (Year)

7-AGE, 56 yrs. 1 mos. 6 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): Wife

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Frank Wilson

11-BIRTHPLACE OF FATHER (State or Country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie T Thompson

(Address) 349 S Calhoun St.

15- Filed MAR 15 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Mch (Month) 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 14 1917, to Mch 15 1917, that I saw h.r alive on Mch 14 1917, and that death occurred, on the date stated above, at 1.34 A.M.

The CAUSE OF DEATH* was as follows:

.....

Cancer of the Stomach

..... (Duration) ....yrs. 10 mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) C. R. Nuckols M. D.

Mch 15 1917. (Address) 332 N. Gilmor

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem't — DATE OF BURIAL, March 18 1917

20-UNDERTAKER H. M. Cook — ADDRESS 502 E. Fred Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 3345 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 3345

CERTIFICATE OF DEATH.

125

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph's Hospital St.; 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Colvin A. Johns (Colvin A. Johns)

(Residence in Baltimore: No. 1514 Harford Ave. St.; 50 yrs., 6 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, August 22, 1866, 1
(Month) (Day) (Year)

7-AGE, 50 yrs. 6 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Richard H. Johns

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Margaret A. Pearce

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Lydia A. Johns

(Address) 1514 Harford Ave.

15-

Filed MAR 15 1917 191... HARRY C. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/10/17 191... to 3/14/17 191..., that I saw him alive on 3/14/17 191..., and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ? yrs. ... mos. ... ds.

(Signed) [illegible] M. D.

3/14/17 191... (Address) [illegible]

*State the DISEASE CAUSING DEATH, or (in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence ?

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, 3/16, 1917.

20-UNDERTAKER Henry W. Means & Son

ADDRESS 505 N. Calvert St.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 3346

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 917 Ryan St. Ward 21) REGISTERED No. C
2-FULL NAME Annie Keane
(Residence in Baltimore: No. 17 Ryan St.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 18 (Day) 1857 (Year)

7-AGE, 74 yrs. 1 mos. 24 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John W. O'neill

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Iseabel Clark
(Address) 917 Ryan St.

15- MAR 15 1917 HARRY C. ANDREWS
Filed ....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7 1917, to March 14 1917, that I saw h[illegible] alive on March 14 1917, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy Hemorrhage

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial nephritis

(Duration) 1 yrs. mos. ds.

(Signed) Geo. Brown M. D.

March 15, 191... (Address) 1128 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, St Peters Cem — DATE OF BURIAL, March 17, 1917

20-UNDERTAKER Robt J Turner — ADDRESS 1742 N. Broadway

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 3347

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3347

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 57 E Heath St.) (WARD) 23

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles A Moore

(Residence in Baltimore: No. 57 E Heath St.: 25 yrs. 1 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Jan 23, 1892 (Month) (Day) (Year)

7-AGE, 25 yrs. 1 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John E Moore

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Rose Burrier

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. L. Moore

(Address) 57 E Heath St.

15-
Filed MAR 15 1917, 191.... HARRY C. ANDERS
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 14, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 1916, to Mar 14 1917, that I saw h alive on Mar 14 1917, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Respiratory Paralysis

(Duration) yrs. 2 mos. ds.

(Signed) R C Campbell M. D.

Mar 15 1917 (Address) 1644 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Louden Park Cem. DATE OF BURIAL, March 17, 1917

20-UNDERTAKER Mrs J. E. Evans & Son ADDRESS 1428 S. Charles St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3348

CERTIFICATE OF DEATH.

120 D 3348

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 225 S. Fulton Ave St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Hackett

Residence in Baltimore: No. 225 S. Fulton Ave St.; 45 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, June (Month) 17 (Day), 1846 (Year)

7-AGE, 70 yrs. 8 mos. 25 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Bernard Kelly

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Rogerson

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James J. Hackett

(Address) 225 S. Fulton Ave

15- Filed MAR 15 1917, 191.... HARRY C. ANDREWS Asst. Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1917, to March 13 1917, that I saw h[illegible] alive on March 13 1917, and that death occurred, on the date stated above, at 1.40 P m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(No history)

..... (Duration) ..... yrs. ..... mos. 1 Day ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

..... (Duration) ..... yrs. 6 mos. ..... ds.

(Signed) W. O'Neill M. D.

March 15, 191.7. (Address) 108 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
New Cathedral	March 17 191.7
20-UNDERTAKER	ADDRESS
Geo. L. Schwab & Bro	2101 Eutaw Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 3349

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 104 D 3349

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Warfield

(Residence in Baltimore: No. Mercy Hospital St.; ....yrs.. mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept 1, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 6 mos. 12 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Eliza Fillgie

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herbert Mercer

(Address) Mercy Hospital

15-

Filed MAR 15 1917 191.. HARRY C. ARNOLD Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 13, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 22 1917, to Mar. 13 1917, that I saw him alive on Mar. 13 1917, and that death occurred, on the date stated above, at 7.20 m.

The CAUSE OF DEATH* was as follows:

Obstruction of Pylorus

a few

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) None

(Duration) 2 yrs. ....mos. ....ds.

(Signed) Edward A. Smith M. D.

Mar. 13, 1917. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. 21 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Ellicott City Md.

Former or usual residence Ellicott City, Md.

19-PLACE OF BURIAL OR REMOVAL, Mt Gilboa Cem. Oella, Md — DATE OF BURIAL, Mar. 17., 191.6

20-UNDERTAKER Easton Sons. — ADDRESS Ellicott City.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3350

CERTIFICATE OF DEATH.

79 D 3350

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 625 S. Lakewood a ST.; 1 WARD)

REGISTERED NO. C.....

2-FULL NAME Jozefa Urbaniak

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 628 S. Lakewood a St.; 30 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Do not know (Month) (Day), 1841 (Year)

7-AGE, 76 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country) Germany Poland

PARENTS.

10-NAME OF FATHER, Christopher Majewski

11-BIRTHPLACE OF FATHER (State or Country), German Poland

12-MAIDEN NAME OF MOTHER Do not know

13-BIRTHPLACE OF MOTHER (State or Country), German Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Urbaniak

(Address) 628 S. Lakewood ave.

15-

Filed MAR 15 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 13, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 12 1917, to March 14 1917, that I saw h.. alive on March 14 1917, and that death occurred, on the date stated above, at 7:50 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Anasarca

(Duration) ? yrs. ? mos. ..... ds.

(Signed) R. L. Dorsey M. D.

3/15, 191.7. (Address) 1701 Eastern ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary - DATE OF BURIAL, Mar. 19, 1917

20-UNDERTAKER W. F. Sadowski ADDRESS 905 S. Ann.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3351

CERTIFICATE OF DEATH.

64 D 3351

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1220 McCulloh ST.; 11 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eberd F. Kendig

(Residence in Baltimore: No. 1220 McCulloh St.; 7 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 16 (Day) 1867 (Year)

7-AGE, 49 yrs. 9 mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer) (House)

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, — Unknown

11-BIRTHPLACE OF FATHER (State or Country), — Unknown

12-MAIDEN NAME OF MOTHER — Unknown

13-BIRTHPLACE OF MOTHER (State or Country), — Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Elizabeth D. Kendig

(Address) 1220 McCulloh St

15- HARRY C. ANDERS

Filed MAR 15 1917 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

13-DATE OF DEATH, March (Month) 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/13 1917, to 3/14 1917, that I saw h... alive on Mar 14 1917, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

& Paralysis

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) E. H. [illegible] M. D.

3/15, 1917. (Address) 1230 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Phila Pa — DATE OF BURIAL, Mar 17, 1917

20-UNDERTAKER, Wm A Rohde Son — ADDRESS 730 Pa Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3352 HEALTH DEPARTMENT—CITY OF BALTIMORE D 3352

CERTIFICATE OF DEATH.

8 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1137 Homestead ST.; 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elsie Lance

Residence in Baltimore: No. 1456 Middlepleasant St. (Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan 5, 1892 (Month) (Day) (Year)

7-AGE, 25 yrs. 2 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) at Home

9-BIRTHPLACE, (State or Country). Balto md.

PARENTS.

10-NAME OF FATHER, Frank E. Lance.

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Mary A. Betts

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank E. Lance

(Address) 1137 Homestead St

15-

Filed MAR 15 1917, 191.... MARY C. ANDERS... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 15th, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 3rd 1917, to March 15th 1917, that I saw h[illegible] alive on March 15th 1917, and that death occurred, on the date stated above, at 9:30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo Margotson M. D.

March 15th 1917. (Address) 2537 Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, March 17, 1917

20-UNDERTAKER Wm Cook — ADDRESS 502 E. North Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3353

CERTIFICATE OF DEATH.

D 3353

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 638 Smith ST.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Wilson

Residence in Baltimore: No. 638 Smith St St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Mail	Colored	Married

6-DATE OF BIRTH, ... September 12th ....., 1882.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
34 yrs. 6 mos. 3 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Grocer St.....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Daniel W. Wilson

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Sarah Wilson

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..W. A. Hill.....

(Address) 1921 Division st

15- Filed MAR 16 1917, 191... ROBERT B. KRAUTHE Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Mar 15 ....., 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 8 1917, to Mar 15 1917, that I saw h.. alive on Mar 14 1917, and that death occurred, on the date stated above, at 4 30 m.

The CAUSE OF DEATH* was as follows:

..... Typhoid Fever .....

..... (Duration).....yrs.....mos. 8 ds.

CONTRIBUTORY (Secondary) ..Bronchopneumonia.....

..... (Duration).....yrs.....mos. 2 ds.

(Signed) ..C. Wolcisam.....M. D.

Mar 15, 191 7. (Address) 1928 Pentress Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Miller Beach Ind Lemaster Co Va	Mar 17 191 7.
20-UNDERTAKER JAMES H. DENNIS	ADDRESS 1303 PRESTMAN ST.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3354

CERTIFICATE OF DEATH.

28 D 3354

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 566 Baker ST.; 14 WARD)

2-FULL NAME Anna Johnson

(Residence in Baltimore: No. 566 W Baker St.; ....yrs., ...mos. ....ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6-DATE OF BIRTH, ...September 2nd, 1883.
(Month) (Day) (Year)

7-AGE, 33 yrs. 6 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Work
(b) General nature of industry, business, or establishment in which employed (or employer)..... Pvt. Consumption

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, George Johnson

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Annie Vaughn

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Johnson

(Address) 566 Baker St

15- Filed MAR 16 1917 191.... ROBERT R. KRAUTER
Burial Permit Issued Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 15, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 9/4 191.., to 9/13 191.., that I saw h.. alive on 9/13 191.., and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as foliows:

P.T.B. Illness

.....

.....

..... (Duration) ....yrs. 6 mos. 10 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) B. M. K. Fuller M. D.

....., 191.. (Address) 1444 N. Howard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemetry	March 16, 1917
20-UNDERTAKER JAMES H. DENNIS	ADDRESS 1323 PRESTMAN ST.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 41

D 3355

1-PLACE OF DEATH Womans Hospital

REGISTERED No. C

CITY OF BALTIMORE: (No. ..... ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Anna Shipley

Residence in Baltimore: No. Womans Hospital St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH. Oct (Month) 31 (Day), 1853 (Year)

7-AGE. 63 yrs. 4 mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Baltimore City

PARENTS.

10-NAME OF FATHER. Shadric Kemp

11-BIRTHPLACE OF FATHER (State or Country). Balto co Md

12-MAIDEN NAME OF MOTHER Anna E Orrick

13-BIRTHPLACE OF MOTHER (State or Country). Balto co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joshua E Shipley

(Address) Reisterstown Md

15-MAR 16 1917 Filed ....., 191... ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 8 1917, to March 15 1917, that I saw h er alive on March 15 1917, and that death occurred, on the date stated above, at 8 10 P m.

The CAUSE OF DEATH* was as follows:

Retroperitoneal Sarcoma

(Duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Post Operative Shock

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Richard Lee Sidwell M. D.

3 15, 191 7 (Address) Womans Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Reisterstown Md

19-PLACE OF BURIAL OR REMOVAL, Finksburg Carroll Co Md — DATE OF BURIAL, Mar 18, 191 7

20-UNDERTAKER J F Eline — ADDRESS Reisterstown Md

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 92 D 3356

REGISTERED No. C 33

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred Elizabeth Debaugh

(Residence in Baltimore: No. Glyndon, Md St.; 16 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 25 (Day), 1900 (Year)

7-AGE, 16 yrs. 6 mos. 24 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Schoolgirl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Adam Debaugh

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Katherine Gray

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Adam Debaugh

(Address) Glyndon Md.

15-

Filed Feb 20th, 1917 J. McSherry

MAR 16 1917

ROBERT R. KRAUTER
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 18 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 9 1917, to Feb 18 1917, that I saw h er alive on Feb 18 1917, and that death occurred, on the date stated above, at 7 p m.

The CAUSE OF DEATH* was as follows:

Septic Pneumonia

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Tonsulitis

(Duration) yrs. mos. 5 ds.

(Signed) C. W. Kerfoot Jones M. D.

2-18., 191.7 (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 9 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Glyndon, Md.

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge

DATE OF BURIAL, Feb 20, 191 7.

20-UNDERTAKER H. H. Berryman & Sons

ADDRESS Reisterstown Md

Important. See instructions on back of certificate.

Noble Jones.

HEALTH DEPARTMENT—CITY OF BALTIMORE

9 3357

CERTIFICATE OF DEATH.

155 D 3357

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 930 Lindsdan ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Noble Jones

(Residence in Baltimore: No. 930 Lindsdan ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colo

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1891 (Year)

7-AGE, 25 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Boot Black
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry Jones

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER [illegible]

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wife

(Address) 930 Lindsdan ave

15- MAR 16 1917 Filed....., 191. ROBERT R. KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Injury

Poison Suicide

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Wellington Knox M. D. (Coroner) (Address) 8 W Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	March 16, 1917.
20-UNDERTAKER	**ADDRESS**
John H Todrin	142 N Hill st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6 D 3358

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1436 Pressman ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances R Butler -

(Residence in Baltimore: No. 1436 Pressman st. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Child

6-DATE OF BIRTH, Dec 30, 1915
(Month) (Day) (Year)

7-AGE One yrs. 2 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto, Md

PARENTS.

10-NAME OF FATHER, Mose Butler

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Jenifer

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Jenifer -

(Address) 1436 Pressman st

15- Filed MAR 16 1917, 191.... ROBERT R. KRAUTH Registrar.

Burial Permit Clerk

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 14th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 12th 1917, to Mar 14th 1917, that I saw her alive on Mar 14th 1917, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Measles

(Duration) ....yrs. ....mos. 8 ds.

(Signed) Harry F Brown M. D.

3/15/17 191... (Address) 1501 Pressman st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters — DATE OF BURIAL, Mar. 16., 1917.

20-UNDERTAKER Edward Ringgold — ADDRESS 463 W Lanv

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 3359

REGISTERED No. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Lovering House ST. 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry C. Ball

(Residence in Baltimore: No. Lovering House St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1861 (Year)

7-AGE, 56 yrs. mos. da. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hardwood Finisher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Wm Ball

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Eliz H. [redacted]

(Address) 14 E. Belvedere

15- MAR 16 1917 ROBERT R. KRAUTER
Filed ..., 191.. Registrar.

Burial Permit Given.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 13, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. da.

(Signed) Wm. F. Kemp M. D.
(Coroner.)
March 13, 1917. (Address) 1639 Bolton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet	March 16, 1917
20-UNDERTAKER	ADDRESS
Wm. Cook	502 E. North Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 3360

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2405 Greenmount ave St.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry J Horn

(Residence in Baltimore: No. 2405 Greenmount Ave St.; 80 yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, May (Month) 20 (Day) 1831 (Year)

7-AGE, 85 yrs. 9 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Oyster Packer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Horn

11-BIRTHPLACE OF FATHER (State or Country), Europe

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Europe

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Wiegner

(Address) 2405 Greenmount Ave

15- Filed MAR 16 1917, 191.....

ROBERT R. KRAUTER
Burial Permit Clerk
Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. All items important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 15 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 13th 1917, to Mch 15th 1917, that I saw h... alive on March 14 1917, and that death occurred, on the date stated above, at 8-30 a m.

The CAUSE OF DEATH* was as follows:

.....

.....Lobar Pneumonia.....

..... (Duration).....yrs.....mos. 3 ds.

CONTRIBUTORY (Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) W. A. Fa... M. D.

Mch 16, 191.. (Address) 17 E 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cemetery	Mch 18, 1917
20-UNDERTAKER	ADDRESS
Wm Cook	502 S Wolfe Ave

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 D 3361

D 3361

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 4216 25th St. 12 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Anna E. Evans

(Residence in Baltimore: No. 4216 25th St.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6 DATE OF BIRTH: July 7, 1833 (Month) (Day) (Year)

7 AGE: 83 yrs. 8 mos. 7 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housewife.

9 BIRTHPLACE (State or country): State of Va.

PARENTS

10 NAME OF FATHER: George N. Mitchell

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Harriett E. Harrison

13 BIRTHPLACE OF MOTHER (State or country): State of Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Lillie Lansman

(Address) 4216 25th St.

15 Filed MAR 16 1917, 191 ROBERT R. KRAUTER Registrar
Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 14, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1917, to March 14 1917, that I saw h[illegible] alive on March 14, 1917, and that death occurred, on the date stated above, at 9:30 P m.
The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) age.

(Duration) — yrs. — mos. — ds.

(Signed) A Samuels M. D.

March 14, 1917 (Address) 1928 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park. DATE OF BURIAL: Mch 16, 1917

20 UNDERTAKER: Wm Cook ADDRESS: 507 E Baltimore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-[illegible]—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

REGISTERED No. C 3362 (3362)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1914 N. Fulton Ave ST.; 15 WARD)

2-FULL NAME William H Lambright

(Residence in Baltimore: No. 1914 N. Fulton Ave St.; ...yrs. ...mos. ...ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, August (Month) 13 (Day), 1868 (Year)

7-AGE,	If LESS than 1 day,
48 yrs. 7 mos. 2 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Carpenter

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Philip F. Lambright

11-BIRTHPLACE OF FATHER (State or Country), Balto. md.

12-MAIDEN NAME OF MOTHER Don't Know.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Herr

(Address) 1914 N. Fulton Ave

15- Filed MAR 16 1917, 191.. ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 7 1917, to Mar 14 1917, that I saw h[illegible] alive on Mar 14 1917, and that death occurred, on the date stated above, at 10½ p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) ...yrs. ...mos. 7 ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) J. Walter Conrad M. D.

Mar 15th 1917. (Address) 1228 N. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	Mch 17, 1917
20-UNDERTAKER	ADDRESS
William Cook	502 E. North ave.

Dr Thomas Caroline near Preston

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 3363

HEALTH DEPARTMENT—CITY OF BALTIMORE

15 D 3363

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2140 Penrose ave ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Ernst Ebbetz

Residence in Baltimore: No. 2140 Penrose ave St.; 0 yrs., 0 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	white	Single

6-DATE OF BIRTH, Mar (Month) 4 (Day), 1917 (Year)

7-AGE, 0 yrs. 0 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, John F. N. Ebbetz

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER, Margaret B. Mc Clayton

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F. N. Ebbetz

(Address) 2140 Penrose ave

15- MAR 16 1917 Filed....., 191.... ROBERT R. KRAUSS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Birth Mch 4th 1917, to Mch 14th 1917, that I saw h im alive on Mch. 14th 1917, and that death occurred, on the date stated above, at 3 Pm.

The CAUSE OF DEATH* was as follows:

Ichterus

from Birth (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Haemorrhage from navel

two minutes (Duration).....yrs.....mos.....ds.

(Signed) Hileman P Evans M. D.

Mch 15th, 191.7 (Address) 1332 N Fulton ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery Co

DATE OF BURIAL, Mar. 15., 191.7

20-UNDERTAKER Geo. Weber & Son

ADDRESS 2503 Edmondson ave

important. See instructions on back of certificate. ...OF OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3364

CERTIFICATE OF DEATH.

D 3364

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 W Fayette ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. R Engel

Residence in Baltimore: No. 1210 W Fayette St.; 49 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Wht

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Wid

6-DATE OF BIRTH, Sept 7, 1868
(Month) (Day) (Year)

7-AGE, 48 yrs. 6 mos. 6 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None.
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER. John G Engel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary E Mueller

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs J D Webb

(Address) 1210 W Fayette.

15- Filed MAR 16 1917, 191. ROBERT R. KRAUTER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 15, 1917.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 11 1917, to March 15 1917, that I saw h alive on March 14 1917, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(Duration) yrs. 14 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. 1 ds.

(Signed) J T Norwood M. D.

March, 191. (Address) 939 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Mar. 18, 191. 7

20-UNDERTAKER George J Smith — ADDRESS 1000 W. Fayette St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 3365

CERTIFICATE OF DEATH.

90 D 3365

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2108 N Charles ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary H. Patten

(Residence in Baltimore: No. 2108 N Charles — St.; ..yrs., 3 mos. ..ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April (Month) 30 (Day) 1846 (Year)

7-AGE, 70 yrs. 10 mos. 15 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edwards Patten

(Address) 2108 N. Charles St.

15-

Filed MAR 16 1917, 191.. ROBERT R. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 15th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7th 1917, to March 15th 1917, that I saw h.. alive on March 15th 1917, and that death occurred, on the date stated above, at 11 25 P m.

The CAUSE OF DEATH* was as follows:

Uraemia Coma

Chronic Bronchitis several years

(Duration) ..yrs. ..mos. 8 ds.

CONTRIBUTORY (Secondary) General Debility

(Duration) 3 yrs. ..mos. ..ds.

(Signed) Geo H. Caverno M. D.

March 16th, 191.7 (Address) 21 W 24th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park

DATE OF BURIAL, Mar 19th, 191..

20-UNDERTAKER George J Smith

ADDRESS 1000 W Fayette St

important. See instructions on back of certificate.

D 3366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

D 3366

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 10 WARD)

2-FULL NAME Mary V Franz

Residence in Baltimore: No. 1024 Argyle St.; yrs., mos. ds.)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widowed

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 65 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE. (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Godfrey Rautmann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Franz

(Address) 1024 Argyle

15- Filed MAR 16 1917 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

24 hrs (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. Shirley D. (Coroner.) M. D.

March 14, 1917 (Address) 1603 Linn

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 24 hrs In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1024 Argyle St

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, March 17 1917

20-UNDERTAKER Henry Hoerle & Son — ADDRESS 1301 E Eager St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 33367 — D 33367

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Skin and Cancer Hospital ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Cobb Miller

(Residence in Baltimore: No. Skin and Cancer Hospital St.: ...yrs., ...mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male.	White	Widower

6-DATE OF BIRTH. Aug. (Month) 31 (Day), 1854 (Year)

7-AGE. 62 yrs. 6 mos. 14 ds. If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country). Virginia

PARENTS.

10-NAME OF FATHER. Not Known

11-BIRTHPLACE OF FATHER (State or Country). Not Known

12-MAIDEN NAME OF MOTHER. Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Amelia Smith

(Address) 1115 S Second St Canton

15- Filed MAR 16 1917 191... ROBERT R. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 14th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 22nd 1917, to March 14th 1917, that I saw h im alive on March 14th 1917, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

1. Carcinoma of jaw involving nose, R. eye and mouth (Duration) 15 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Exhaustion (Duration) ... yrs. ... mos. ... ds.

(Signed) Geo. E. Cross M. D.

3/14..., 1917. (Address) 100 W. 25th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 20 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1115 S Second St. Canton

19-PLACE OF BURIAL OR REMOVAL. Western Cemt. DATE OF BURIAL, Mar 16, 1917

20-UNDERTAKER Tilly & Zeiler ADDRESS 403 S. Wolfe

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3368

CERTIFICATE OF DEATH.

64 D 3368

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 913 N. Wolfe St.; 7 Ward)
2-FULL NAME Ida M. Edgewood.
(Residence in Baltimore: No. 913 N. Wolfe St.; ... yrs., ... mos., ... ds.)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Important. See instructions on back of certificate. Each Statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, March 2 (Month) (Day), 1842 (Year)

7-AGE, 75 yrs. ... mos. 17 ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.
10-NAME OF FATHER, Alfred Bromwell
11-BIRTHPLACE OF FATHER (State or Country), Balto.
12-MAIDEN NAME OF MOTHER Sarah Smith
13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Edw. Bromwell
(Address) 913 N. Wolfe St.

15- MAR 16 1917 Filed ..., 191... ROBERT B. KRAUTER Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 13 1917, to March 14 1917, that I saw h[illegible] alive on March 14 1917, and that death occurred, on the date stated above, at 8a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Coma

(Duration) ... yrs. ... mos. 1 ds.

(Signed) Wm T Bagg M. D.

3/15/17, 191... (Address) 709 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt. Carmel Cem	Mar 18, 1917
20-UNDERTAKER	ADDRESS
Geo M. Frick	811 N Wolfe

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3369

CERTIFICATE OF DEATH.

91 D 3369

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 932 N. Castle ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Levy

(Residence in Baltimore: No. 932 N. Castle St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, February 25th, 1850
(Month) (Day) (Year)

7-AGE, 67 yrs. ....mos. 14 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Frank Levy

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Katerina Korlik

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josef Levy

(Address) 932 N. Castle St.

15-
Filed MAR 16 1917, 191.... ROBERT E. KRAUTHER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 24 1917, to March 14 1917, that I saw h[illegible] alive on March 14 1917, and that death occurred, on the date stated above, at 10 7. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ....yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) John A. Rohbarger M. D.

March 15, 1917. (Address) 1707 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Hill Cem — DATE OF BURIAL, March 18, 1917

20-UNDERTAKER Geo M. Fiscl — ADDRESS 811 N Wolfe

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3370

CERTIFICATE OF DEATH.

120 D 3370

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 N. Central Av 40 ST.; WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philip Mayer

(Residence in Baltimore: No. 809 N. Central Av St.: 55 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Jan 22, 1843 (Month) (Day) (Year)

7-AGE, 74 yrs. 1 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Mayer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm H. Garing

(Address) 809 N. Central Av

15-

Filed MAR 16 1917 191.. ROBERT R. KRAUTER

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 14th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 22 1916, to March 14 1917, that I saw h alive on March 13 1917, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) 19 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia Fever

(Duration) yrs. mos. ds.

(Signed) John [illegible] M. D.

March 15 191.. (Address) 2365 Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, Mar 17 191 7

20-UNDERTAKER Philip Herring ADDRESS 2016 Arlington Av

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Maria Nizioteb

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 3371

CERTIFICATE OF DEATH.

103 D 3371

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 244 S. Ann ST.; ✓ WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria Niziolek

(Residence in Baltimore: No. 244 S. Ann St.; 3 yrs., 9 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, June 10, 1913. (Month) (Day) (Year)

7-AGE, 3 yrs. 9 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Ludwik Niziolek

11-BIRTHPLACE OF FATHER (State or Country), Poland Austria

12-MAIDEN NAME OF MOTHER Maria Bogacienicz

13-BIRTHPLACE OF MOTHER (State or Country), Poland Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ludwik Niziolek

(Address) 244 S. Ann St.

15- MAR 16 1917 Filed....., 191.... ROBERT R. KRAUTHER Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 15, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 13 1917, to March 15 1917, that I saw h[illegible] alive on March 15 1917, and that death occurred, on the date stated above, at 4 30 p. m.

The CAUSE OF DEATH* was as follows:

Acute Gastritis

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Indigestion

(Duration) ....yrs. ....mos. 4 ds.

(Signed) E. J. Swals M. D.

May 15, 191.7. (Address) 722 S. Ann St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Mar. 17, 191.7.

20-UNDERTAKER William Faltowski — ADDRESS 1611 Eastern ave.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 3372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 3372

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 12 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alfred Church

(Residence in Baltimore: No. 2558 Maceo St. St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word.): Single

6-DATE OF BIRTH: Oct. 16, 1916 (Month) (Day) (Year)

7-AGE: 4 yrs. 5 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER, Alfred Church

11-BIRTHPLACE OF FATHER (State or Country), Md Va

12-MAIDEN NAME OF MOTHER Addie Lee

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Addie Church

(Address) 2558 Maceo St

15- Filed MAR 16 1917, 191. ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 12, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 8 1917, to Mar. 12 1917, that I saw him alive on Mar. 12 1917 and that death occurred, on the date stated above, at 2:30 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 mo. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward P. Lynch M. D.

Mar. 14, 1917 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 9 ds. In the State yrs. 6 mos. ds.

Where was disease contracted, if not at place of death? 2558 Maceo St.

Former or usual residence 2558 Maceo St.

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, Mch. 16, 1917.

20-UNDERTAKER Jno A Owens ADDRESS 533 Dolphin St

important. See instructions on back of certificate.

D 3373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 3373

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1412 Columbia Ave ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia M Trandy.

(Residence in Baltimore: No. 1109 Ladenhall St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE, 35 yrs. ..... mon. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Operator
(b) General nature of industry, business, or establishment in which employed (or employer): shirt factory

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Georg Benges

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Omar Apple

(Address) 1109 Ladenhall St

15- MAR 16 1917 191.. ROBERT R. KRAUTER Registrar.

Filed ..... Burial Permit Given.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH March (Month) 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ..Her..death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy)

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert A. Driscall M. D. (Coroner)

March 15 1917. (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Balto Cemetery	Mar 17 1917
20-UNDERTAKER John J. Lowenthal	ADDRESS 901 Hollins St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3374

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 D 3374

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 845 S. Paca ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kate M. Ridenbaugh

(Residence in Baltimore: No. 845 S. Paca St.: 40 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widow

6-DATE OF BIRTH. May (Month) 12 (Day), 1860 (Year)

7-AGE. 56 yrs. 9 mos. 27 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Frederick Co, Md.

PARENTS.

10-NAME OF FATHER. Wm. Lockner

11-BIRTHPLACE OF FATHER (State or Country). Frederick Co Md.

12-MAIDEN NAME OF MOTHER. Louise Newport

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Myrtle Ridenbaugh

(Address) 845 S. Paca St.

15- MAR 16 1917

Filed ..... 191.....

93207 Burial Permit Issued

ROBERT R. KRAUTER

Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1917, to March 12 1917, that I saw h[illegible] alive on March 12 1917, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Tuberculosis pulmonalis

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) None

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M C Mulvey Sr M. D.

....., 191... (Address) 1711 E Oliver St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. London Park Cem

DATE OF BURIAL. March [illegible], 191.7

20-UNDERTAKER P J McCabe Flynn

ADDRESS 1425 Light

CAUSE OF DEATH to be written in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 3375

CERTIFICATE OF DEATH

28 ✓ D 3375

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1608 Jefferson ST. 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Joseph J. Curry

(Residence in Baltimore: No. 1608 Jefferson St.; 15 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: (Month) Aug (Day) , 1875 (Year)

7 AGE: 45 yrs. - mos. - ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer): General.

9 BIRTHPLACE (State or country): Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Va.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louise Curry

(Address) 1608 Johnson St.

15 MAR 16 1917 Filed 191 ROBERT R. KRAUSS Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: (Month) 3 (Day) 14 , (Year) 1917

17. I HEREBY CERTIFY, That I attended deceased from 2/3 , 191 7 , to 3/14 191 7 ,
that I saw h[illegible] alive on 3/14 , 191 7 ,
and that death occurred on the date stated above, at 6 30 P. m.
The CAUSE OF DEATH* was as follows:

Influenza, Pleurisy Chr.
Pulm T. B.

(Duration) yrs. 2 mos. ds

Contributory (SECONDARY) Pulm T. B.

(Duration) yrs. mos. ds.

(Signed) John C. Kelly M. D.

3/15 , 191 7 (Address) 1116 Aisquith St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: White Stone Lancaster Co. Va. DATE OF BURIAL: 3/16 , 191 7

20 UNDERTAKER: Chas. H. Johnson ADDRESS: 446 N. Caroline St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 13376

CERTIFICATE OF DEATH.

119 D 13376

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 29 S Regester ST.; V WARD) REGISTERED No. C

2-FULL NAME John Fogel

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 29 S Regester St.; ....yrs.. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, September 23, 1858
(Month) (Day) (Year)

7-AGE, 58 yrs. 5 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Austria Hungarian

PARENTS.

10-NAME OF FATHER, Martin Fogel

11-BIRTHPLACE OF FATHER (State or Country), Austria Hungarian

12-MAIDEN NAME OF MOTHER Theresa Hungarian

13-BIRTHPLACE OF MOTHER (State or Country), Austrian Hungarian

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose Fogel

(Address) 29 S. Regester

15-Filed MAR 16 1917, 191.... ROBERT R. KRAUTER Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 15, 1917.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 1 1917, to March 15 1917, that I saw h.... alive on March 15 1917, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

.....

.....

Acute Nephritis

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) None

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. J. Valentine M. D.

March 16, 1917. (Address) 16 Hopkins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, March 17 1917.

20-UNDERTAKER Wendell Dyer & Son — ADDRESS 378 Conn

OBSCURE OR illegible or plain figures, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 3577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

172 D 3577

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy Hospital ST.: 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry E. Brockman

(Residence in Baltimore: No. 1322 W North Ave St.; yrs., 24 mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, March 22, 1888 (Month) (Day) (Year)

7-AGE, 28 yrs. 11 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cutter & Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ohio

PARENTS.

10-NAME OF FATHER, H J Brockman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. D. Mallon

(Address) 1720 E. Fayette

15- Filed MAR 17 1917, 191.... HARRY C. ANDERSON Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 15, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Skull fracture, accidental fall, from Ladder (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....(Duration) ....yrs. ....mos. ....ds.

(Signed) A. Wiley M. D. (Coroner.)

March 15, 1917 (Address) 1037 Guilford Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Market Space & Baltimore St

Former or usual residence 1392 W North Ave

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, March 18 1917

20-UNDERTAKER Mus & Rohde Sons — ADDRESS 730 Park Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 3378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

D 3378

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1083 E. Fayette ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John D. Gottendiek

(Residence in Baltimore: No. 1083 E. Fayette St. St.; 61 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July 19, 1855
(Month) (Day) (Year)

7-AGE, 61 yrs. 7 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Hardwood
(b) General nature of industry, business, or establishment in which employed (or employer)..... Finisher

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Arnold Gottendiek

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Wilhelmina Herzog

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John D. Gottendiek

(Address) 524 N. Fremont Ave.

15- MAR 17 1917 Filed....., 191.....

HARRY C. ANDERS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 15th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 12th 1917, to March 16 1917, that I saw h[e] alive on March 15 1917, and that death occurred, on the date stated above, at 4:20 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Uremia

(Duration) yrs. 1 mos. 15 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. — mos. — ds.

(Signed) August Horn M. D.

Mch 15, 191.. (Address) 4 E 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	March 19, 1917
20-UNDERTAKER	ADDRESS
Harry W. Ellis	W. North Ave.

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3379

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3379

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph Hospital

REGISTERED No. C 64

CITY OF BALTIMORE: (No. Caroline & Oliver ST. V 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ocella Clark

(Residence in Baltimore: No. 1520 E. Biddle St. St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, March 10th (Month) (Day), 1848 (Year)

7-AGE,	If LESS than 1 day,
69 yrs. 7 mos. 5 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, James French

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss F. French

(Address) 1520 E. Biddle st

15- MAR 17 1917 Burial Permit Clerk

Filed....., 191..... Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 16 1917, to March 15 1917, that I saw her alive on March 15 1917, and that death occurred, on the date stated above, at 8.45 P.M.

The CAUSE OF DEATH* was as follows:

Apoplexy

Left sided Hemiplegia

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Bronchitis - Pulmonic

(Duration) yrs. mos. 1 ds.

(Signed) Henry Merkel M. D.

, 191... (Address) St Joseph Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 8 mos. ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Dont Know

Former or usual residence 1530 E. Biddle St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Greenmount Cemetery	March 17 191..
20-UNDERTAKER	ADDRESS
George J. Ruth	1735 Harford Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 3380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 3380

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2113 Linden Ave ST.: 13 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugene L Sneeringer

(Residence in Baltimore: No. 2113 Linden Ave St.: — yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown ....., 1884
(Month) (Day) (Year)

7-AGE, 33 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Eugene C Sneeringer

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sarah Klinedinst

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie L Sneeringer

(Address) 2113 Linden Ave

15-

Filed MAR 17 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 15, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 30 1917, to March 15 1917, that I saw h-- alive on March 15 1917, and that death occurred, on the date stated above, at 5:30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pernicious Anaemia

(Duration) 2 mos. 1 ds.

(Signed) Chas F Claude M. D.

Mar 16, 1917 (Address) 1504 N Carey

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral	Mar 17, 191...
20-UNDERTAKER	ADDRESS
M Fahey & Son	106 Lafayette Ave

D 3381 — HEALTH DEPARTMENT—CITY OF BALTIMORE — D 3381

CERTIFICATE OF DEATH.

Elfrieda Hammerbacher

155

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 2303 Elsinore Ave ST.: 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elfrieda Hammerbacher (Hammerbacher)

Residence in Baltimore: No. 2303 Elsinore Ave St. (If less than 1 yr., - mos. - ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Feb. 2, 1882
(Month) (Day) (Year)

7-AGE, 35 yrs. 11 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Wife

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Husband

(Address) 2303 Elsinore Ave

15-

Filed MAR 17 1917, 191.... HARRY C. [illegible]
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 15, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Poisoning by Illuminating Gas, Accidental

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Intemperance

(Duration) ....yrs. ....mos. ....ds.

(Signed) C. H. Wilkinson M. D.
(Coroner.)

March 17, 191.. (Address) 614 E Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?....

Former or usual residence....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park	March 18, 1917

20-UNDERTAKER.	ADDRESS
Joseph Seffer	1600 N North Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 3382

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 D 3382

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital St. 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bridget Ellen Brown

(Residence in Baltimore: No. 2307 Eutaw place St.; 20 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Unknown (Month) (Day), 1872 (Year)

7-AGE: 45 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer): in Private family

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Julia Flanagan

(Address) 1109 Carroll St.

15.

Filed MAR 17 1917, 191

HARRY C. ANDREWS
DEPUTY REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar. (Month) 15 (Day), 191 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 13, 1917. to Mar. 15 1917.

that I saw h er alive on Mar. 15, 1917.

and that death occurred, on the date stated above, at 7.00 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia
(Rt. Base involved)
(No history)

(Duration) yrs. mos. 4 ds

Contributory (SECONDARY) Cardiac Dilatation 6 hrs.

(Duration) yrs. mos. ds.

(Signed) Norwood W. Voss M. D.

Mar. 15, 1917 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. 3 ds. In the State 24 mos. ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 2307 Eutaw Place

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: March 17, 1917.

20-UNDERTAKER: Smith Brothers ADDRESS: 2 N Fulton Av

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 3383

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 3383

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital St. ... WARD)

REGISTERED No. C ...

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Barbara Hasselbach

(Residence in Baltimore: No. 808 N Chapel St St.) 21 yrs. ... mos. ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Not Known ... (Month) ... 1 (Day) ... (Year)

7-AGE: 21 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: James Holub

11-BIRTHPLACE OF FATHER (State or country): Bohemia

12-MAIDEN NAME OF MOTHER: Mary Praval

13-BIRTHPLACE OF MOTHER (State or country): Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Hasselbeck

(Address) 808 N Chapel

15-Filed MAR 17 1917, 191...

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar. (Month) 15 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1917 to Mar. 15 - 1917.

that I saw h-r alive on Mar. 15, 191...

and that death occurred, on the date stated above, at 12.30 A. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) ... yrs. ... mos. 18 ds

Contributory (SECONDARY) Cardiac Dilatation

(Duration) ... yrs. ... mos. 6 hrs ds.

(Signed), H. M. Rose, M. D.

Mar. ..., 1917 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. 18 ds. In the State 21 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Not known

Former or usual residence 808 N Chapel St

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Mar 17 1917

20-UNDERTAKER: Frank Enoch Son — ADDRESS: 1915 Eastern Ave

D 3384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 153 D 3384

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2226 Henneman Ave ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida N Schmidt

(Residence in Baltimore: No. 2228 Henneman Ave St.; 5 yrs., 5 mos. 5 da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) baby

6-DATE OF BIRTH, ... Oct 8 1916, 1
(Month) (Day) (Year)

7-AGE, ////// yrs. 5 mos. 8 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Baby
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Malto

PARENTS.

10-NAME OF FATHER, Harry Schmidt

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Laura Nacoby

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Schmidt

(Address) 2226 Henneman Ave

15- Filed MAR 17 1917, 191.... MARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Mar 16 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Lack of Care

(Duration)..... yrs..... mos..... da.

CONTRIBUTORY (Secondary)

(Duration)..... yrs..... mos..... da.

(Signed) G. Wm. Fowler, M. D. (Coroner.)

Mar 16, 1917. (Address) 29 E. Lee St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cemy. DATE OF BURIAL, March 17 1917

20-UNDERTAKER George L. Rust ADDRESS 1735 Mayfield ave

Spec.—5-19-13—M. & T.—500 Bks.

D 3385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 3385

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2037 Hanover ST.; 23 WARD)
2-FULL NAME Leroy M. Fillece
(Residence in Baltimore: No. 2037 Hanover St.;

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

yrs., 1 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) Dec (Day) 27, (Year) 1915

7-AGE, ... yrs. 1 mos. 18 ds.

If LESS than 1 day. ....hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Harry Fleece

11-BIRTHPLACE OF FATHER (State or Country), W. Va

12-MAIDEN NAME OF MOTHER Sadie Metz

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. V. Fleece
(Address) 2037 Hanover St.

15-
Filed MAR 17 1917, 191.....
HARRY C. ANDERS
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Mar (Day) 15, (Year) 1917

17- I HEREBY CERTIFY, That I attended deceased from Mar 1 191 7, to Mar 15 191 7, that I saw h[illegible] alive on Mar 15 191 7, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

Intercurrent (Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) R. O. T. Campbell M. D.

Mar 16 191 7 (Address) 1644 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. 1/2 mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mount Alto Pa. DATE OF BURIAL, March 17 191 7

20-UNDERTAKER D. J. & M. A. Flynn ADDRESS 1422 Light

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3386

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 3386

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 N. Mount St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Baker (Baker)

(Residence in Baltimore: No. 021 N. Mount St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
male	Colored	Infant

6-DATE OF BIRTH, Mar. 12, 1917
(Month) (Day) (Year)

7-AGE, — yrs. — mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Balto. City Md

PARENTS.

10-NAME OF FATHER, Louis Baker

11-BIRTHPLACE OF FATHER (State or Country), New Kent Co. Va.

12-MAIDEN NAME OF MOTHER Sarah Williams

13-BIRTHPLACE OF MOTHER (State or Country), King Wilmon Co. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Baker

(Address) 321 N. Mount St.

15- MAR 17 1917 HARRY C. ANDREWS

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 16, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 12- 1917, to Mar. 15- 1917, that I saw him alive on Mar. 15- 1917, and that death occurred, on the date stated above, at 2-30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage & Mg. Lobar pneumonia, right lung

(Duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas. L. McCarthy M. D.

Mar. 16-, 1917. (Address) 906 N. Mt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, St Peters — DATE OF BURIAL, Mar 17, 1917.

20-UNDERTAKER Wilbert Burgess — ADDRESS 306 N Mount St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FILL M

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3387 D 3387

CERTIFICATE OF DEATH.

REGISTERED No. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 230 N Rock St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Cook

(Residence in Baltimore: No. 230 N Rock St.; — yrs. — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month), 1 (Day) (Year)

7-AGE, 40 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer): Laundress

9-BIRTHPLACE, (State or Country), Middle Dist Ga

PARENTS.

10-NAME OF FATHER, Allen Cook.

11-BIRTHPLACE OF FATHER (State or Country) Middle Dist Ga

12-MAIDEN NAME OF MOTHER Dont Know.

13-BIRTHPLACE OF MOTHER (State or Country), Middle Dist Ga

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jane Burial

(Address) 230 N. Rock st.

15-

Filed MAR 17 1917, 191.. HARRY C. ANDERS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 15, 1917 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 12 1917, to March 15 1917, that I saw h[illegible] alive on March 15 1917 and that death occurred, on the date stated above, at 11 20a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D H Haddock M. D.

3/16, 191.7. (Address) 1 D W Camden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, March 17, 191.7

20-UNDERTAKER Alfred J Fiedler ADDRESS 114 N Schroeder st.

S·A·F·E·T·Y

Spec.—8-24-14—M. & T.—2000 Bks.

D 3388

HEALTH DEPARTMENT—CITY OF BALTIMORE

66 D 3388

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 Sterling ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamen Broun

(Residence in Baltimore: No. 711 Sterling St.; 63 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, ... Unknown ....., 1854
(Month) (Day) (Year)

7-AGE, 63 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie J. Brown

(Address) 711 Sterling St.

15-

Filed MAR 17 1917. 191.....

ROBERT R. KRAUTHE

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Mar ..... 15 ....., 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 6 1917, to Mar 15 1917, that I saw h[illegible] alive on Mar 12 1917, and that death occurred, on the date stated above, at 12.15 P.m.

The CAUSE OF DEATH* was as follows:

..... Haemoplegia ....

..... (Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Harry K. Krauthe, M. D.

Mar 16, 191 7 (Address) 1127 E. N. Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Mar 17 191 7

20-UNDERTAKER Mrs. R. A. Elliott — ADDRESS 516 East St.

D 3389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 3389

REGISTERED No. C.....

PLACE OF DEATH

CITY OF BALTIMORE (No.) 1142 McElderry st ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Jennie Scott

(Residence in Baltimore: No. 1142 McElderry st St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... Unknown, ... (Month) (Day) 1867. (Year)

7-AGE, 50 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... H W Odd Occupation

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, NotKnown

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER NotKnowj

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Scott

(Address) 1142 McElderry st

15- MAR 17 1917 ROBERT R. KRAUTER

Filed....., 191... Burial Permit Issued Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Mar. 15 1917, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Epilepsy

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) G. Ross Jungling (Coroner.) M. D.

Mar. 15, 1917 (Address) 14 E. Dens

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Samuel Cemetery — DATE OF BURIAL, Mar. 18, 1917

20-UNDERTAKER Mr. H. A. Elliott — ADDRESS 306 East St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3390

CERTIFICATE OF DEATH.

42

D 3390

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1144 N Carey ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Keen

(Residence in Baltimore: No. 1144 N Carey St. St.; ..... yrs. ..... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Dont no (Month) ..... (Day), 1864 (Year)

7-AGE, 53 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... At Home

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Eckert

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Christina Sipple

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Eckert

(Address) North A 1144 N Carey St

15-Filed MAR 17 1917, 191.....

ROBERT R. KRAUTER

Registrar

Burial Permit Dist.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 1 1917, to March 14 1917, that I saw h.. alive on March 14 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uteri

Operation

7 months

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Dr. Mueller M. D.

March 15 1917 (Address) 1018 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cem	March 18, 1917
20-UNDERTAKER	ADDRESS
Wm Cook	1026 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3391

CERTIFICATE OF DEATH.

120 D 3391

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1216 W. Mosher ST.; 16 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Wheeler

(Residence in Baltimore: No. 1216 W. Mosher St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widower

6-DATE OF BIRTH, ... March (Month) 13 (Day), 1835 (Year)

7-AGE, 82 yrs. ..... mos. 13 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Farmer

9-BIRTHPLACE, (State or Country), Dorchester Co. Md

PARENTS.

10-NAME OF FATHER, Peter Wheeler

11-BIRTHPLACE OF FATHER (State or Country), Dorchester Co

12-MAIDEN NAME OF MOTHER, Rebecca Sheehan

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. F. Wheeler

(Address) 3715 Liberty Heights

15-MAR 17 1917

Filed ....., 191.....

ROBERT R. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1st 1917, to March 16 1917, that I saw him alive on March 15 1917, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic Interstitial Nephritis

..... (Duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Uraemia

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Herbert F. Freeman M. D.

March 16 1917 (Address) 122 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, March 19, 1917

20-UNDERTAKER Wm. Cook — ADDRESS 502 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3392

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 3392

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 536 W. Lee ST.; 22 WARD) REGISTERED No. C

2-FULL NAME Lizzie Nickols

(Residence in Baltimore: No. 536 W. Lee St.; 40 yrs., mos., ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month), (Day), 1864 (Year)

7-AGE, 53 yrs. — mos. — ds.

If LESS than 1 day, hrs. or mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). At home

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Beatrice Bragg

(Address) 536 W Lee St

15-
Filed MAR 17 1917, 191.. ROBERT R. KRAUTER
Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1917, to March 15 1917, that I saw h[illegible] alive on March 15 1917, and that death occurred, on the date stated above, at 5.30 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. 1 mos. ds.

(Signed) J. S. Florence M. D.

March 16 1917 (Address) 714 S. Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, 3/17 1917

20-UNDERTAKER John H. Toadvine — ADDRESS 142 W. Hill St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Mary Maher

D 3393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 3393

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 522 Lemmon St. 14 Ward) 137

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Maher

(Residence in Baltimore: No. 522 Lemmon St.; yrs., mos. da.)

Lemmon

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Col	Single

6-DATE OF BIRTH, January, 1, 1882
(Month) (Day) (Year)

7-AGE 35 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Richard Maher

11-BIRTHPLACE OF FATHER (State or Country). Balto.

12-MAIDEN NAME OF MOTHER Sarah Poole

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Father

(Address) 522 Lemmon.

15- FILED MAR 17 1917 191... ROBERT B. KRAUTER Registrar

Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 15, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said
(Inquest, autopsy or inquiry.)
Inquest find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) yrs. mos. 7 da.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. da.

(Signed) W. Mealtman M. D.
(Coroner.)

March 17, 1917. (Address) 519 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Auburn Cem. DATE OF BURIAL. March 19, 1917

20-UNDERTAKER Samuel S. Hemsley ADDRESS 5 E. Baltimore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 3394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 3394

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 913 St. Barnabas ct. ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. William F. Moore

(Residence in Baltimore: No. 913 St. Barnabas ct. St.; yrs. 5 mos. 4 da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... September (Month) 5 (Day) 1883 (Year)

7-AGE, 34 yrs. ..... mos. ..... da. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). Laundry

9-BIRTHPLACE, (State or Country), Montgomery

PARENTS.

10-NAME OF FATHER. Richard Johnson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER. Isabell Richard

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wife

(Address) 913 St. Barnabas

15- Filed MAR 17 1917, 191.. ROBERT R. KRAUTER Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows: 1

Broncho-Pneumonia

(Duration) ..... yrs. 2 mos. 10 da.

CONTRIBUTORY (Secondary) Cold + Influenza

(Duration) ..... yrs. ..... mos. ..... da.

(Signed) ..... M. D. (Coroner)

Dated ....., 191.. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State 5 yrs. 4 mos. da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, March 18, 1917

20-UNDERTAKER, Daniel Easton

ADDRESS 916 Bunnaas

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

0 3395

REGISTERED NO. C 3395

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 S Bethel ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Wichrzyowski

(Residence in Baltimore: No. 715 S Bethel St.; 37 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Marr

6-DATE OF BIRTH, March (Month) 7 (Day), 1880 (Year)

7-AGE, 60 yrs. mos. 9 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Canal

9-BIRTHPLACE, (State or Country), Poland

PARENTS.

10-NAME OF FATHER, Thomas Wichrzyowski

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Eva Wichrzyowski

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Wichrzyowski

(Address) 715 S Bethel

15-MAR 17 1917 ROBERT R. KRAUTER

Filed ..., 191.... Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 16 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 15 1917, to Mar 16 1917, that I saw h[illegible] alive on Mar 15 1917, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(Duration) yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) Jno Clinton Blake M. D.

3-17-17 (Address) 143 N Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Dr Marys Cath Rd — DATE OF BURIAL, March 19 17

20-UNDERTAKER Wendell Ruffle Son — ADDRESS 37 S M

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 13396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1917 D 13396

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St.; 17 WARD)
REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amanda Mitchell

(Residence in Baltimore: No. 573 Dolphin St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, Dec 25, 1863 (Month) (Day) (Year)

7-AGE 53 yrs. 2 mos. 19 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Cook
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Ld. Occupation

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Jno. Mitchell

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Mary Hatton

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose L. Mary Hart

(Address) Calvert & Pl

15. Filed MAR 17 1917, 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, MAR 16, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 8 1917, to Mar 16 1917, that I saw h[illegible] alive on Mar. 16 1917, and that death occurred, on the date stated above, at 10.30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) Long time yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(Duration) 2 yrs. mos. ds.

(Signed) Edward L. Smith M. D.

Mar 16, 191... (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. 8 ds. In the State Life yrs. mos. ds.
Where was disease contracted, if not at place of death? 573 Dolphin St
Former or usual residence 573 Dolphin St.

19-PLACE OF BURIAL OR REMOVAL, Salisbury Md — DATE OF BURIAL, March 17., 1917.

20-UNDERTAKER John H Owens — ADDRESS 838 Dolphin St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 3397

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3397

CERTIFICATE OF DEATH.

REGISTERED No. C 154

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1406 E. Baltimore St. ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Buchman

(Residence in Baltimore: No. 1406 E. Baltimore St. St.; yrs., 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widower

6-DATE OF BIRTH, Dec. 26, 1833
(Month) (Day) (Year)

7-AGE, 79 yrs. 2 mos. 17 ds.

*If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cooper maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS—

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Ger.

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Ger.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. C. Buchman

(Address) 733 D. Luzerne

15- MAR 17 1917 191... ROBERT R. KRAUSE Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 15, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Natural Causes due to Old Age

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Henry Ryan Coroner M. D.

March 16, 1917. (Address) 1611 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Zorraman Cem. DATE OF BURIAL, March 19, 19

20-UNDERTAKER, Jos. J. Derr ADDRESS 166 N. Luzerne

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 25398

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED No. C 25398

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1919 W. Pratt ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eleonora Bodenwieh

(Residence in Baltimore: No. 1919 W. Pratt St.; 17 yrs. 5 mos. 22 ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word)
Female	White	Single

6-DATE OF BIRTH September 21, 1897 (Month) (Day) (Year)

7-AGE 19 yrs. 5 mos. 22 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Baltimore Md

PARENTS

10-NAME OF FATHER Wm T Bodenwieh

11-BIRTHPLACE OF FATHER (State or country) Baltimore Md

12-MAIDEN NAME OF MOTHER Anne M Bartentacke

13-BIRTHPLACE OF MOTHER (State or country) Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm T Bodenwieh

(Address) 1919 W Pratt St

15 MAR 17 1917 Filed 191

ROBERT R. KRAUTER REGISTRAR

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 15, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 1 1917, to Mar 15 1917, that I saw h[er] alive on Mar 15 1917, and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Empiedas. Fatal

(Duration) ..... yrs. ..... mos. 14 ds

Contributory (SECONDARY) Pernicious Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed), J. T. O'Hara M. D.

Mar 16, 1917 (Address) 1042 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mount Olivet Cem

DATE OF BURIAL MAR 18 1917

20-UNDERTAKER Geo. A. Gorby

ADDRESS Balto & Payson

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3399

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: No. 1436 Riverside Ave (St. or Ave.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Wolf

(Residence in Baltimore: No. 1436 Riverside Ave St.; 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female
4-COLOR OR RACE: White
5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, ... (Month); ..... (Day); 1847 (Year)

7-AGE, 70 yrs. — mos. — ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Leo Muller
11-BIRTHPLACE OF FATHER (State or Country): Saxony
12-MAIDEN NAME OF MOTHER: Unknown
13-BIRTHPLACE OF MOTHER (State or Country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant): Jas Wolf
(Address): 1436 Riverside

15-Filed MAR 17 1917 191.... ROBERT R. KRAUTH Registrar
Burial Permit Issued

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 15 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 12 1917, to March 14 1917, that I saw her alive on March 14 1917, and that death occurred, on the date stated above, at 2300 m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (Duration) 2 yrs. mos.

(Signed) Chas Buchheit M. D.

....., 191... (Address) 1413 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore | DATE OF BURIAL, March 17, 191.7

20-UNDERTAKER: Jos. J. Gallagher | ADDRESS 1318 Light St

Spec.—8-24-14—M. & T.—2000 Blks.

D 3400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 3400

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 Robert St., St.; 14 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Fuld,

(Residence in Baltimore: No. 306 Robert St., St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Oct. (Month) 22nd. (Day) 1866 (Year)

7-AGE, 50 yrs. 4 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dress maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Washington D.C.

PARENTS.

10-NAME OF FATHER, Samuel Fuld,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Fannie Berwanger,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Fuld

(Address) 306 Robert St,

15- Filed MAR 17 1917, 191... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch. (Month) 15th. (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 8 1917, to March 15 1917, that I saw h[illegible] alive on March 15 1917, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Embolism & Thrombus in Popliteal & Femoral Veins

(Duration) yrs. mos. 5 ds.

(Signed) Joseph Greenau M. D.

March 15, 1917. (Address) 1516 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship, DATE OF BURIAL, Mch. 18th, 1917

20-UNDERTAKER David Goodman ADDRESS 1822 Madison Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 3401

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

31 D 3401

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Rosenfeld.

(Residence in Baltimore: No. 2111 Westwood ave St.; 2 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Also should be stated EXACTLY. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) Unknown (Day) ....., 1844. (Year)

7-AGE, 73 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... retired
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Editor & Papers.

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S Cohn

(Address) 220 E Pratt

MAR 17 1917 Filed ....., 191.... ROBERT R. KRAUTH Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 16th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 28th 1917, to March 16th 1917, that I saw h[illegible] alive on March 16th 1917, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculous Fistula-in-Ano.

.....

Coma

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

..... (Duration) ..... yrs. ..... mos. 2 h. 30 min.

(Signed) Moses Kaskel M. D.

March 17, 1917. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 54 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 2111 Westwood ave

Former or usual residence 2111 Westwood ave

19-PLACE OF BURIAL OR REMOVAL, Balt Hebrew Cy

DATE OF BURIAL, March 18, 1917.

20-UNDERTAKER David Goodwin

ADDRESS 1818 Mt Royal

D 3402

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3402

CERTIFICATE OF DEATH.

REGISTERED No. C 167

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 8 Hopkins Hospital ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME marguret Toliver

(Residence in Baltimore: No. I 724 rleans at St.; 1 yrs., 9 mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED? (*Write* the word.)
female	col	baby

6-DATE OF BIRTH, June (Month) I8 (Day) I9I5 (Year), I

7-AGE, I yrs. 9 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Baby

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Marion Toliver

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Blanch Provines

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
Marion Toliver
(Informant)
I724 Orleans st
(Address)

15- Filed MAR 17 1917 191 ROBERT R. KRAUTHER Registrar
Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) I6 (Day) I9I7 (Year), 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns accidental while playing near stove

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. Wm. Smith (Coroner.) M.D.

Mar 17 191 (Address) 324 E. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.... yrs.... mos.. /.. ds. In the State.... yrs.... mos.... ds.

Where was disease contracted, if not at place of death?

I724 Orleans St

Former or usual residence I724 Orleans St

19-PLACE OF BURIAL OR REMOVAL, Lutheran DATE OF BURIAL, Mar 19 1917

20-UNDERTAKER Henry A. Poultney ADDRESS I728 Orleans st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3403

CERTIFICATE OF DEATH.

x 150 D 3403

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. General Hospital ST.; 11 WARD)
2-FULL NAME Alvin M. Kaiser Jr
Residence in Baltimore: No. Laurel - Md. St.; ....yrs....mos....ds.)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
male	white.	single

6-DATE OF BIRTH, Mch 12, 1916.
(Month) (Day) (Year)

7-AGE, 1 yrs. 5 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER. Alvin M Kaiser Sr
11-BIRTHPLACE OF FATHER (State or Country). Md.
12-MAIDEN NAME OF MOTHER Lula Hilton
13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Hospital Records
(Address)

15- MAR 17 1917 ROBERT B. KRAUTER
Filed....., 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 16, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1916, to March 16 1917, that I saw h.... alive on March 16 1917, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:
Hypostatic Pneumonia.
Operation
(Duration) ....yrs....mos. 6 ds.
CONTRIBUTORY (Secondary) Equinus Varus
Congenital Equinovarus
(Duration) ....yrs....mos....ds.
(Signed) Brn. Intern M. D.
March 17, 191.. (Address) Md. General Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. 10 mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death? Laurel Md
Former or usual residence Laurel Md

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.
Laurel Md Mch 17, 191..
UNDERTAKER
ADDRESS W Main St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119 D 3404

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1045 Argyle Ave ST.; 47 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Burgess

(Residence in Baltimore: No. 1045 Argyle Ave S 20 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	colored	Married

6-DATE OF BIRTH, ... Aug. (Month) 11 (Day), 1870. (Year)

7-AGE, 46 yrs. 7 mos. 4 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Janitor
(b) General nature of industry, business, or establishment in which employed (or employer)..... Apt. House

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Richard Burgess

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Carlieta Diggs

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Eleanor Burgess

(Address)..1045 Argyle Ave

15- Filed MAR 17 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 191.., to March 15 191.7 that I saw h.. alive on March 14 191.7 and that death occurred, on the date stated above, at 10a m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(Duration) yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. ..... mos. ..... ds.

(Signed) S. B. Hughes M. D.

March 15, 1917, 1643 E. Pratt (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Cemetery	Mar. 18, 1917
20-UNDERTAKER Dengler & Holland	ADDRESS 517 Robert St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3405

HEALTH DEPARTMENT—CITY OF BALTIMORE

92D 3405

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1429 Vincent ST.; 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriett Taylor

(Residence in Baltimore: No. 1429 N Vincent St. 43 yrs., 0 mos. 22 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb (Month) 22 (Day), 1874 (Year)

7-AGE, 43 yrs. 0 mos. 22 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Home
(b) General nature of industry, business, or establishment in which employed (or employer)..... Housework

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Gault

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary E Harris

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lottie Taylor

(Address) 853 Kavanagh St.

15-

Filed MAR 17 1917, 191.... ROBERT R. KRAUTER, Registrar.

Burial Permit 01671

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 15 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 15th 1917, to March 15 1917, that I saw h[illegible] alive on March 14 1917, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

General Dropsy

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Mal Nutrition & Chronic Nephritis

(Duration) ....yrs. 2 mos. ....ds.

(Signed) C W Barker M. D.

....., 191... (Address) 1401 W Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Mar 19 191 7

20-UNDERTAKER George L Holland — ADDRESS 554 Park St.

Spec.—24-14—M. & T.—2000 Bkt.

Harry G. Chaney

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3406

CERTIFICATE OF DEATH.

D 3406

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Chaney

(Residence in Baltimore: No. Mercy Hospital St.; yrs., 1 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Feb 5, 1876 (Month) (Day) (Year)

7-AGE, 40 yrs. 11 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Waiter
(b) General nature of industry, business, or establishment in which employed (or employer) Day

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER. Clark Chaney

11-BIRTHPLACE OF FATHER (State or Country). Not Known

12-MAIDEN NAME OF MOTHER Lena Robinson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp

(Address) Mount St.

15- Filed MAR 17 1917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 17, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 23 1917, to Mar 17 1917, that I saw h[illegible] alive on Mar 17 1917 and that death occurred, on the date stated above, at 7.50 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) 1 mo.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. mos. ds.

(Signed) Chas. E. Smith M. D.

Mar 17, 1917. (Address) 7 W. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. 1 mos. 2 ds. In the U. S. State yrs. mos. ds.

Where was disease contracted, if not at place of death? Cockeysville Md

Former or usual residence Cockeysville Md.

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, May 21, 1917.

20-UNDERTAKER George H. Holland — ADDRESS 517 Robert St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3407

CERTIFICATE OF DEATH.

108 D 3407

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Croft

(Residence in Baltimore: No. Patapsco, St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, (Month) Jan (Day) (Year) 1898

7-AGE, 19 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER. Benj. Croft

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Charlotte Arbaugh

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benjamin Croft

(Address) [redacted]

15- Hempstead, Md

MAR 18 1917

191 ROBERT R. KRAUTH Registrar.

Burial Permit Oberl

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/8 1917, to 3/17 1917, that I saw h[illegible] alive on 3/17 1917, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Gastral Peritonitis

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) White Suppurative Appendicitis

(Duration) yrs. 6 mos. 17 ds.

(Signed) W. W. Ellen M. D.

3/17, 191 7 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 9 ds. In the State yrs. Life mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Patapsco, Md

19-PLACE OF BURIAL OR REMOVAL, ~~Consolation Shatter~~ DATE OF BURIAL, Mar 18, 1917.

20-UNDERTAKER Hempstead ADDRESS Patapsco

Wm J Pickerings

D 1408

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 D 1408

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 624 Cider Alley ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Paul

(Residence in Baltimore: No. 624 Cider Alley St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	col.	Married

6-DATE OF BIRTH, ... Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
55 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer) ..... General.

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) ..... Paul Paul
(Address) 624 Cider Alley

15- Filed MAR 18 1917 191.... ROBERT R. KRAUTER
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH March 16, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry
(Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.
The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert D. Dracone M. D.
(Coroner.)
March 17, 1917 (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	Mch ....., 19 17
20-UNDERTAKER	ADDRESS
Jno A Joachim	142 W Hill St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3409

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 Pennsylvania Av ST.; 17 WARD)

1-FULL NAME Abraham Smith

(Residence in Baltimore: No. 1121 Pennsylvania Av St.; 22 yrs., — mos., — ds.)

CERTIFICATE OF DEATH.

79 D 3409

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

N.B.—Every item of information should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April 15, 1885
(Month) (Day) (Year)

7-AGE 32 yr. 11 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cutter
(b) General nature of industry, business, or establishment in which employed (or employer): Underwear Store

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Samuel Smith

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Jennie Peris

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isaac N. Smith

(Address) 1434 McCulloh

15-

Filed MAR 18 1917 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 22 1917, to Mar 17 1917, that I saw him alive on Mar 17 1917, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Valvular disease of heart

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) yrs. mos. ds.

(Signed) William E. Barton M. D.

Mar 17, 191.7 (Address) 762 Dolphin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1121 Penna Ave

19-PLACE OF BURIAL OR REMOVAL, Hebrew Henning Mem

DATE OF BURIAL, March 19, 1917

20-UNDERTAKER, S. Levinson & Bro

ADDRESS 107 E Baltimore

Advie Cohen

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 3410

CERTIFICATE OF DEATH

90 D 3410

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 119 N Wolfe St. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and ward No. 38th Bon Secours)

2-FULL NAME Advice Cohen

(Residence in Baltimore: No. 119 N Wolfe St St.; 37 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: December (Month) 1 (Day) (Year)

7-AGE: 57 yrs. — mos. — ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Coal Dealer.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Abraham Cohen

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Sarah Friedman

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Abraham Cohen

(Address) 119 N Wolf St.

15- FILED MAR 18 1917 ROBERT R. KRAUTER Burial Permit Clerk RECORDER

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 17 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 9, 1916, to, March 16 1917, that I saw h.. alive on March 16 1917, and that death occurred, on the date stated above, at 6 H m.

The CAUSE OF DEATH* was as follows:

Arteria-Sclerosis — asthma

Chronic Bronchitis —

For Years (Duration) Last attack yrs 3 mos 7 ds.

Contributory (SECONDARY)

General Breakdown (Duration) yrs 2 mos — ds.

(Signed), Alfred Whitehead M.D.

March 17 1917 [Address] 1213 Madison Av.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 119 N. Wolf St.

19-PLACE OF BURIAL OR REMOVAL: Hebrew Friendship Rest — DATE OF BURIAL: March 19 1917

20-UNDERTAKER: S Levinson & Bro — ADDRESS 1107 E Baltimore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 3411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 3411

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 7 W.Barre St. ST. 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Ethel Wise (C)

(Residence in Baltimore: No. 7 W.Barre St. St.; 25 yrs., mos. 8 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female.	Colored.	Married.

6-DATE OF BIRTH, March 6th. 1892 (Month) (Day) 1 (Year)

7-AGE, 25 yrs. mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook.
(b) General nature of industry, business, or establishment in which employed (or employer): Ord Occupation.

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Albert Taylor.(C)

11-BIRTHPLACE OF FATHER (State or Country), Virginia.

12-MAIDEN NAME OF MOTHER Eleanor Beans.(C)

13-BIRTHPLACE OF MOTHER (State or Country), Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Beatrice Taylor.(C)sister.
(Address) 7 W.Barre St.

15- Filed MAR 18 1917, 191.. ROBERT B. KRAUTER Registrar.
Burial Permit issued.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14th. 1917. (Month) (Day) (Year) 191..

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) found that said deceased came to her death on the day stated above.
The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis.

(Duration) 1 yrs. mos. ds.
CONTRIBUTORY (Secondary) Exhaustion.
(Duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner.)
March. 14, 1917 (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery. DATE OF BURIAL, Mar. 18, 1917

20-UNDERTAKER Wm. B. A. Elliott. ADDRESS 50 East St.

Rec.—8-24-14—M. & T.—2000 Bks.

D 3412

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3412

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lawrence F. Kreckling

(Residence in Baltimore: No. F/O Dr. Young's Johns Hopkins Hosp. St.; ..... yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) October (Day) ....., 1877 (Year)

7-AGE, 40 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Clerk .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Kansas.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt. R. Kraut

(Address) J. J. Hospital

15- Filed MAR 18 1917 191.... ROBERT R. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Mar 17 (Day) ....., 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 7th 1917, to Mar 17 1917, that I saw him alive on Mar 17 1917, and that death occurred, on the date stated above, at 4 P.M. m.

The CAUSE OF DEATH* was as follows:

Uraemia

Hydronephrosis

..... (Duration) ..... yrs. 8 mos. ..... ds.

CONTRIBUTORY (Secondary) Uraemic Convulsions

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) J. Edward Burns M. D.

....., 191.. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 10 ds. In the State ..... yrs. ..... mos. 10 ds.

Where was disease contracted, if not at place of death? 3

Former or usual residence Baltimore Md

19-PLACE OF BURIAL OR REMOVAL, East Libety Pa — DATE OF BURIAL, Mar. 18., 1917.

20-UNDERTAKER Elliott & Fulls — ADDRESS 221 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3413

D 3413

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3403. Cedar Ave. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel H Dunkle.

(Residence in Baltimore: No. 3403. Cedar Ave. St.; 28 yrs. ..... mos. ..... da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. ..... Jan. (Month) 9. (Day), 1877. (Year)

7-AGE. 40. yrs. 2. mos. 7. da.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Plumber.....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Pipe work.....

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, W. H Dunkle.

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Mary E. Baker

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Dunkle.....

(Address) 3403 Cedar Ave.....

15- Filed MAR 16 1917 191.. ROBERT R. KRAUTER, Registrar. Burial Permit .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 16. (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 16 1917, to Mar 16 1917, that I saw h.. alive on Mar 16 1917, and that death occurred, on the date stated above, at 11:40 P. m.

The CAUSE OF DEATH* was as follows:

1. .....
2. Pulmonary Tuberculosis.....
3. ..... (Duration) 2 yrs. 6 mos. ..... da.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... da.

(Signed) ..... M. D.

Mar 17, 1917. (Address) 3 E. 39. Roland Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Marys, Hyattsville — DATE OF BURIAL, 3/19, 1917

20-UNDERTAKER Kenworthy & Son. — ADDRESS 1307 Eutaw Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3414 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 3414

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 610 Cornell ST. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Davis

(Residence in Baltimore: No. 610 Cornell

St. 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, ... (Month) November (Day) 1 (Year)

7-AGE, 47 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Steward
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Charlotte Maturley

13-BIRTHPLACE OF MOTHER (State or Country): W. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos Stanley

(Address) 610 Cornell

15- MAR 18 1917 191... ROBERT R. KRAUTER Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 16, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Gabriel L Downey M. D.
(Coroner.)

March 17 191 7 (Address) 3127 Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Ft Lincoln Cemetery

DATE OF BURIAL, March 19, 1917.

20-UNDERTAKER Geo H Hooper

ADDRESS 609 Fulton Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3415

CERTIFICATE OF DEATH.

170 D 3415

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 S. Kenwood Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Heinbuch

(Residence in Baltimore: No. 616 S. Kenwood Ave St.; 1 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept 2nd, 1867
(Month) (Day) (Year)

7-AGE, 49 yrs. 6 mos. 12 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Grocer
(b) General nature of industry, business, or establishment in which employed (or employer) Retired 5 years

9-BIRTHPLACE, (State or Country), Baltimore City Md.

PARENTS.

10-NAME OF FATHER, Conrad Heinbuch

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Fleitner

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Heinbuch

(Address) 616 S. Kenwood Ave

15-

Filed MAR 18 1917 191... ROBERT R. KRAUTER
Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1 1916, to March 14 1917, that I saw h.. alive on March 14 1917, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Contusion of Lower (abdomen)

Internal Hemorrhage

(Duration) .... yrs. 8 mos. .... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) .... yrs. .... mos. 4 ds.

(Signed) Thos. A. Bratbest M. D.

3.16..., 191.7 (Address) Thos. A. Bratbest

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, St. Pauls Cemetery DATE OF BURIAL, March 15th, 1917

20-UNDERTAKER H. Sander Sons ADDRESS 1710 Park Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 3416

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 3416

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3614 Central Ave. ST.; (Woodbury) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza H. Armiger

(Residence in Baltimore: No. 3614 Central Ave. St.; 12 yrs., — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... March 27, 1892
(Month) (Day) (Year)

7-AGE, 24 yrs. 11 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer)..... Domestic

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, John H. Marr

11-BIRTHPLACE OF FATHER (State or Country). Maryland.

12-MAIDEN NAME OF MOTHER Susie E. Hutchins

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..John H. Marr.....

(Address)..3614 Central Ave.....

15- MAR 18 1917 Filed....., 191.....

ROBERT R. KRAUTER Clerk
Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March 16, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1917, to March 16 1917, that I saw h.r alive on March 12 1917, and that death occurred, on the date stated above, at 1.03 A.m.

The CAUSE OF DEATH* was as follows:

.....Pulmonary Hemorrhage.....

.....

..... ½ hour.

..... (Duration)..... yrs..... mos..... ds.

CONTRIBUTORY. Pulmonary Tuberculosis
(Secondary)

..... (Duration) 2 yrs..... mos..... ds.

(Signed)..... C. J. Hamer..... M. D.

Mar. 16, 1917. (Address)..... 2011 Druid Hill Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. St. Mary's Hampden — DATE OF BURIAL, March 18, 1917.

20-UNDERTAKER Horace Burgee Son — ADDRESS 3631 Hallo Rd.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3417

CERTIFICATE OF DEATH.

29 D 3417

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3450 Hickory Ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. White

(Residence in Baltimore: No. 3450 Hickory Ave St.; 65 yrs., 5 mos. 11 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Widow

6-DATE OF BIRTH, Oct. (Month) 5 (Day), 1851 (Year)

7-AGE, 65 yrs. 5 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer): Bell Telephone Co.

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Joseph White

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Mary J. Elliott

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H. Helms

(Address) 3450 Hickory Ave

15- Filed MAR 18 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 2 1917, to 16 Mar 1917, that I saw him alive on Mar 16 1917, and that death occurred, on the date stated above, at 9.50 p m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of kidneys

uremia

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(Duration) ...yrs. ...mos. 1 ds.

(Signed) [illegible] M. D.

Mar 17, 1917. (Address) 3843 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Mary's Hampden — DATE OF BURIAL, March 19, 1917

20-UNDERTAKER Horace Burgee & Son — ADDRESS 363 Hall St

Spec.—8-24-14—M. & T.—2000 Bks.

Reivo Kuperschmidt

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 3418

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

109 D 3418

REGISTERED NO. C

CITY OF BALTIMORE: (No. Hebrew Hospital ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Reivo Kuperschmidt

(Residence in Baltimore: No. 232 S. Bond St. St.; 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown (Month), (Day) 187 (Year)

7-AGE, 46 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Grocery
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Wright Lauchheimer M.D.

(Address) Hebrew Hospital

15- Filed MAR 18 1917, 191 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 13 1917, to March 17 1917, that I saw h... alive on Mch 17 1917, and that death occurred, on the date stated above, at 2:20 m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction.

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Ulcer of Stomach

(Duration) yrs. mos. ds.

(Signed) B. Jacobson M. D.

March 17, 1917. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 232 S. Bond St.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel — DATE OF BURIAL, 3/18, 1917

20-UNDERTAKER Jack Lewis — ADDRESS 1411 E Baltimore St

N.B.—Every item of information should be carefully supplied. Answers should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 3419

CERTIFICATE OF DEATH

45 D 3419

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 E Pratt ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hyman Greenberg

(Residence in Baltimore: No. 823 E Pratt St.; 9 yrs. mos. ds.)

WHITE PLAINLY, WITH UNFADING INK.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Male | 4-COLOR OR RACE White | 5-~~SINGLE~~ MARRIED ~~WIDOWED~~ OR DIVORCED (Write the word) Married

6-DATE OF BIRTH March Nineteen, 1874
(Month) (Day) (Year)

7-AGE 42 yrs. 9 mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country) Russia

PARENTS

10-NAME OF FATHER Pinkus Greenberg

11-BIRTHPLACE OF FATHER (State or country) Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or country) Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. Greenberg

(Address) 823 E Pratt St.

15 MAR 18 1917 ROBERT B. KRAUTER
Filed ....., 191 ..... Registrar
Burial Permit

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 18th 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 10, 1916, to, March 17 1917, that I saw him alive on March 17 1917, and that death occurred, on the date stated above, at 6 9 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

Operation

(Duration) yrs 8 mos ds.

Contributory (SECONDARY) Heart failure

(Duration) yrs mos ds.

(Signed) M. Greenberg M. D.

March 17 191 7 [Address] 716 N Eutaw St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 823 E Pratt St

19-PLACE OF BURIAL OR REMOVAL: Hebrew Rizedale Cemetery | DATE OF BURIAL: Mar 191 7

20-UNDERTAKER: E Lennon & Bro | ADDRESS 1107 E Baltimore St

Spec.—8-24-14—M. & T.—2000 Bks.

Louis Heller

D 3420

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 3420

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp ST.; B WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr Louis Heller

(Residence in Baltimore: No. 913 W. Mulberry St St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male.	White	Single

6-DATE OF BIRTH, March 6 1854
(Month) (Day) (Year)

7-AGE, 63 63 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Machinist
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, A. Heller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. Schenbeck

(Address) 661 N Paca St

15- MAR 13 1917 Filed ....., 191.... ROBERT B. KRAUTER Burial Permit Clerk

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 12, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1915, to March 14, 1917, that I saw h im alive on March 16, 1917, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 12 ds.

(Signed) D. H. Mohr per Jmmicklar M. D.

March 14, 1917. (Address) 2935 Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 12 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Home

Former or usual residence Usual

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cem	March 17, 191.7

20-UNDERTAKER	ADDRESS
Geo Levin Undertaking Co	661 N Paca St

FILE COPY

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3421

CERTIFICATE OF DEATH.

89 D 3421

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1222 W Ostend St. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah H Hale

(Residence in Baltimore: No. 1222 Ostend St.; 35 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH. March 4, 84
(Month) (Day) (Year)

7-AGE 69 yrs. 10 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto Co Md

PARENTS.

10-NAME OF FATHER. — Grafton

11-BIRTHPLACE OF FATHER (State or Country). Balto Co Md

12-MAIDEN NAME OF MOTHER. Armilia Hamilton

13-BIRTHPLACE OF MOTHER (State or Country). Balto Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie Lawson

(Address) 1159 Ward St

15- Filed MAR 18 1917, 191.... ROBERT R. KRAUTER, Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Mar. 17, 1917
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 11 191 7, to Mar 17 191 7, that I saw h[illegible] alive on Mar 16 191 7, and that death occurred, on the date stated above, at 6 2 m.

The CAUSE OF DEATH* was as follows:

Cardiac asthenia

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Cap Bronch

(Duration) ..... yrs. ..... mos. 14 ds.

(Signed) J. Oliver Edwards M. D.

Mar 18 191 7 (Address) 11 N. Wolfe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. London Park Cem. DATE OF BURIAL. Mar. 19, 1917.

20-UNDERTAKER Joseph L Cook ADDRESS 1003 W Pratt.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

KODAK S·A·K

D 3422

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3422

CERTIFICATE OF DEATH

REGISTERED No. C 89

1-PLACE OF DEATH.

CITY OF BALTIMORE (No. 109 N. Caroll ST. 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Sarah Ella Athey

(Residence in Baltimore: No. 109 N. Caroll ST. 33 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	widowed

6-DATE OF BIRTH August 12, 1844
(Month) (Day) (Year)

7-AGE 72 yrs. 7 mos. 4 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Alexandria Va.

PARENTS

10-NAME OF FATHER William Bernard Trice

11-BIRTHPLACE OF FATHER (State or country) Va

12-MAIDEN NAME OF MOTHER Sarah P. S. Martin

13-BIRTHPLACE OF MOTHER (State or country) Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) T. Burch Athey

(Address) 529 N. Carrollton Ave

MAR 18 1917 Filed ....., 191 ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 16, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 8, 1917, to March 16 1917, that I saw h[illegible] alive on March 16, 1917, and that death occurred, on the date stated above, at 5.45 a.m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) — yrs. — mos. 9 ds

Contributory (SECONDARY) Acute Pulmonary Oedema

3 Years (Duration) — yrs. — mos. — ds.

(Signed) Charles Gelb, M. D.

March 16, 1917. (Address) 1111 W. Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL London Park Cem. DATE OF BURIAL March 19, 1917

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 W. Baltimore St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3423

CERTIFICATE OF DEATH.

D 3423

50

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sheffield Aprt. (Park Drive ST.; 13 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Bamberger,

(Residence in Baltimore: No. Lake Drive, St.; 56 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow,

6-DATE OF BIRTH, Jan. (Month) 1st. (Day) 1850 (Year)

7-AGE, 67 yrs. 2 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany,

PARENTS.

10-NAME OF FATHER, Simon Pels,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Henriatta Koopman,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Bamberger,

(Address) Sheffield Aprt.

15. Filed MAR 18 1917 191... ROBERT R. KRAUTH Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch. (Month) 17th. (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1916, to 3-17 1917, that I saw her alive on 3-17 1917, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(Duration) yrs. 7 mos. ds.

(Signed) A J Parrott M. D.

3-18, 191 7 (Address) 162 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Har Sinai,

DATE OF BURIAL, Mch. 19th 1917

20-UNDERTAKER David Bordlein

ADDRESS 1184 Park Royal

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK

D 3424

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

3 V D 3424

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1504 N. Gilmor St. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME James B. Johnson

(Residence in Baltimore: No. 1504 N. Gilmor St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Oct. 12, 1870 (Month) (Day) (Year)

7 AGE: 46 yrs. 6 mos. 5 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): U.S. Express Co.

9 BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: James Johnson

11 BIRTHPLACE OF FATHER (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Mary E. Ritter

13 BIRTHPLACE OF MOTHER (State or country): Penn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary E. Johnson

(Address) 1504 N. Gilmor St

15. Filed MAR 18 1917, 191 ROBERT R. KRAUTER REGISTRAR

Burial Permit 6104

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 17, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1917, to March 17 1917, that I saw h.. alive on March 16, 1917, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation and Mitral Regurgitation

(Duration) 1 yrs. — mos. 4 ds.

Contributory (SECONDARY) Acute Influenza & Pneumonia

Pott's Disease (Duration) — yrs. — mos. — ds.

(Signed) Charles E. Clark M. D.

March 17, 1917 (Address) 1310 N. Gilmor St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: March 19, 1917

20 UNDERTAKER: Chas E. Franck — ADDRESS: 802 Madison Ave

D 3425

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1/20 D 3425

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1436 Light St.; WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Hoffman

(Residence in Baltimore: No. 1436 Light St St.; yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: March (Month) 25 (Day), 1840 (Year)

7-AGE: 76 yrs. 11 mos. 17 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma Hoffman

(Address) 1436 Light St

15 FILED MAR 18 1917

ROBERT R. KRAUTER
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 16 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 10, 1917, to March 16 1917, that I saw h[illegible] alive on March 16, 1917, and that death occurred, on the date stated above, at 2.[illegible] m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

unknown (Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY) Chronic Nephritis

(Duration) 1 yrs. ... mos. ... ds.

(Signed) D. E. Burden M. D.

3/17, 1917 (Address) 301 E Cross St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cem — DATE OF BURIAL: March 19, 1917

20-UNDERTAKER: M. J. Flynn — ADDRESS: 1422 Light

Spec.—5-19-13—M. & T.—500 Bks.

D 3426

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3426

CERTIFICATE OF DEATH.

REGISTERED NO. C 10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 S. Kenwood ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary C Drydan.

(Residence in ~~Baltimore~~ No. Thompson Sea Girt House Butts Co 66 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE, NATIVITY and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED,~~ (*Write* the word.)
Female.	White	Married.

6-DATE OF BIRTH, July (Month) ....., 1848. (Day) (Year)

7-AGE, 68 yrs. 8 mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER, Owen Ryan.

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Mary C Lyons.

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Ryan.

(Address) 10 S. Kenwood Ave

15-Filed MAR 18 1917. ROBERT R. KRAUTH Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 17 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 6 1917, to Morch 16 1917, that I saw her alive on March 16 1917, and that death occurred, on the date stated above, at 12.00 a.m.

The CAUSE OF DEATH* was as follows:

Grippe & Bronchitis

(Duration) yrs. mos. 38 ds.

CONTRIBUTORY (Secondary) Vascular disease

(Duration) 2 yrs. mos. ds.

(Signed) Geo. D. Dillyack M. D.

Mar. 17, 1917. (Address) 2818 E Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Thompson Sea Girt Butts Co Md

19-PLACE OF BURIAL OR REMOVAL, Catholic Cem. DATE OF BURIAL, Mar 20, 1917.

20-UNDERTAKER Jno J Fahy & Sons ADDRESS 1811 Light St

Spec. 5-19-13—M. & T.—500 Bks.

D 3427

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3427

CERTIFICATE OF DEATH.

91

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 Park Ave. ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Lanagan

(Residence in Baltimore: No. 512 Park Ave. St.; 60 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be carefully copied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, December 26, 1833, 1 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
83 yrs. 2 mos. 21 ds.	hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Daly

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Hazley

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Sarah E. ONeal

(Address) Fairmont, W. Va.

15- Filed MAR 18 1917 ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 28th, 1917, to Mar. 17th 1917, that I saw her alive on Mar. 16th 1917, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(Duration) yrs. mos. ds.

(Signed) Eldridge C. Price M. D.

Mar. 17, 1917 (Address) 1017 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	Mar. 19, 1917
20-UNDERTAKER Henry W. Means & Son	ADDRESS 1054 N. Calvert St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3428

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

103 D 3428

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1209 Gilmor ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Ann Catherine Keefer

Residence in Baltimore: No. 1209 Gilmor St.; 5 yrs., ? mos. ? ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, August (Month) 5 (Day) 1832 (Year)

7-AGE, 84 yrs. 7 mos. 12 ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Carl Haller

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Ann N. Selwickes

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Frances Haller

(Address) 1209 Gilmor St

15-MAR 18 1917 ROBERT B. KRAUTER Registrar.

Filed....., 191... Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10 1917, to March 17 1917, that I saw h.r. alive on March 17 1917, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Senile Decadence

Infirmity

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Senility a Contrib.

(Duration) — yrs. — mos. — ds.

(Signed) ..... M. D.

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL, Frederick - Md | DATE OF BURIAL, March 19, 1917

20-UNDERTAKER Stewart & Mowen Co | ADDRESS 1520 North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 3429

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9V D 3429

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1327 N Vincent — ST.; 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis Henry Powell

(Residence in Baltimore: No. 1427 N Vincent — St.; Life yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: January 4, 1881 (Month) (Day) (Year)

7-AGE: 36 yrs. 2 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country): Baltimore.

PARENTS.

10-NAME OF FATHER: William F. Powell

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Louise Morris

13-BIRTHPLACE OF MOTHER (State or Country): Georgia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William F. Powell Jr.

(Address) 1340 Presstman St

15- MAR 19 1917 MARY C. ANDERSON

Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17, 1917: (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15 1917, to March 17 1917, that I saw him alive on March 15 1917, and that death occurred, on the date stated above, at 4 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Charles E. Clark M. D.

March, 191 7. (Address) 1310 N. Gilmor

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn cemetery

DATE OF BURIAL, ..., 191...

20-UNDERTAKER JAMES H. DENNIS

ADDRESS 1303 PRESTMAN ST.

MAR 19 1917

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3430

CERTIFICATE OF DEATH.

91 D 3430

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1380 N Calhoun ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Genevieve D Smith

(Residence in Baltimore: No. 1380 N Calhoun St.; 1 yrs., 10 mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, May (Month) 15 (Day), 1916 (Year)

7-AGE, 1 yrs. 10 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, Samuel G. Smith

11-BIRTHPLACE OF FATHER (State or Country), Balto md

12-MAIDEN NAME OF MOTHER Elizebeth Gray

13-BIRTHPLACE OF MOTHER (State or Country), Virgina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizebeth Gray

(Address) 1380 N. Calhoun St

15-

Filed MAR 19 1917, 191.... HARRY C. ANDELOT, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 17 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 13 1917, to May 17 1917, that I saw her alive on May 16 1917, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Bronch. Pneumonia

(Duration) ....yrs. ....mos. 5 ds.

(Signed) E. William Frey M. D.

May 18, 1917. (Address) 1928 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery

DATE OF BURIAL, MAR 19 1917

20-UNDERTAKER JAMES H. DENNIS

ADDRESS 1303 PRESTMAN ST.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47 D 3431

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 N. Gilmor ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Howard

(Residence in Baltimore: No. 321 N. Gilmor St.; 13 yrs., 0 mos. 16 ds.)

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Mar (Month) 1 (Day), 1904 (Year)

7-AGE, 13 yrs. 0 mos. 16 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Newsboy Dealer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Balto Md.

PARENTS.

10-NAME OF FATHER. Wm Howard

11-BIRTHPLACE OF FATHER (State or Country). A. A. Co Md

12-MAIDEN NAME OF MOTHER. Catherine Offer

13-BIRTHPLACE OF MOTHER (State or Country). A. A Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fannie Jacobs

(Address) 321 N. Gilmor St

15-

Filed MAR 19 1917, 191.....

Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 12 1917, to Mar 16 1917, that I saw h[im] alive on Mar 16 1917, and that death occurred, on the date stated above, at 10.20 P.M.

The CAUSE OF DEATH* was as follows:

Acute Meningitis

(Duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Rheumatism

(Duration) — yrs. — mos. 14 ds.

(Signed) F. C. Link M. D.

Mar 17, 1917 (Address) 1324 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.... yrs.... mos.... ds. In the State.... yrs.... mos.... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, MAR 19 1917

20-UNDERTAKER James H. Dennis

ADDRESS 1303 Pressp

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3432

CERTIFICATE OF DEATH.

91 D 3432

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 W Eager ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Leroy Schafer (Schafer)

(Residence in Baltimore: No. 106 W Eager St.; 1 yrs., 4 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct 26, 1915 (Month) (Day) (Year)

7-AGE, 1 yrs. 4 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Leonard Schafer

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Gertrude Bosworth

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs L. Schafer

(Address) 106 W Eager St.

15-

Filed MAR 19 1917 HARRY C. ANDREAS

Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 17, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 14 1917, to Mar 17 1917, that I saw h[illegible] alive on Mar 17 1917, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Acute Broncho Pneumonia

(No history)

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) yrs. mos. 1 ds.

(Signed) R. O. K. Campbell M. D.

Mar 19 1917 (Address) 164 E Hamburg St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Pk, Balto Co

DATE OF BURIAL, 3/19, 1917

20-UNDERTAKER J. Fow McCarthy

ADDRESS 130 E Fort Ave

N.B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

Spec.—8-24-14—M. & [illegible] 2000 Bks.

D 3433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 D 3433

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 939 Harford Ave ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Dinnn

(Residence in Baltimore: No. 939 Harford Ave St.; 63 yrs. \ mos. \ da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Not Known (Month) (Day) 1 (Year)

7-AGE, about 65 yrs. \ mos. 1 da.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Plumber and
(b) General nature of industry, business, or establishment in which employed (or employer): Gas fitter

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, James Dinnn

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Dugan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Isabelle Dinnn

(Address) 939 Harford Ave

15-

Filed MAR 19 1917, 191.... HARRY C. ANDELE Serial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 17 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 13 1917, to Mar 17 1917, that I saw h[illegible] alive on Mar 16 1917, and that death occurred, on the date stated above, at 11-P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) Y yrs. mos. da.

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) yrs. mos. 3 da.

(Signed) Bernard West M. D.

3-18, 191.7. (Address) 914 E Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....da. In the State....yrs....mos....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery — DATE OF BURIAL, March 20 191.7.

20-UNDERTAKER Henry Horn Son — ADDRESS 1309 E Eager St

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3434

CERTIFICATE OF DEATH.

40 D 3434

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Mercy & Hospital ST. 24 WARD) REGISTERED No. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Bates

Residence in Baltimore: No. 1130 Decatur St (If not in Baltimore give town or county.) (If less than 1 day, yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. June 26, 1865 (Month) (Day) (Year)

7-AGE. 52 yrs. 1 mos. 19 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). Day

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. John Bates

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. not known

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Mrs. Mary Bates

(Address). Calvert St.

15- Filed MAR 19 1917, 191... HARRY C. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 17, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 5 191..., to Mar 17 191..., that I saw h[illegible] alive on Mar 17 191..., and that death occurred, on the date stated above, at 5:20 p.m.

The CAUSE OF DEATH* was as follows:

(a) Pneumonia, Lobar

(b) Chronic Nephritis (Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) Edward L. Jones M. D.

Mar 17, 191... (Address) Miscellaneous

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 15 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1130 Decatur St.

Former or usual residence 1130 Decatur St.

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer Cem. DATE OF BURIAL, March 20, 191...

20-UNDERTAKER H. Lauder Sons ADDRESS 1710 Bank St

N.B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3435

CERTIFICATE OF DEATH.

28 D 3435

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 Harlem Ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Willard S Fowell

(Residence in Baltimore: No. 1711 Harlem Ave St.; ....yrs., 2 mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED. (*Write* the word.)
male	white	Single.

6-DATE OF BIRTH, October 6, 1873
(Month) (Day) (Year)

7-AGE, 28 yrs. 5 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bookkeeper
(b) General nature of industry, business, or establishment in which employed (or employer): Bank

9-BIRTHPLACE, (State or Country), St. Mary's Co. Md

PARENTS.

10-NAME OF FATHER, John T. Fowell.

11-BIRTHPLACE OF FATHER (State or Country), St. Mary's Co. Md.

12-MAIDEN NAME OF MOTHER, Rosa Sanner.

13-BIRTHPLACE OF MOTHER (State or Country), St. Mary's Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John T. Fowell

(Address) 1711 Harlem Ave

15- MAR 19 1917 HEALTH ADMIN.
Filed....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 7 1917, to Mar. 17 1917, that I saw him alive on Mar. 16, 1917, and that death occurred, on the date stated above, at 3 30 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Samuel T. Shannon M. D.

March 17, 1917. (Address) 708 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Leonardtown Md. DATE OF BURIAL, Mar. 17, 1917

20-UNDERTAKER W. J. Weiner & Co. ADDRESS Penna Ave.

N.B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION if very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3436

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3436

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 32 S. Ellwood Ave ST.; 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Margaret Gunther

(Residence in Baltimore: No. 32 S. Ellwood Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, October 18th, 1836
(Month) (Day) (Year)

7-AGE, 80 yrs. 4 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Hahn

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Gunther

(Address) 32 S. Ellwood Ave.

15-

Filed MAR 19 1917, 191.... HARRY C. ANDREWS Registrar.

Burial Permit Issued by

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 16th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July — 1916, to March - 16 1917, that I saw h.er alive on March 15 1917, and that death occurred, on the date stated above, at 12.30 m.

The CAUSE OF DEATH* was as follows:

Central Embolie

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Contract Arsene

(Duration) yrs. 6 mos. ds.

(Signed) Mark C Brown M. D.

March 18, 1917 (Address) 125 S Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart Cem. DATE OF BURIAL, March 19, 1917.

20-UNDERTAKER Lilly & Feiler ADDRESS 403 S. Wolfe

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 3437

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 216 S. Spring St.; 3 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Mirowitz

(Residence in Baltimore: No. 216 S. Spring St.; 29 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 29 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fish Dealer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Meyer Mirowitz

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isaac Mirowitz

(Address) 216 S. Spring St.

15- Filed MAR 19 1917, 191.... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 18, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 17th 1917, to March 18th 1917, that I saw h[illegible] alive on March 18 1917, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Coma

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Nephritis (Chronic)

(Duration) yrs. 6 mos. ds.

(Signed) J. L. Wannow M. D.

3-18-1917 (Address) 30 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 216 S Spring St

19-PLACE OF BURIAL OR REMOVAL, Fellowship Farms Run — DATE OF BURIAL, Mar. 19, 1917

20-UNDERTAKER N. Lennon & Bro — ADDRESS 1107 E Balto St

N.B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3438 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x39 D 3438

1-PLACE OF DEATH Union Protestant Infirmary 24 REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1514 Division ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clymer Whyte

(Residence in Baltimore: No. Union Protestant Infirmary St.; — yrs., 2 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January 21, 1853 (Month) (Day) (Year)

7-AGE, 64 yrs. 1 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ~~None~~
(b) General nature of industry, business, or establishment in which employed (or employer) Lawyer

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Pinkney Whyte

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Louisa Hollingsworth

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. E. Keay

(Address) Maryland Club

15- Filed MAR 19 1917, 191..... MARY [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 29 1916, to March 17 1917, that I saw h m alive on March 17 1917, and that death occurred, on the date stated above, at 2a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of tongue

Operation Aug 1916

(Duration) — yrs. 9 mos. — ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) — yrs. — mos. 2 ds.

(Signed) E. E. Krieger M. D.

March 17, 1917. (Address) 1514 Division St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state: (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. 2 mos. 17 ds. In the State 64 yrs. 1 mos. 24 ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 206 Woodlawn Rd. Baltimore

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, 3-19, 1917.

20-UNDERTAKER H. W. Jenkins & Sons Co. ADDRESS Orchard & McCulloh Sts.

N. B.—Every item of information during [illegible] be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be important.

Spec.—8-24-14—M. & T.—2000 Blks.

D 3439

HEALTH DEPARTMENT—CITY OF BALTIMORE

81 D 3439

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 Park Ave ST.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Johnson Kerr

(Residence in Baltimore: No. 1513 Park Ave. St.; 29 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Feb. 5 (Month) (Day) 1839 (Year)

7-AGE.	If LESS than 1 day,
77 yrs. 1 mos. 12 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry Johnson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Mary Mackall Brown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. M. Kerr

(Address) 1513 Park Ave.

15-

FILED MAR 19 1917 191..... HARRY C. ANDREWS Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch. 14 (Month) (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 18 1917, to March 17 1917, that I saw h[illegible] alive on March 17 1917, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) Some yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senility

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. M. Kerr M. D.

March 17, 1917. (Address) 1327 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cem.	March 19th, 1917.

20-UNDERTAKER Wm. E. Faulkner & Co. Henry H. Jenkins Sons Co. Orchard Sts.

N. B.—Every item of information should be carefully supplied. Accurate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 3440

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 D 3440

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2570 W Fairmount ave ST.; 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah M. Burgess

(Residence in Baltimore: No. 2570 W Fairmount ave St.; 77 yrs. 10 mos. 17 ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: April 30, 1839 (Month) (Day) (Year)

7-AGE: 77 yrs. 10 mos. 17 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): " "

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Philip W Burgess

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Elizabeth Smith

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Susie Burgess

(Address) 2570 W Fairmount ave

15- MAR 19 1917 (Filed) 191.. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 17, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 11, 1917, to March 17 1917 that I saw her alive on March 17, 1917, and that death occurred, on the date stated above, at 1.15 P m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Duration) 3 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Cerebral Thrombosis

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Joseph H Carr M. D.

3/18, 1917 (Address) 529 N Fulton ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: Mar 19, 1917

20-UNDERTAKER: John B Spence — ADDRESS: 1325 N. Caroline

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3441

CERTIFICATE OF DEATH.

89 D 3441

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 324 S. Monroe ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Virginia Fowler

(Residence in Baltimore: No. 324 S. Monroe St.; yrs. 2 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec 18, 1916
(Month) (Day) (Year)

7-AGE, yrs. 2 mos. 28 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Carroll F. Fowler

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Mary E. A. Friskey

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carroll F. Fowler

(Address) 324 S Monroe St.

15- Filed MAR 19 1917, 191.... HARRY C. ARNOLD Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 11, 1917, to March 17 1917, that I saw h[illegible] alive on March 17 1917 and that death occurred, on the date stated above, at 7:10 p. m.

The CAUSE OF DEATH* was as follows:

Capillary Bronchitis

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. A. Bulle M. D.

March 18, 1917. (Address) 108 N. Paulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cemetery — DATE OF BURIAL, March 19, 1917

20-UNDERTAKER John J. Fields — ADDRESS 1200 W. Lombard St

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3442

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3442

CERTIFICATE OF DEATH.

39

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. St Joseph's Hospital 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Drumgoole

(Residence in Baltimore: No. 1036 Wilcox St.; 61 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, July 7, 1868
(Month) (Day) (Year)

7-AGE, 48 yrs. 8 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Labor
(b) General nature of industry, business, or establishment in which employed (or employer)..... General Labor

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Patrick Drumgoole

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary McDonough

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Bridget Murphy

(Address)..... 1517 E. Chase St.

15- HARRY C. ANDREWS
Filed MAR 19 1917 19.. Deputy Health Commissioner
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH March 17, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 26 19 17, to March 17 1917, that I saw him alive on March 17 1917, and that death occurred, on the date stated above, at 12.09 m.

The CAUSE OF DEATH* was as follows:
Carcinoma floor of mouth and lower jaw
(Clinical)
(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Same
(Duration) yrs. mos. ds.

(Signed) W. R. Johnson M. D.
3/17, 19 17 (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. 1 mos. 19 ds. In the State Life yrs. mos. ds.
Where was disease contracted, if not at place of death? At home
Former or usual residence 1036 Wilcox St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	March 20, 1917
20-UNDERTAKER Robt. Turner	ADDRESS 1442 W. Bway

N.B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 3443

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 3443

CERTIFICATE OF DEATH.

REGISTERED NO. C 10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 E. Mount St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie R. Thomas

(Residence in Baltimore: No. 1415 E. Mount St.; 50 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, January, 1867.
(Month) (Day) (Year)

7-AGE, 50 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): Self.

9-BIRTHPLACE, (State or Country): Balto. City

PARENTS.

10-NAME OF FATHER: John T. Burns.

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Mary E. Durbin

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Reynolds

(Address) 1631 Hanover st

15-

Filed MAR 19 1917 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 18, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 12 1917, to March 18 1917, that I saw h[illegible] alive on March 18 1917, and that death occurred, on the date stated above, at 2.40 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Lob. Grippe

(Duration) yrs. mos. 3 ds.

(Signed) A Russell Neal M. D.

, 191.. (Address) 23 N. Stanford ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore County	Mar. 21., 1917.
20-UNDERTAKER	ADDRESS
Albert S. Fuller	221 N Broadway

N. B.—Every item of information should be given as accurately as possible, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

1631 9 Hanover st

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3444

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

92 D 3444

REGISTERED No. C

CITY OF BALTIMORE: (No. 1006 E. Bidder ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julius Haase.

(Residence in Baltimore: No. 1006 E Bidder St.; 75 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, May 26th (Month) (Day), 1825 (Year)

7-AGE, 91 yrs. 9 mos. 19 ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Potter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Not Known.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John P. Acston

(Address) 1006 E Biddle St

15- MAR 19 1917 Filed....., 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 13 1917, to March 17 1917, that I saw h[illegible] alive on March 17 1917, and that death occurred, on the date stated above, at 5:35 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

March 19, 1917. (Address) 1 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cem.	March 20, 1917

20-UNDERTAKER E & B Hale | ADDRESS 115 E Hoffman

N. B.—Every item of information must be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH

Spec.—8-24-14—M. & T.—2000 Bks.

D 3445

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 D 3445

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1719 S Charles ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George J. Goeller

(Residence in Baltimore: No. 1719 S Charles St.; 35 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, December 4th, 1855 (Month) (Day) (Year)

7-AGE, 61 yrs. 3 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fireman
(b) General nature of industry, business, or establishment in which employed (or employer): United R.R.

9-BIRTHPLACE, (State or Country). Germany.

PARENTS.

10-NAME OF FATHER, Not Known.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Not Known.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ezra Goeller (Wife)

(Address) 1719 S Charles St.

15- Filed MAR 19 1917, 191... HARRY C. ANDELE... Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1916, to Mar. 17 1917, that I saw h... alive on Mar 17 1917, and that death occurred, on the date stated above, at 5.32 P m.

The CAUSE OF DEATH* was as follows:

Uremic Poisoning Arteriosclerosis

(Duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Pneumonia Bronchitis

Disease (Duration) 2 yrs. ... mos. ... ds.

(Signed) E. T. Dawson M. D.

3-19-17, 191... (Address) 1 E Madison St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross Cath	March 21 28, 191...
20-UNDERTAKER	ADDRESS
E & B Hartle	115 E Mosher St.

N. B.—Every number must be filled, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms,

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3446 — 172 — D 3446

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3820 Barrington Road ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Rebecca Murray.

(Residence in Baltimore: No. 3820 Barrington Road St.; Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month), 1 (Day), ... (Year)

7-AGE, 85 Years ....yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Nurse
(b) General nature of industry, business, or establishment in which employed (or employer)..... Unemployed

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frank Murray.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Aunt Nancy

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. J. A. Wilson

(Address) 3820 Barrington Road.

15- Filed MAR 19 1917 191.... HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17th (Month) (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 16th 1917, to March 18th 1917, that I saw her alive on March 16th 1917, and that death occurred, on the date stated above, at 1.05 A.M.

The CAUSE OF DEATH* was as follows:

Fracture of right femur

Nov. 4th 1916

Accidental Fall (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Robt. F. Hardesty M. D.

March 18th 1917 (Address) 5 E. Balt. Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, March 19, 1917

20-UNDERTAKER George J. Ruth — ADDRESS 1235 Hanford Ave

N.B.—Every item must be answered, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

3447

CERTIFICATE OF DEATH.

1720 D 3447

REGISTERED No. C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 St. Joseph Hosp ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME George E Kramer

(Residence in Baltimore: No. 8 Albemarle St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Unknown (Month) 1 (Day) (Year)

7-AGE, 33 Years. yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stage Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jacob Kramer

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Kramer

(Address) 1735 Hayard ave

15-

Filed MAR 19 1917 191.. HARRY C. ARNOLD, Registrar.

Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 14 1917, to March 17 1917, that I saw h[illegible] alive on March 17 1917, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Last Known

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Pulmonary oedema

(Duration) yrs. mos. ds.

(Signed) William F. Malloy M. D.

Mch 17, 1917. (Address) St Jos. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Can't Know

Former or usual residence 8 Albemarle St.

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery. DATE OF BURIAL, March 19, 191..

20-UNDERTAKER Geo. J. Ruth ADDRESS 1735 Hayard Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3448

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

gv D 3448

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 909 Park Ave St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Adams

(Residence in Baltimore: No. 909 Park Ave St.; 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-~~SINGLE~~ MARRIED, ~~WIDOWED, OR DIVORCED~~ (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1873
(Month) (Day) (Year)

7-AGE, 44 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, William Adams

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Adams

(Address) 1909 Park Ave

15- Filed MAR 19 1917, 191.... HARRY C. ANDREWS Registrar.

Burial Permit Clerk

N. B.—Entries must be made in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 16, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch. 9 1917, to Mch 16 1917, that I saw h~~im~~ alive on Mch 16 1917, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) R. Gardenhour M. D.

Mch 17, 1917, (Address) 1534 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem — DATE OF BURIAL, Mch 19, 1917.

20-UNDERTAKER Jas. H. Cross — ADDRESS Has Moved

Spec.—4-24-14—M. & T.—2000 Bks.

D 3449

HEALTH DEPARTMENT—CITY OF BALTIMORE

34 D 3449

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fred Koerber

(Residence in Baltimore: No. 400 N. Kenwood Ave., St.; 44 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Dec 17, 1889
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
27 yrs. 3 mos. 3 ds.	....hrs. or.....min.f

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Electrician
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Elec. Plant

9-BIRTHPLACE, (State or Country), md.

PARENTS.

10-NAME OF FATHER, Philip Koerber

11-BIRTHPLACE OF FATHER (State or Country), md.

12-MAIDEN NAME OF MOTHER Amelia Schmidt

13-BIRTHPLACE OF MOTHER (State or Country), md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... C. Phelps .....

(Address) ..... Johns Hopkins Hosp. .....

15- Filed MAR 19 1917, 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 19 191 7, to Mar 17 191 7, that I saw h-m alive on Mar 17 191 7, and that death occurred, on the date stated above, at 4:10 a m.

The CAUSE OF DEATH* was as follows:

Renal Tuberculosis, Gonorrhoea
Tuberculosis of Epididymis.

(Duration) 9 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Edward Burns M. D.

Mar 17, 191 7 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 26 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 400 N. Kenwood Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn	March 19 191 7.
20-UNDERTAKER	ADDRESS
H. Sanders & Sons	1710 E. Fayette St.

N. B.—Every item must be answered. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 3450

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2215 Bank ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matilda L. Benson

(Residence in Baltimore: No. 2215 Bank St. Street yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Jan 18 (Month) (Day), 1844 (Year)

7-AGE, 73 yrs. 2 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John Whiting

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louise M. Benson

(Address) 2215 Bank St.

15-

Filed MAR 19 1917 MARY C. ANDREWS Special Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ~~Feb~~ March 18th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 17 1917, to March 18 1917, that I saw her alive on March 17 1917, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Coma

(Duration) yrs. mos. 7 ds.

(Signed) Chas L. Deer M. D.

3/19/17, 191... (Address) 405 St Paul Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, March 21 1917

20-UNDERTAKER H. Sander Sons — ADDRESS 1710 Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3451

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3451

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1942 Eagle St.; 70 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Franklin Gorsuch

(Residence in Baltimore: No. 1942 Eagle St.; ..... yrs., 8 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, July (Month) 8 (Day) 1916 (Year)

7-AGE, ... yrs. 8 mos. 10 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Gorsuch

11-BIRTHPLACE OF FATHER (State or Country), Kent Co Md

12-MAIDEN NAME OF MOTHER, Lillie Cummings

13-BIRTHPLACE OF MOTHER (State or Country), Runnymede Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Gorsuch

(Address) 942 Eagle

15- Filed MAR 19 1917, 191.. MARY C. ANGLEN Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 18 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 16 1917, to March 18 1917, that I saw h[illegible] alive on March 18 1917, and that death occurred, on the date stated above, at 11.45 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Measles

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Walter A Coe M. D.

3. 19.., 1917. (Address) Garrison Maryland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Trinity Cem	March 19, 1917
20-UNDERTAKER	ADDRESS
A. Jones	207 S. Stricker

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3452

HEALTH DEPARTMENT—CITY OF BALTIMORE

40 ✓ D 3452

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U.S. Marine Hospital

CITY OF BALTIMORE: (No. Baltimore, Maryland ST.; 12 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Braithwaite

(Residence in Baltimore: No. U.S. Marine Hosp St.; yrs., 8 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown, 1879
(Month) (Day) (Year)

7-AGE, 38 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital records

(Address)

15- Filed MAR 19 1917, 191 MABEL [illegible] Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 18, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 5 1916, to March 18 1917, that I saw him alive on March 18 1917, and that death occurred, on the date stated above, at 6 05 a.m.

The CAUSE OF DEATH* was as follows:

Aortic and Mitral Regurgitation
and Cancer of Stomach
2 (Clinical)

(Duration) Death Occurred 2 mos. 13 days ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. H. R. Carter M. D.

Mch. 18 1917. (Address) U.S. Marine Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 8 mos. 13 ds. In the State yrs. 8 mos. 13 ds.

Where was disease contracted, if not at place of death?

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, 3/19, 1917.

20-UNDERTAKER Thomas Holton ADDRESS 3517 Eastern Ave

N. B.—Each item must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

D 3453 HEALTH DEPARTMENT--CITY OF BALTIMORE D 3453

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 1118 Whitelock St. 16 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mrs Florence Meeson

(Residence in Baltimore: No. 1118 Whitelock St. Str.: 63 yrs. 5 mos. 4 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Oct 13, 1853 (Month) (Day) (Year)

7 AGE: 63 yrs. 5 mos. 4 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: Henry Merryman

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Eliza Sears

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs W. H. Merryman

(Address) 1118 Whitelock St

15 Filed MAR 19 1917 191 MABEL C. ARCHER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 17, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 1 1917, to March 17 1917, that I saw h... alive on March 17 1917, and that death occurred, on the date stated above, at 3:35 m.

The CAUSE OF DEATH* was as follows:

Convulsions

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Uremic Convulsions

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. H. Hunt M. D.

March 19, 1917 (Address) 206 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Mch 19, 1917

20 UNDERTAKER: W. T. Edmondson — ADDRESS: Norman

FILED MAY 1917

D 3454

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

170 D 3454

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 220 N. Fulton Ave 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nettie C. Dudley

(Residence in Baltimore: No. 2120 N. Fulton Ave St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~DIVORCED~~ (Write the word): Widow

6-DATE OF BIRTH: November 29, 1855 (Month) (Day) (Year)

7-AGE: 60 yrs. 3 mos. 16 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto City

PARENTS

10-NAME OF FATHER: Prof W. E. McCabe

11-BIRTHPLACE OF FATHER (State or country): Balto City.

12-MAIDEN NAME OF MOTHER: Roberta Vernon

13-BIRTHPLACE OF MOTHER (State or country): Balto City.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Leo Ind Stephens

(Address) 2120 N. Fulton

15- MAR 191917 Filed ..... 191 .....

HARRY C. ARGUELLES
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 16, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1916, to, Mar 16th 1917, that I saw her alive on Mar 16 1917, and that death occurred, on the date stated above, at 7-20 PM

The CAUSE OF DEATH* was as follows:

Catarrhal Pneumonia

(Duration) ..... yrs 1 mos. 5 ds.

Contributory (SECONDARY) Chronic Interstitial Nephritis (Duration) 5 yrs 4 mos. ..... ds.

(Signed), Dr. Shelley Hundley M.D.

March 18, 1917 [Address] 3849 Rolandale

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Mar 19 1917

20-UNDERTAKER: Wm J. Pickerson Sons — ADDRESS: North Ave

N. B.—Every item of information should be carefully supplied. Age should be stated in years and months. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3455 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 3455

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1237 W. Cross ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and all out No. 18.)

2-FULL NAME Elmer C. Schillenberg

(Residence in Baltimore: No. 1237 W. Cross St.; 43 yrs., 5 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct 9, 1873 (Month) (Day) (Year)

7-AGE, 43 yrs. 5 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Electrician.
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wilbur Schillenberg

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Fannie Stelling

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katie Schillenberg

(Address) 1237 W. Cross St.

15- Filed MAR 19 1917, 191... EARLY C. ANDERSON Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 30 1916 to March 17 1917, that I saw h[illegible] alive on March 16 1917, and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:

1. Tuberculosis
2. Ulcus Pylori
3.
4.

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Injuries & Fracture of Left Ankle

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

March 19, 1917 (Address) Arlington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, March 20, 1917.

20-UNDERTAKER Jos. Joerdens, Son ADDRESS 217 S. Pace

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3456 HEALTH DEPARTMENT—CITY OF BALTIMORE

130 D 3456

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 237 S. Chester St.; 1st WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel Davis

(Residence in Baltimore: No. 237 S. Chester St.; ..... yrs., 2 mos. ..... ds.) Life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, ... Unknown (Month), ... (Day), 1852 (Year)

7-AGE,	If LESS than 1 day,
65 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Gen'l Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John Davis

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Anne Grouch

13-BIRTHPLACE OF MOTHER (State or Country), Del.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Upton Davis

(Address) 237 S. Chester

15- MAR 19 1917 Filed....., 191.....

EARLY C. ANGELL
Burial Permit Clerk
Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 19 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from March 7, 1917, to March 19, 1917, that I saw him alive on March 19, 1917, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

..... (Duration) ..... yrs. 6 mos. ..... ds. Interstitial

CONTRIBUTORY (Secondary) Bronchopneumonia (with uremia.) (Duration) ..... yrs. 1 mos. 2 ds.

(Signed) M. J. McAuley M. D.

March 19, 1917 (Address) 835 S. Edward St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore County | DATE OF BURIAL, March 21 191.7

20-UNDERTAKER Robt. J. Turner | ADDRESS 1142 N. Broad St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

3457

CERTIFICATE OF DEATH.

91 D 3457.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1623 (St.) Brunt (Ward) 14

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence G Brooks

(Residence in Baltimore: No. 1623 St.) Brunt (1 yrs., 1 mos. 15 ds.)

N. B.—Every item of information should be carefully supplied. AGE, also CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Feb 2, 1916 (Month) (Day) (Year)

7-AGE, 1 yrs. 1 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Servant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Clarence Brooks

11-BIRTHPLACE OF FATHER (State or Country). Ind

12-MAIDEN NAME OF MOTHER Leona Garrison

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leona Brooks

(Address) 1623 Brunt St

15- MAR 19 1917 Filed....., 191.....

Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar [redacted], 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 3 1917, to Mar 17 1917, that I saw him alive on Mar 16 1917, and that death occurred, on the date stated above, at 1P m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) yrs. mos. 8 ds.

(Signed) E. William Frey M. D.

Mar 18, 1917. (Address) 1928 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn | DATE OF BURIAL, Mar 19, 1917

20-UNDERTAKER Clarence E. Wright | ADDRESS 1364 W. Pratt City

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3458

CERTIFICATE OF DEATH.

D 3458

38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St.; 2* WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Kalty

(Residence in Baltimore: No. 1572 Dover St.; 19 yrs. 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. April 18, 1897. (Month) (Day) (Year)

7-AGE. 19 yrs. 11 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Edward Prince

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Annie Kaufman

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Prince

(Address) 1121 Lexington Alley

15- Filed MAR 19 1917, 191... MARY C. MILLER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 12 1917, to March 17 1917, that I saw her alive on March 17 1917, and that death occurred, on the date stated above, at 10:45 P. m.

The CAUSE OF DEATH* was as follows:

Meningitis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Salpingitis & Appendicitis

(Duration) yrs. mos. 8 ds.

(Signed) J. Perry Rees M. D.

3/18, 191 7 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State yrs. Life mos. ds.

Where was disease contracted, if not at place of death? Former Residence

Former or usual residence 1572 Dover St

19-PLACE OF BURIAL OR REMOVAL. Cedar Hill Cem. (DATE OF BURIAL, March 20, 1917.)

20-UNDERTAKER. Mrs. J. E. Evans & Sons ADDRESS 1428 Eutaw

over

N.B.—CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 3459

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 D 3459

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2041 E Oliver ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John L Adelfelder

(Residence in Baltimore: No. 2041 E Oliver St St.; yrs. 1 mos. 23 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. FIGURES should be used. Exact statement may be properly classified. Exact statement of OCCUPATION should be given. CAUSE OF DEATH in plain terms, so that it may be state CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Jan 22 (Month), (Day), 1917 (Year)

7-AGE: 0 yrs. 1 mos. 23 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto City

PARENTS

10-NAME OF FATHER: Charles Habelgas

11-BIRTHPLACE OF FATHER (State or country): Balto City

12-MAIDEN NAME OF MOTHER: Alice Singer

13-BIRTHPLACE OF MOTHER (State or country): Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C H Adelfelder

(Address) 2041 E Oliver

15- Filed MAR 19 1917, 191 MARBY C. ADDELMAN Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 17, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 16, 1917, to, March 17 1917, that I saw h[illegible] alive on March 17 1917, and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Enteric C. Colitis

pneumonia

(Duration) 0 yrs. 0 mos. 7 ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs ..... mos ..... ds.

(Signed), C H Cochran M. D.

March 17, 1917 [Address] 2100 Barclay 24

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Balto Cemetery — DATE OF BURIAL: March 19 1917

20-UNDERTAKER: C H Wiedefeld — ADDRESS: Guilford Md.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3460

CERTIFICATE OF DEATH.

28 D 3460

REGISTERED NO. C.....

PLACE OF DEATH

CITY OF BALTIMORE: (No. 934 Stirling ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME John H. Burries

(Residence in Baltimore: No. 934 Stirling St.; 28 yrs., 10 mos. 9 ds.)

NOTE.—CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, May (Month) 9 (Day), 1888 (Year)

7-AGE, 28 yrs. 10 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Packer for
(b) General nature of industry, business, or establishment in which employed (or employer)..... Sea Gull Co.

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, John Burries

11-BIRTHPLACE OF FATHER (State or Country). Balto. Md

12-MAIDEN NAME OF MOTHER Elizabeth Simmons

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mamie C. Burries

(Address) 934 Stirling St

15- Filed MAR 19 1917, 191.... HARRY C. ANDREW Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 18th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 4th 191 7, to March 18th 191 7, that I saw h[illegible] alive on March 4th 191 7, and that death occurred, on the date stated above, at 9:15 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration)....yrs. 6 mos....ds.

CONTRIBUTORY (Secondary) Marasmus

(Duration)....yrs. 2 mos....ds.

(Signed) Jos. D. Stone M. D.

March 19th, 191.. (Address) 1111 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, March 21, 1917

20-UNDERTAKER Henry Storch Son — ADDRESS 1209 E Eager St

Spec.—8-24-[illegible]—M. & T.—2000 Bks.

D 3461

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 3461

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 813. N. Fulton. St.; 16 WARD)

2-FULL NAME. Frances Gantt Hardesty

(Residence in Baltimore: No. 813. N. Fulton Ave St.; 74 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ... Mar 31. ....., 1842
(Month) (Day) (Year)

7-AGE, 74 yrs. 11 mos. 17 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Thomas Gantt.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Rosella Taysman

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Helen Schumacher

(Address) 813 N. Fulton Ave

15- Filed MAR 19 1917, 191... HARRY C. ANDERS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Mch. ..... 17 ....., 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch. 7 191 7, to Mch. 17 191 7, that I saw h[illegible] alive on Mch. 13 191 7, and that death occurred, on the date stated above, at 12.45 m.

The CAUSE OF DEATH* was as follows:

..... Epilepsy
.....
.....
..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hypostatic
(no history) ..... (Duration) ..... yrs. ..... mos. 10 ds. Pneumonia

(Signed) Martin W Strobe M. D.

Mch 17, 191 7 (Address) 806 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park; DATE OF BURIAL, Mar. 20., 191 7

20-UNDERTAKER Wm Cook ADDRESS 502 E. North.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3462 HEALTH DEPARTMENT—CITY OF BALTIMORE 29 D 3462

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 326 S Robinson St.; 1 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Mary A Pfeifer

(Residence in Baltimore: No. 326 S Robinson St.; 39 yrs., 7 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July 27, 1877. (Month) (Day) (Year)

7-AGE, 39 yrs. 7 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work H Keeper
(b) General nature of industry, business, or establishment in which employed (or employer) +

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER, John Curry.

11-BIRTHPLACE OF FATHER (State or Country) Baltimore

12-MAIDEN NAME OF MOTHER, Elvinia Slagaman

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Pfeifer

(Address) 326 S Robinson St

15-

Filed MAR 19 1917 191.... HARRY C. ANGELRODT Registrar.

Burial Permit Issued

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 18, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 22 1917, to March 18 1917, that I saw h[illegible] alive on March 17 1917, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(Duration) 2 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) Olly S Gaal M. D.

3/19/17 191... (Address) 709 N Bilmay

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

18-PLACE OF BURIAL OR REMOVAL, Loudon Park. DATE OF BURIAL, March 21, 1917.

20-UNDERTAKER Wm Cook ADDRESS 502 E North Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 3463 HEALTH DEPARTMENT—CITY OF BALTIMORE D 3463

CERTIFICATE OF DEATH.

170

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 355 Furrow St. ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Annie Keller

(Residence in Baltimore: No. 355 Furrow St. St.; 74 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, July (Month) 4 (Day), 1839 (Year)

7-AGE, 77 yrs. 8 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....Housewife.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Faust Hutenberger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Keller

(Address) 355 Furrow St

15-

Filed MAR 19 1917, 191.....

HARRY [illegible]
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 15 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 15 1917, to March 18 1917, that I saw h[illegible] alive on March 18 1917, and that death occurred, on the date stated above, at 5.30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis, Senile

(Duration) Direct yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis, Colon

(Duration) yrs. mos. ds.

(Signed) Norbert J Brockel M. D.

March 19, 191.. (Address) 3244 Fleetwood

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, 3/21, 191.

20-UNDERTAKER Dullard Cook

ADDRESS 402 N North

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3464

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3464

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nellie Timmons

(Residence in Baltimore: No. 632 Linwood Ave St.; 4 yrs., mos. ds.)
Catonsville Md

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ... (Month) 5 (Day) ....., 1889. (Year)

7-AGE, 27 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Long

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Rosie Wortman

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Deceased

(Address) 632 Linwood Ave

15- MAR 19 1917

Filed ....., 191.... MARY I. ARCHER

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH. 17th

16-DATE OF DEATH, March 17, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 5 1917, to March 17 1917, that I saw h er alive on March 17 1917, and that death occurred, on the date stated above, at 1:50 a.m.

The CAUSE OF DEATH* was as follows:

Malignant Cachexia

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Pulmonary (Duration) about 4 year yrs. mos. ds.

(Clinical)

(Signed) Harry Boer M. D.

3/18, 191 7 (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. 4 1 ds. In the State 28 yrs. mos. ds.

Where was disease contracted, if not at place of death? Former residence

Former or usual residence 632 Linwood Ave

19-PLACE OF BURIAL OR REMOVAL, Chestnut Ridge Balto Co Md

DATE OF BURIAL, 3/20, 1917

20-UNDERTAKER Allan Cook

ADDRESS 32 E Saratoga

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3465

CERTIFICATE OF DEATH.

28 D 3465

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1559 Woodyear ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sallie Gray-

(Residence in Baltimore: No. 1559 Woodyear St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem.

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May (Month) 12th (Day), 1890 (Year)

7-AGE. 26 yrs. 10 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), West River, Md

PARENTS.

10-NAME OF FATHER, John Harris

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Fenly Simms

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Christine Harris

(Address) 1559 Woodyear

15- Filed MAR 19 1917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 24 1916, to Mar 17 1917, that I saw h[illegible] alive on Mar 15 1917, and that death occurred, on the date stated above, at 2.15 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs. 4 mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs.....mos.....ds.

(Signed) Harry F Brown M. D.

Mar 18, 1917. (Address) 1501 Pennsylvania

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, West River a.a. co. Md. | DATE OF BURIAL, Mar 21, 1917

20-UNDERTAKER Edward Ringgold | ADDRESS 1463 N. Carey

N. B.—Every item of information must be given, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

May 6 - Digg

D 3466

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3466

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 837 Lorimer ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary C. Diggs

Residence in Baltimore: No. 1837 Lorimer St.; yrs., mos., ds.)

Forman

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb 15 (Month) (Day), 1912 (Year)

7-AGE, 5 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore

PARENTS.

10-NAME OF FATHER, Roy Diggs

11-BIRTHPLACE OF FATHER (State or Country). USA.

12-MAIDEN NAME OF MOTHER Pearl Jackson

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fred Lewis

(Address) 837 Lorimer

15- Filed MAR 19 1917, 191... ROBERT R. KRAUYER Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch 16 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

1 Lobar Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Cold & Bronchitis

(Duration) yrs. mos. ds.

(Signed) H. Adelbert Owen M. D. (Coroner.)

19, 191 2. (Address) 819 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, W. D. Woodlawn — DATE OF BURIAL, 17 and 20 19 17

20-UNDERTAKER Edward Ringgold — ADDRESS 1463 Carey St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Elizabeth Bethke

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3467

CERTIFICATE OF DEATH.

81 D 3467

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Elizabeth Bethke

(Residence in Baltimore: No. 449 N. Milton ave St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, November 27, 1855 (Month) (Day) (Year)

7-AGE, 61 yrs. 3 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Edward Goulde

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Mary Hayes

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis F. Bethke (husband)

(Address) 449 N. Milton Ave.

15- MAR 19 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar

Burial Permit

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 18, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 11 1917, to Mar 18 1917, that I saw her alive on Mar 15 1917, and that death occurred, on the date stated above, at 1.45 a m.

The CAUSE OF DEATH* was as follows: Pneumonia Terminal

Cerebral Cardiac Sclerosis

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Cardiac arteriosclerosis

(Duration) ....yrs. ....mos. 6 ds.

(Signed) W. T. Geeter M. D.

Mar 19, 1917 (Address) Church Home

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 2 mos. 6 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 449 N. Milton Ave

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery — DATE OF BURIAL, March 20, 1917

20-UNDERTAKER A E Hughes — ADDRESS 17 S Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

D 3468 HEALTH DEPARTMENT—CITY OF BALTIMORE D 3468

CERTIFICATE OF DEATH.

REGISTERED No. C 64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2412 E Chase ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hannah Schaffer

(Residence in Baltimore: No. 2412 E Chase St.; 35 yrs. mos. da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, Dec 20, 1881 (Month) (Day) (Year)

7-AGE, 35 yrs. 2 mos. 26 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House-wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Carl Perrie

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Frieske

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank B Schaffer

(Address) 2412 E Chase

15- Filed MAR 19 1917, 191.... ROBERT R. KRAUSE Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 18, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 15- 1917, to Mar 18 1917, that I saw h[illegible] alive on Mar 17 1917, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 3 da.

CONTRIBUTORY (Secondary) Uremic Nephritis

Endocarditis (Duration) 2 yrs. mos. da.

(Signed) Chas B Lemmon M. D.

Mar 19, 191.7 (Address) 314 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cem — DATE OF BURIAL, March 20, 191.7

20-UNDERTAKER J Herwig & Co — ADDRESS 2008 Aliceanna

D 3469

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

169 D 3469

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Key Highway ST.: Jackson 24th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Meuse

(Residence in Baltimore: No. 629 Larey St.: ~~yrs.~~ ~~mos.~~ 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: July 28, 1885
(Month) (Day) (Year)

7-AGE: 31 yrs. 7 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sailor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country): Providence R I.

PARENTS.

10-NAME OF FATHER: William Meuse

11-BIRTHPLACE OF FATHER (State or Country): France.

12-MAIDEN NAME OF MOTHER: Margant Harrington

13-BIRTHPLACE OF MOTHER (State or Country): Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Margaret Meuse (mother)
(Address) Providence R I.

15-
Filed MAR 19 1917, 191.....
ROBERT R. KRAUTER, Registrar
Burial Permit Officer

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: March 17, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry.) find that said deceased came to h.. death on the day stated above.
The CAUSE OF DEATH* was as follows:

Accidental Drowning.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto R. Lenhardt M. D.
(Coroner)
March 19, 191 7 (Address) 1017 N. Charles St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Providence R.I.	3/19 1917
UNDERTAKER	ADDRESS
Chas. P. Evans & Son	118 W. Mt. Royal Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. The NAME and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3470

CERTIFICATE OF DEATH.

D 3470

64

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 834 Brooks Lane, ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Simon Ring,

(Residence in Baltimore: No. 834 Brooks Lane, St.; lifetime, yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Single,

6-DATE OF BIRTH, Dec. (Month) 30th. (Day) 1856. (Year)

7-AGE, 60 yrs. 2 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: retired Clothing
(b) General nature of industry, business, or establishment in which employed (or employer): Mnfg.

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Moses Ring,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Caroline Siegel,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) J.Ring,
(Address) 834 Brooks Lane,

15. Filed MAR 19 1917, 191.... ROBERT R. KRAUTH, Registrar.
Burial Permit ...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch. (Month) 18th. (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 18 1917, to Mar 18 1917, that I saw h— alive on Mar 18 1917, and that death occurred, on the date stated above, at 4.a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

3 hours (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

3 (Duration) yrs. mos. ds.

(Signed) L. Steinman M. D.

Mch 18, 191.7 (Address) 1910 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship

DATE OF BURIAL, Mch. 20, 191.7

20-UNDERTAKER David Sondheim

ADDRESS 18 N. Paca St

Spec.—8-24-14—M. & T.—2000 Blks.

D 3471

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3471

CERTIFICATE OF DEATH.

138

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Birdie Raston

(Residence in Baltimore: No. 847 W. Fayette St St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Feb. (Month) 14 (Day), 1881 (Year)

7-AGE, 36 yrs. 1 mos. 4 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Maryland, Aa. Co.

PARENTS.

10-NAME OF FATHER, Daniel Perrygoy

11-BIRTHPLACE OF FATHER (State or Country) Va. Co Md

12-MAIDEN NAME OF MOTHER Belle Smith

13-BIRTHPLACE OF MOTHER (State or Country), U.A. Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John L. Eastman

(Address) 547 W. Fayette St

15- Filed MAR 19 1917, 191 ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 18 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 17 1917, to Mar. 18 1917, that I saw h-r alive on Mar. 18 1917, and that death occurred, on the date stated above, at 2.30 a m.

The CAUSE OF DEATH* was as follows:

Eclampsia

5½ hrs. (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Bright's Disease

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Norwood M. Vance M. D.

Mar. 18., 1917. (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 hrs. ds. In the State 36 yrs. 1 mos. 4 ds.

Where was disease contracted, if not at place of death? at her residence

Former or usual residence 847 W. Fayette St

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Mar. 20, 1917
20-UNDERTAKER	ADDRESS
Geo. J. Arnett	1000 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3472

CERTIFICATE OF DEATH.

68 ✓ D 3472

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 Bowen Alley WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Montague

(Residence in Baltimore: No. 404 Bowen Alley St.; 15 yrs., 1 mos. 3 da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, Sept. (Month) 4 (Day), 1883 (Year)

7-AGE, 33 yrs. 6 mos. 12 da. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): Pd. Occupation

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Chas. Montigue

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Jane Preston

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jane Montague

(Address) 404 Bowen Alley

15- Filed MAR 19 1917, 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH March (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 5 1917, to March 16 1917, that I saw h er alive on March 15 1917, and that death occurred, on the date stated above, at 3.30 p m.

The CAUSE OF DEATH* was as follows:

Dementia

Exhaustion

(Duration) 4 yrs. mos. da.

CONTRIBUTORY (Secondary) Convulsions

(Duration) yrs. mos. da.

(Signed) Reginald J. Tonry M. D.

March 19 1917 (Address) 414 S. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel Cemetery	Mar. 19, 1917
20-UNDERTAKER George H. Holland	ADDRESS 517 Roberts St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3473

CERTIFICATE OF DEATH.

91 D 3473

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1 St Elizabeth Home St.; 4 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugene Thomas Gateney

(Residence in Baltimore: No. 11 St Paul St

St.; 1 yrs., 2 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	

6-DATE OF BIRTH. Jan (Month) 13 (Day), 1916 (Year)

7-AGE. 1 yrs. 2 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Montgomery Co. Md.

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-
Filed. MAR 19 1917 ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Mar (Month) 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 7 1917, to Mar 15 1917, that I saw h[illegible] alive on Mar 15 1917, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edgar B. Freedmwald M. D.

Mar 16, 1917 (Address) 1616 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. 3 mos. 10 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
HOPKINS HOSPITAL	MAR 21 1917
20-UNDERTAKER	ADDRESS

Commissioner Health.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Place Butchmen of Occupation Here)
important. See instructions on back of certificate.

Burial Form

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3474

CERTIFICATE OF DEATH.

154 D 3474

REGISTERED NO. C

1—PLACE OF DEATH
CITY OF BALTIMORE: (No. 1440 E. Fort ave St.; 24 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME Ann M Thomas

(Residence in Baltimore: No. 1440 E. Fort ave St.; 36 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX. Female

4—COLOR OR RACE, white

5—SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6—DATE OF BIRTH, ... (Month) Dec (Day) Knownot (Year)

7—AGE, 86 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8—OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9—BIRTHPLACE, (State or Country), Va.

PARENTS.

10—NAME OF FATHER, Jas. Thomas

11—BIRTHPLACE OF FATHER (State or Country), Va.

12—MAIDEN NAME OF MOTHER Mary allen

13—BIRTHPLACE OF MOTHER (State or Country), Va.

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. L. McAllister

(Address) 1440 E. Fort ave

15—Filed MAR 19 1917 191.. ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, March (Month) 17 (Day), 1917 (Year)

17— I HEREBY CERTIFY, That I attended deceased from 10 March 1917, to 17 March 1917, that I saw h alive on 17 March 1917, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Old age

(Duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) ✓

(Duration) yrs. mos. ds.

(Signed) James Cooper M. D.

191.. (Address) 1525 Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19—PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, March 20 191 7

20—UNDERTAKER, M. J. Flynn ADDRESS 1412 Light

N.B.—Every item of information should be carefully given. Exact statement of OCCUPATION and CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

D 3475

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 3475

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 772 Sarah ann ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Thomas

(Residence in Baltimore: No. 772 Sarah ann St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Col	Married

6-DATE OF BIRTH. ..... unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE. 49 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Steward
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. Alexander Thomas

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida Thomas

(Address) 772 Sarah ann

15- MAR 19 1917 Filed ....., 191.... ROBERT R. KRAUTER Registrar

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

Signed Albert L. Driscoll M. D.
(Coroner)

March 17 1917. (Address) 319 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cemetery	March 20 1917
20-UNDERTAKER	ADDRESS
Charles B. Jones	2335 Pine

N. B.—Every item of information should be carefully supplied. Accuracy in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Susie Baker

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3476

CERTIFICATE OF DEATH.

137 D 3476

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 N. Mount ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susie Baker

(Residence in Baltimore: No. 1213 N. Mount St.; 1 yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH, May (Month) 18 (Day), 1895 (Year)

7-AGE, 21 yrs. 10 mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Housekeeping

9-BIRTHPLACE, (State or Country), King Williams Va.

PARENTS.

10-NAME OF FATHER, Hezekiah Williams

11-BIRTHPLACE OF FATHER (State or Country), King Williams Co. Va.

12-MAIDEN NAME OF MOTHER Graham

13-BIRTHPLACE OF MOTHER (State or Country), Graham

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Baker

(Address) 1213 N. Mount St.

15-

Filed MAR 19 1917 191.....

ROBERT B. KRAUTH

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. (Month) 18 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 12- 1917, to Mar. 18- 1917, that I saw h[illegible] alive on Mar. 17- 1917, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Pulpitis Pericementitis

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Child Birth

(Duration) yrs. mos. ds.

(Signed) Chas. L. McCarthy M. D.

Mar. 18, 1917 (Address) 906 N. Stricker St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: West Point Va. | DATE OF BURIAL, Mar 20 191 7

20-UNDERTAKER: Wilbert Brown | ADDRESS 306 N. Mount St

Chesapeake Steam Ship Co

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3477

CERTIFICATE OF DEATH.

x 50 D 3477

1-PLACE OF DEATH (1) Lahmemann General Hospital (2) 16

CITY OF BALTIMORE: (No. ..... ST.; ..... WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan Alice Hafley

(Residence in Baltimore: No. Lahmemann Patient Hosp. St.; ... yrs., 1 mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... January ..... 17 ....., 1866
(Month) (Day) (Year)

7-AGE, ... 60 ... yrs. ... 9 ... mos. ... 2 ... ds.

If LESS than 1 day, ... hrs. or ..... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... At Home

9-BIRTHPLACE, (State or Country), Carroll County, Maryland

PARENTS.

10-NAME OF FATHER, Daniel Horner

11-BIRTHPLACE OF FATHER (State or Country), Carroll County,

12-MAIDEN NAME OF MOTHER Sarah Little

13-BIRTHPLACE OF MOTHER (State or Country), Carroll County

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Frank L. Hafley .....

(Address) ..... Carroll Co. Md. .....

15- MAR 19 1917 Filed ....., 191.... ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March ..... 17 ....., 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 17 1917, to March 17 1917, that I saw h[illegible] alive on March 17 1917, and that death occurred, on the date stated above, at 11.45 a.m.

The CAUSE OF DEATH* was as follows:

..... Uremic Coma .....

..... (Duration) ... yrs. ... mos. ... 5 ... ds.

CONTRIBUTORY (Secondary) Diabetes & Brights Disease Indefinite period

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) ..... H. H. Stansbury ..... M. D.

March 19, 1917. (Address) 922 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 1 mos. ... ds. In the State ... yrs. life mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Union Mills Carroll Co Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Westminster Md.	Mch 20, 1917

20-UNDERTAKER Robt Brooks Son ADDRESS Allen & Hollins

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3478

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 D 3478

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rocco Zyski

Residence in Baltimore: No. 722 S. Wolfe St

St.; 4 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
20 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Adam Zyski

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Anna Cwalina

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Zyski

(Address) 722 S. Wolfe St

15- MAR 19 1917 ROBERT R. KRAUTER
Filed....., 191... Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 18, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 13 1917, to March 18 1917, that I saw him alive on March 18 1917, and that death occurred, on the date stated above, at 4 41 m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis of Stomach

..... (Duration) — yrs. 8 mos. — ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia, following Operation. (Duration) — yrs. — mos. 3 ds.

(Signed) J. E. Roberts M. D.

March 19, 1917 (Address) 1 W. Mt. Vernon Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death — yrs. — mos. 6 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 722 S. Wolfe St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	March 20, 1917

20-UNDERTAKER	ADDRESS
William Fiaschetti	168 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Paul Lushinski

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3479 ✓ D 3479

CERTIFICATE OF DEATH.

× 18

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Lushinski

(Residence in Baltimore: No. Mercy Hospital St.; Unknown yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED: Married

6-DATE OF BIRTH, Not Known (Month) 1 (Day) (Year)

7-AGE, 37 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country), Not Austria

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not. Known

13-BIRTHPLACE OF MOTHER (State or Country), Not. Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Fialkowski

(Address) 428 S. Bond St.

15- Filed MAR 19 1917, 191.. ROBERT R. KRAUTER Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 17 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 5 1917, to Mar 17 1917, that I saw h[illegible] alive on Mar. 17 1917, and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia of Lt. Lower Lobe

Contusion of Chest

(Duration) yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary) Nephritis

(Duration) yrs. mos. 12 ds.

(Signed) Edward J. Smith M. D.

Mar 17, 1917 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 12 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Curtis Bay Md

Former or usual residence Curtis Bay Md

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus — DATE OF BURIAL, Mar 20, 1917

20-UNDERTAKER Jacob Fialkowski — ADDRESS 428 S. Bond St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact information of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3480

CERTIFICATE OF DEATH.

154 D 3480

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1642 Light ST.; 23 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hannah A. Musgrove

Residence in Baltimore: No. 1642 Light St.; ....yrs., ...mos. ....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Sept. (Month) 25 (Day), 1837 (Year)

7-AGE, 79 yrs. 5 mos. 22 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House work
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country) Ella Butler Co Md.

PARENTS.

10-NAME OF FATHER. Johnson Jones

11-BIRTHPLACE OF FATHER (State or Country). Butler Co Md.

12-MAIDEN NAME OF MOTHER Elizabeth .....

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Musgrove

(Address) 1642 Light St

15-

Filed MAR 19 1917 191.....

ROBERT R. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 19 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan 1st 1917, to Mar 19 1917, that I saw h.. alive on March 15 1917, and that death occurred, on the date stated above, at 4:15 p.m.

The CAUSE OF DEATH* was as follows:

Cystitis & Pyelonephritis

Chronic

(Duration) yrs. mos. 30 ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. 6 mos. ....ds.

(Signed) J. F. Bauereis M. D.

3-19-, 1917. (Address) 1642 Pinkney

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet

DATE OF BURIAL, Mch 22 1917.

20-UNDERTAKER True Cook

ADDRESS 502 E North Ave

Spec.—8.2.14—M. & T.—2000 Bks.

D 3481

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 3481

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 N. Washington ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Lindner

(Residence in Baltimore: No. 114 N. Washington St. St.; 53 yrs. 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April 17th, 1863.
(Month) (Day) (Year)

7-AGE, 53 yrs. 11 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore City.

PARENTS.

10-NAME OF FATHER, Adam J. Lindner

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Margaret O'Connell

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Lindner (Brother)

(Address) 114 N. Washington St.

15-
MAR 20 1917
Filed....., 191... Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 16 1916, to Mch 17 1917, that I saw h[illegible] alive on Mch 17 191[illegible], and that death occurred, on the date stated above, at 12.30 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 2n. ds.

CONTRIBUTORY (Secondary) Paralysis

(Duration) ....yrs. ....mos. 2n ds.

(Signed) G. G. Turnbull M. D.

Mch 18, 1917 (Address) 1600 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, March 20, 1917.

20-UNDERTAKER Lilly & Feuler. ADDRESS 403 S. Wolfe St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3482

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3482

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 S. Castle ST.; 2 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Ritter

Residence in Baltimore: No. 110 S. Castle St.; 63 yrs., 7 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug. (Month) 9 (Day), 1853 (Year)

7-AGE, 63 yrs. 7 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer). BLOCK

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Chas P. Ritter

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Hoffstetter

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. John Ritter

(Address) 110 S. Castle St

15- MAR 20 1917 Filed....., 191.... HARRY C. ANGELL, Registrar. Burial Permit Clerk

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-13 191 7, to 3-17 191 7, that I saw h[illegible] alive on 3-16 191 7, and that death occurred, on the date stated above, at 7 30 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Contmonary Oedema

(Duration) yrs. mos. 1 ds.

(Signed) Edward Cook M. D.

3-17, 191 7. (Address) 413 N Washington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, March 20th, 1917.

20-UNDERTAKER Lilly & Zeiler — ADDRESS 403 S. Wolfe St

D 3483

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

REGISTERED No. D 3483

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 4510 Park Heights ave ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Frainie

(Residence in Baltimore: No. 4510 Park Heights ave ST. 49 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: February 10, 1838 (Month) (Day) (Year)

7-AGE: 79 yrs. 1 mos. 5 ds. If LESS than 1 day ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Produce Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: George Frainie

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Susan Frainie

(Address) 4510 Park Heights ave

15- MAR 20 1917 Filed ..., 191...

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 18, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 3, 1917, to, March 18 1917, that I saw him alive on March 15, 1917, and that death occurred, on the date stated above, at 10.40 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) One yrs. mos. ds

Contributory (SECONDARY) Senile Lobar Pneumonia

(Duration) yrs. mos. 15 ds.

(Signed) Wm. Grant M. D.

3/19, 1917 (Address) 1925 n. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Ridge

DATE OF BURIAL: Mar 21, 1917

20-UNDERTAKER: Josiah Lyser & Son

ADDRESS: 1600 N. North Ave

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3484

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3484

CERTIFICATE OF DEATH.

145

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp, St.; 12 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Cooper.

(Residence in Baltimore: No. 1419 Maryland Ave, St.; —yrs., —mos. —ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Black.	Sing

6-DATE OF BIRTH, Unknown (Month) (Day), 188? (Year)

7-AGE,	If LESS than 1 day,
34 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... On street

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Gross & Barley

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... J. Phelps

(Address) Johns Hopkins Hosp.

15- Filed MAR 20 1917, 191.... Harry C. Andrews, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 18, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 12 1917, to Mar 18 1917, that I saw h[illegible] alive on Mar 18 1917, and that death occurred, on the date stated above, at 10 20 m.

The CAUSE OF DEATH* was as follows:

(a) Mono-malignant 1°

(b) Tracheal hemorrhage

(c)

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm R Reed M. D.

Mar 19, 191 7 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 6 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 1419 Maryland Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem.	Mar 21st, 1917.

20-UNDERTAKER	ADDRESS
George H. Holland	5 N Robert St

Spec.—8-24-14—M. & T.—2000 Bks.

D 3485

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3485

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH University Hospital

REGISTERED No. C

CITY OF BALTIMORE: (No. ..... ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Taylor

(Residence in Baltimore: No. 1802 E. Eager St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH. March 12, 1851. (Month) (Day) (Year)

7-AGE. 66 yrs. — mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tinsmith
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Richard Taylor

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Mollie McCarthy

13-BIRTHPLACE OF MOTHER (State or Country). Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bernard J. Darry

(Address) 510 W. Lexington

15- Filed MAR 20 1917 Abby C. Angelna Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 19, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 6, 1917, to Mar 19, 1917, that I saw him alive on Mar. 19, 1917, and that death occurred, on the date stated above, at 12 50 P. m.

The CAUSE OF DEATH* was as follows:

Atrophia Hepatis Cirrhosis

History of 6 mos. ds.
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Erysipelas

(Duration) yrs. 4 mos. ds.

(Signed) Bernard J. Darry M. D.

3/19, 1917. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. mos. 13 ds. In the State 44 yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1802 E. Eager St.

19-PLACE OF BURIAL OR REMOVAL. Woodlawn Cemetery — DATE OF BURIAL. March 20 1917.

20-UNDERTAKER W. M. Boulton — ADDRESS 230 N. Greene

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 3486 HEALTH DEPARTMENT—CITY OF BALTIMORE D 3486

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital REGISTERED NO. C

CITY OF BALTIMORE: (No. ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H Gaskins

Residence in Baltimore: No. 1058 Erie St St.: yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Make statement as complete as possible. Omissions important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) 1 (Day) (Year)

7-AGE, 45 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Day

9-BIRTHPLACE, (State or Country). Va.

PARENTS.

10-NAME OF FATHER, Lemuiler Colvin

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Lear

(Address) 1058 W. Pine St.

15- Filed MAR 20 1917 191 HARRY C. ANDREWS Special Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15 1917, to March 16 1917, that I saw him alive on March 16 1917, and that death occurred, on the date stated above, at 10:50 P.m.

The CAUSE OF DEATH* was as follows:

a Intestinal Obstruction

(Duration) 5 hours yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart Disease one day

(Duration) yrs. mos. ds.

(Signed) H. A. Hargrave M. D.

March 17th, 1917. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? at work

Former or usual residence 1058 Erie St

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cem. Balto Md. DATE OF BURIAL, March 20, 1917

20-UNDERTAKER A. Fink & Freeland ADDRESS 1142 W. Lexington St.

Spec.—8-24-14—M. & T.—2000 Blks.

3487 HEALTH DEPARTMENT—CITY OF BALTIMORE D 3487

CERTIFICATE OF DEATH. 84

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2829 Remington Ave. St.; 12 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert B. Fleherm

(Residence in Baltimore: No. 2829 Remington Ave. St.; — yrs., — mos. — ds.)

N. B. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, 12 (Month) 19 (Day) 1916 (Year)

7-AGE, ...yrs. 3 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Bernard Fleherm

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Farren

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Farren

(Address) 2829 Remington Ave

15-

Filed MAR 20 1917, 191.... HARRY C. ANDERS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch (Month) 19 (Day) 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Mch. 15 1917, to Mch 19 1917, that I saw h— alive on Mch 19 1917, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Cute Bronchitis

(Duration) ....yrs. ....mos. 7 ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) R. Garland Ahrendt M. D.

Mch 20, 1917. (Address) 1534 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, March 20, 1917.

20-UNDERTAKER Charles B. Jones

ADDRESS 2356 E. Pine St.

Spec.—5-19-13—M. & T.—500 Bks.

D 3488

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152 D 3488

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1638 Mulliken St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Atkins

(Residence in Baltimore: No. 1638 Mulliken St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word) Single

6-DATE OF BIRTH, March 13, 17
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 6 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), 1638 Mulliken St

PARENTS.

10-NAME OF FATHER, Harry Atkins

11-BIRTHPLACE OF FATHER (State or Country), Tokomoke City Md

12-MAIDEN NAME OF MOTHER, Sarah Patteson

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Francis Patteson

(Address) 1638 Mulliken St

15-MAR 20 1917 HARRY C. ANDREWS

Filed ....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 19, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 18 1917, to March 19 1917, that I saw h[illegible] alive on March 18, 1917, and that death occurred, on the date stated above, at 6A. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Infected cord

(Duration) ..... yrs. 1 mos. 3 ds.

(Signed) Richard T Eskridge D.

March 19 1917 (Address) 1514 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel — DATE OF BURIAL, March 20 1917

20-UNDERTAKER John W Henderson — ADDRESS 317 Cardine

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact address of OCCUPATION is very important. See instructions on back of certificate.

S·A·F·E D·A·K

Spec.—8-24-14—M. & T.—2000 Bks.

D 3489

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3489

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Mercy Hospital ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Zapp

Residence in Baltimore: No. 1103 Lexington St. St.; 69 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Oct 21, 1848 (Month) (Day) (Year)

7-AGE. 68 yrs. 4 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Driver
(b) General nature of industry, business, or establishment in which employed (or employer). Wagon

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. Jacob Zapp

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Anna Zapfel

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Wagner

(Address) Calvert St

15- MAR 20 1917 Filed....., 191.. HARRY C. ANDELOT Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 18, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 17 1917, to Mar 18 1917, that I saw h m alive on Mar 18 1917 and that death occurred, on the date stated above, at 6.15 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Arterio Sclerosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Mar 18, 191.7 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State 68 yrs. 4 mos. 26 ds.

Where was disease contracted, if not at place of death? 1103 Lexington St

Former or usual residence 1103 Lexington St

19-PLACE OF BURIAL, OR REMOVAL, Western Cem. DATE OF BURIAL, Mar 20, 191.7

20-UNDERTAKER J. Schumacher & Son ADDRESS 1034 Hanover St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3490

CERTIFICATE OF DEATH.

28 D 3490

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 W West St. St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and add usual No. 18.)

2-FULL NAME Joseph H Matthews

(Residence in Baltimore: No. 509 W West St. St.; 28 yrs. 1 mos. 5 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feby. 14th, 1889 (Month) (Day) (Year)

7-AGE, 28 yrs. 1 mos. 5 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)..... Drug Co.

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frederick Matthews

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Turner

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Matthews

(Address) 509 W. West St.

15- MAR 20 1917 HARRY C. ANDELE

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 19th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 2 1917, to March 19 1917, that I saw him alive on March 18 1917, and that death occurred, on the date stated above, at 7 3/4 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. da.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) yrs. 6 mos. da.

(Signed) Shipley Mayer M. D.

March 21 1917. (Address) 1 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, March 22, 1917.

20-UNDERTAKER E. Schloman & Son ADDRESS 1039 Hanover St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3491 D 3491

CERTIFICATE OF DEATH.

152

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital WARD) REGISTERED NO. C

2-FULL NAME Infant Parsons

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. University Hospital St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male | 4-COLOR OR RACE: Black | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH: March 17, 1917 (Month) (Day) (Year)

7-AGE: 0 yrs. 0 mos. 1 ds. If LESS than 1 day, 18 hrs. or 20 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Elijah Parsons

11-BIRTHPLACE OF FATHER (State or Country): Virginia

12-MAIDEN NAME OF MOTHER: Hallie Thomas

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15-

MAR 20 1917

Filed....., 191... HARRY C. ANDREWS Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-16 1917, to 3-17 1917, that I saw h[illegible] alive on 3-17 1917, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. C. Meaniss M. D.

3-17, 191.7 (Address) Maternity Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, ..., 191...

20-UNDERTAKER ADDRESS

JOHNS HOPKINS HOSPITAL MAR 20 1917

Commissioner Health

Per. Wm. R. WOODALL

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 3492 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 3492

151

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1009 Greenmount Ave 10 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Laponzinay

(Residence in Baltimore: No. 1009 Greenmount Ave St.; yrs., mos. 1m ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word): Single

6-DATE OF BIRTH: March 19, 1917 (Month) (Day) (Year)

7-AGE: — yrs. — mos. — ds.

If LESS than 1 day, / hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Louis Laponzinay

11-BIRTHPLACE OF FATHER (State or Country): Italy

12-MAIDEN NAME OF MOTHER: Giacond Passalacqua

13-BIRTHPLACE OF MOTHER (State or Country): Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Father

(Address) 1009 Greenmount ave

15- Filed MAR 20 1917 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH ..... Mar 19, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

THE CAUSE OF DEATH* was as follows:

Prematurity

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner) ..... M. D.

Mar 20 1917 (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Holy Cross — DATE OF BURIAL: Mar 22 1917

20-UNDERTAKER: H. C. Middleton — ADDRESS: 1st Greenmount Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3493

CERTIFICATE OF DEATH.

91 D 3493

REGISTERED NO. C.....

1-PLACE OF DEATH

(CITY OF BALTIMORE: (No. 732 Mura ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susannah McLevy

(Residence in Baltimore: No. 732 Mura St.; 69 yrs., 5 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Oct (Month) 15 (Day) 1847 (Year)

7-AGE,	If LESS than 1 day,
69 yrs. 5 mos. 4 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James McLevy

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ann McCloskey

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine B. Hand

(Address) 1618 St. Paul St.

15- Filed MAR 20 1917, 191.... MARY C. ARMIGER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 12 1917, to Nov 19 1917, that I saw h- alive on Nov 19 1917, and that death occurred, on the date stated above, at noon.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(No history.)

(Duration).....yrs.....mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) J. Hardy M. D.

Nov 20, 1917. (Address) 110 E. Fayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	Nov 22, 1917
20-UNDERTAKER	ADDRESS
J. C. Medford	1710 Fremont Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3494

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 3494

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mark Foley

(Residence in Baltimore: No. Little Sisters of the Poor St.; 40 yrs., ... mos. ..... ds.)

N. B.—Every question must be answered, and the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, March 10, 1855
(Month) (Day) (Year)

7-AGE, 62 yrs. — mos. 7 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Stephen Foley

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Mary Kennedy

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister M. Benedict

(Address) Little Sisters of the Poor

15- MAR 20 1917

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from No record 191..., to ..... 191...,
that I saw h[illegible] alive on several days before my death 191...,
and that death occurred, on the date stated above, at 12 a m.
The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

a few hours (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Blaney M. D.

March 17, 191.7 (Address) 1132 Valley St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 10 ds. In the State 40 yrs. — mos. 7 ds.

Where was disease contracted, if not at place of death? Little Sisters of the Poor

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Mar. 20, 191.7

20-UNDERTAKER H. C. Waidfield — ADDRESS 914 Greenmount Ave

D 3495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167 D 3495

REGISTERED No. C .....

1. PLACE OF DEATH

CITY OF BALTIMORE (No. Jewish Hospital 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Samuel Machanowitz

(Residence if Baltimore: No. 664 N. Bond St. 2 yrs., 6 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~. (Write the word.) Single

6-DATE OF BIRTH, Unknown, 1914
(Month) (Day) (Year)

7-AGE, 2 yrs. 6 mos. ds.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, David Machanowitz

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Annie Feinstein

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... P. Sachs

(Address)... 1404 E. Fayette St

15- Filed MAR 20 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 20, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns face & body (Duration) Accidental yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia (Duration) yrs. mos. ds.

(Signed) A. J. Riley (Coroner.) M. D.

March, 1917. (Address) 1638 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs. 6 mos.....ds.

Where was disease contracted if not at place of death?..... 664 N. Baltimore St.

Former or usual residence 664 N. Baltimore St.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Herring Run — DATE OF BURIAL, March 20th 1917

20-UNDERTAKER J. Lennon & Bro — ADDRESS 110 E. Balto St.

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3496 D 3496

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Branan

(Residence in Baltimore: No. Little Sisters of the Poor St.; — yrs., — mos., — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Wid.

6-DATE OF BIRTH, Unknown, 1 .....
(Month) (Day) (Year)

7-AGE, 68 yrs. ..... mos. ..... da.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Thomas Branan

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Rebecca Medes

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- MAR 20 1917

Filed ....., 191.....

MARY C. ... Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 19th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ~~February~~ 191..., to ..... 191...., that I saw h[illegible] alive on March 18 191.7, and that death occurred, on the date stated above, at 5 30 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Unknown (Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Cerebral hemiplegia

(Duration) ..... yrs. ..... mos. ..... da.

(Signed) J. A. Warner M. D.

March, 1917 (Address) 1133 Valley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 4 yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL, Baltimore DATE OF BURIAL, Mar 21 C. 191.7

20-UNDERTAKER N. C. Widdoes ADDRESS 914 Greene St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3497. D 3497.

CERTIFICATE OF DEATH.

6

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 19 E. Lee ST.; 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Acey Lowe

(Residence in Baltimore: No. 19 E. Lee St.; —yrs., 1 mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Male	a. a.	Single

6-DATE OF BIRTH, May 11, 1916
(Month) (Day) (Year)

7-AGE, 1 yrs. — mos. 8 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ga.

PARENTS.

10-NAME OF FATHER, Acey Lowe

11-BIRTHPLACE OF FATHER (State or Country), Ga.

12-MAIDEN NAME OF MOTHER Maggie Lloyd

13-BIRTHPLACE OF MOTHER (State or Country), Ga.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ed. Jones

(Address) 19 E. Lee St.

15- Filed MAR 20 1917, 191..... HARRY C. ANDREWS Registrar. Assistant Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 19, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10 1917, to March 19 1917, that I saw h[illegible] alive on March 18, 1917, and that death occurred, on the date stated above, at 8 [illegible] m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Measles

(Duration) ....yrs. ....mos. 14 ds.

(Signed) Jas. F. Le Brun M. D.

March 19, 1917 (Address) 1520 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	March 21, 1917
20-UNDERTAKER	ADDRESS
John H Soudriette	[illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3498

136 D 3498

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Eva Michael

Residence in Baltimore: No. 1718 W Calhoun St St.; 26 yrs., 9 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 22, 1890 (Month) (Day) (Year)

7-AGE, 26 yrs. 9 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Geo E. Redifer

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Margaret Schaeffer

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Jos E. Michael

(Address) 2502 Druid Hill Ave

15- MAR 20 1917 MARY C. ANDERS Filed....., 191..... Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Omissions important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 18, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 14 1917, to Mar 18 1917, that I saw her alive on Mar 18 1917, and that death occurred, on the date stated above, at 10.45 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis
Secondary

Principal (Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Pneumonia of Atelectasis

(Duration) ....yrs. 1 mos. ....ds.

(Signed) Ernest Hugh Mason M. D.

Mar 18, 1917 (Address) St Josephs Hosp.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 ds. In this State 26 yrs. 9 mos. 23 ds.

Where was disease contracted, if not at place of death? 1718 W Calhoun St

Former or usual residence 1718 W Calhoun St.

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery | DATE OF BURIAL, Mar 21, 1917

20-UNDERTAKER E. W. M. Faulkner | ADDRESS 1624 Mt Royal Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3499 ✓ +78 D 3499

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Franklin Square Hospital ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Kapsitis

(Residence in Baltimore: No. Franklin Square Hospital St.; ... yrs., 2 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... March ..... 13 ....., 1881
(Month) (Day) (Year)

7-AGE, 36 yrs. — mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cigar .....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Manf —

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, John G. Kapsitis

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Louisa Bushberg

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Ella Kapsitis

(Address) 4722 Park Heights Ave

15- MAR 20 1917 MARY C. ...

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March 19th ....., 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 24 1917, to March 19th 1917, that I saw him alive on March 19th 1917, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

..... Carcinoma Stomach .....

.....

.....

..... (Duration) ..... yrs. 2 mos. 24 ds.

CONTRIBUTORY (Secondary) ..... Cardiac Insufficiency .....

..... (Duration) ..... yrs. 2 mos. 29 ds.

(Signed) ..... H. L. H. Hammann ..... M. D.

....., 191... (Address) Franklin Square Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 2 mos. 29 ds. In the State Life yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 4722 Park Heights Avenue

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, March 21, 191.7

20-UNDERTAKER Wm H Lawthrop — ADDRESS 1624 M Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. All items important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3500 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 3500

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hahnemann General Hospital ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman Charles Fultz

(Residence in Baltimore: No. Hahnemann General Hospital St. — yrs., — mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. June (Month) 8th (Day), 1863 (Year)

7-AGE. 53 yrs. 9 mos. 12 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clergyman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alma Fultz Wiegand

(Address) 565 W. 180th St. New York City

15-

Filed MAR 20 1917 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. March (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 14 1917, to March 20 1917, that I saw h[illegible] alive on March 20 1917, and that death occurred, on the date stated above, at 11:30 A.m.

The CAUSE OF DEATH* was as follows:

Hemmorrhage from bowels

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Typhoid Fever

..... (Duration) ..... yrs. ..... mos. 21 ds.

(Signed) Geo. W. Wahl M. D.

3/20, 1917. (Address) 2020 N. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 5 ds. In the State 12 yrs. 6 mos. — ds.

Where was disease contracted, if not at place of death? Ellicott City Md

Former or usual residence Ellicott City Md

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St. Mary's Silver Run	March 22, 1917
20-UNDERTAKER Geo. Leo Easton Sons	ADDRESS Ellicott City

N. B.—Every item of information should be given, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3501

CERTIFICATE OF DEATH.

151 D 3501

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2112 Eastridge ST.; 1 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Dakowicz

(Residence in Baltimore: No. 2112 Eastridge St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 19, 1917
(Month) (Day) (Year)

7-AGE, ... yrs. ... mos. ... ds. | If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ...
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country) Baltimore

PARENTS.

10-NAME OF FATHER Anton Dakowicz

11-BIRTHPLACE OF FATHER (State or Country) Russia Poland

12-MAIDEN NAME OF MOTHER Josefa Rovnus

13-BIRTHPLACE OF MOTHER (State or Country) Russia Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anton Dakowicz

(Address) 2112 Eastridge

15-MAR 20 1917 Filed ..., 191... ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 19 1917
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 19 191, to ... 191..., that I saw h... alive on ... 191..., and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Prematurity Birth

... (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

... (Duration) ... yrs. ... mos. ... ds.

(Signed) W. F. Kay M. D.

March 20, 191... (Address) 708 Eastridge

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL, OR REMOVAL, St. Stanislaus. | DATE OF BURIAL, Mar. 20, 191...

20-UNDERTAKER H. F. Sadowski. | ADDRESS 705 S. Ann St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement important. See instructions on back of certificate.

D 3502

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 3502

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital ST.: 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Buretzka

(Residence in Baltimore: No. 1616 Thame Street St.; yrs., 17 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Unkown ....., 1...
(Month) (Day) (Year)

7-AGE, 33 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country), Austra

PARENTS.

10-NAME OF FATHER, Henry Buretzka

11-BIRTHPLACE OF FATHER (State or Country), Austra

12-MAIDEN NAME OF MOTHER Verginia Serwitsky

13-BIRTHPLACE OF MOTHER (State or Country), Austra

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cathrine Buretzka

(Address) 1616 Thame st

15- Filed MAR 20 1917, 191.. ROBERT R. KRAUTH Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 19 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner.) 19..

Mar 20 1917 (Address) E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State 17 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1616 Thame St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	3/21, 19.17
20-UNDERTAKER Jack Levin	ADDRESS 1411 E Balt

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate.

OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3503 ✓ 79 D 3503

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 East Lanvale St. ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hanora McAuliffe

(Residence in Baltimore: No. 24 East Lanvale St. St.; 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Dec. 16, 1831 (Month) (Day) (Year)

7-AGE, 85 yrs. 3 mos. 3 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Redmond Galway

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Holland

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Donohue

(Address) 24 East Lanvale St.

15- Filed MAR 20 1917 191 ROBERT R. KEAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 19, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 17 191, to March 19 191, that I saw h alive on March 17 191, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Cystic suppuration of kidney

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. D.

, 191 (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	3/21, 191
20-UNDERTAKER Henry W. Maas & Son	ADDRESS 105 N. Eutaw St

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—8-24-14—M. & T.—2000 Bks.

Katherine E. Irvin

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3504

CERTIFICATE OF DEATH.

29 D 3504

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 11 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine E Irvin

(Residence in Baltimore: No. 2522 N. Calvert St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): S

6-DATE OF BIRTH, (Month) Sept (Day) 21, (Year) 1831.

7-AGE, 85 yrs. 5 mos. 27 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: John A Schmidt

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Katherine Ebner

13-BIRTHPLACE OF MOTHER (State or Country): Penna.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Irvin

(Address) 2522 N. Calvert St

15- Filed MAR 20 1917, 191.. ROBERT R. KRAUTER Registrar

Burial Permit Issued

CAUSE OF DEATH in plain terms, so that it may be properly classified. All items are important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) Mar (Day) 19, (Year) 1917

I HEREBY CERTIFY, That I attended deceased from Mar 19 1917, to Mar 19 1917, that I saw h alive on Mar 19 1917 and that death occurred, on the date stated above, at 7:45 a.m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis & Insuff.

Contributory Chronic Nephritis

(Duration) 2 yrs. 1 mos. 0 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Albert E Sauer M. D.

(Address) 1 No. Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. 6 mos. ds.

Where was disease contracted, if not at place of death? 2522 N. Calvert St

Former or usual residence 2522 N. Calvert St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, Mar 22, 191..

20-UNDERTAKER Henry W. Myers & Son — ADDRESS 105 N. Calvert St

Mary D. Heuer

D 3505

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

100 D 3505

REGISTERED No. C

1-PLACE OF DEATH Balto Eye, Ear & Throat Hosp.

CITY OF BALTIMORE (No. 1017 E Balto St. St.; 8 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Doris Heuer.

Residence in Baltimore: No. 2523 E. Hoffman St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Feb 20, 1916 (Month) (Day) (Year)

7-AGE: yrs. 6 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto. City

PARENTS

10-NAME OF FATHER: William P Heuer

11-BIRTHPLACE OF FATHER (State or country): Balto. City

12-MAIDEN NAME OF MOTHER: Mary Bunch

13-BIRTHPLACE OF MOTHER (State or country): Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Heuer.

(Address) 2523 E Hoffman st.

15. Filed MAR 20 1917, 191 ROBERT R. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 3/19/17 (Month) (Day), 191 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3/1/17, 191, to 3/19/17, 191.

that I saw h alive on 3/14/17, 191.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebro Spinal Meningitis

Operation (Duration) yrs. mos. 7 ds

Contributory (SECONDARY) Pneumonia

(Duration) yrs. mos. 3 hrs.

(Signed) Edward H Surman M. D.

3/19/17, 191 (Address) 2916 E Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? At home

Former or usual residence 2523 E. Hoffman St.

19-PLACE OF BURIAL OR REMOVAL: Oak Lawn Cem — DATE OF BURIAL: March 21 cc, 1917

20-UNDERTAKER: Geo. J. Rust — ADDRESS: 1735 Hanford

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3506

CERTIFICATE OF DEATH.

66 D 3506

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1411 William ST.; 24 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nannie Muse Hiss

(Residence in Baltimore: No. 1411 William. St.; ....yrs., ...mos.... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement is important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH: Dec. (Month) 18 (Day), 1865 (Year)

7-AGE: 51 yrs. 3 mos. ....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... H W
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Dorchester Co Md (Cambridge)

PARENTS.

10-NAME OF FATHER, Edwin Hopkins

11-BIRTHPLACE OF FATHER (State or Country), Cambridge Md

12-MAIDEN NAME OF MOTHER Susana Raleigh

13-BIRTHPLACE OF MOTHER (State or Country), Dorchester Co Md Cambridge

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank L. Hiss

(Address) 1411 William St.

15- MAR 20 1917 Filed....., 191.... ROBERT B. KRAUTER CLERK. Burial Permit Register.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3. (Month) 18 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2/13 1916, to 3/18 1917, that I saw h er alive on 3, 18 1917, and that death occurred, on the date stated above, at 11.50 a m.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) ....yrs. 13 mos. ....ds.

CONTRIBUTORY (Secondary) Cerebral Hemiplegia

(Duration) ....yrs. 13 mos. ....ds.

(Signed) L. J. Burlington M. D.

3.18., 1917. (Address) 1026 Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet (Emsley)

DATE OF BURIAL, (Mar. 21, 191..)

20-UNDERTAKER E. J. Bunnig

ADDRESS 1935 E Lafayette

Spec.—8-24-14—M. & T.—2000 Bks.

D 3507

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 3507

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1747 N Castle ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry B. Young.

(Residence in Baltimore: No. 1747 N Castle St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May 17, 1890
(Month) (Day) (Year)

7-AGE, 27 yrs. ..... mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Painter
(b) General nature of industry, business, or establishment in which employed (or employer)..... House

9-BIRTHPLACE, (State or Country) Balto. City

PARENTS.

10-NAME OF FATHER, Charles Young

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary A. Mink.

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary A. Young.

(Address) 1747 N Castle

15-

Filed MAR 20 1917, 191... ROBERT B. KRAUTER Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 18, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1915, to March 18 1917, that I saw h[illegible] alive on March 18 1917, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(Duration) 2 yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 1 ds.

(Signed) Chas. E. Fellows M. D.

March 20 1917 (Address) 1414 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Dulaney. DATE OF BURIAL, March 21, 191.7

20-UNDERTAKER [illegible] ADDRESS 638 Fremont 1938 E Lafayette

CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3508

CERTIFICATE OF DEATH.

79 D 3508

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2125 N. Saratoga ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine E. Schafer

(Residence in Baltimore: No. 2125 N. Saratoga St.; 45 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, May 21, 1835 (Month) (Day) (Year)

7-AGE, 81 yrs. 11 mos. 25 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Bohemia

PARENTS.

10-NAME OF FATHER, Francis J. Schafer

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER ~~Mary~~ Damm

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. E. Schafer

(Address) 2125 N. Saratoga St.

15- MAR 20 1917 Filed....., 191.....

ROBERT B. KRAUTER
Burial Permit Clerk

CAUSE OF DEATH in plain terms, so that it may be properly classified. Do not use abbreviations or technical terms. Be sure to answer all questions fully and correctly, as the information is important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 18, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15 1916, to March 18 1917, that I saw her alive on March 17 1917, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Chronic Myocarditis

(Duration) ~~yrs.~~ mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(Duration) yrs. mos. ds.

(Signed) Elmer B. Freeman M. D.

3/19, 1917. (Address) 412 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, March 21, 1917.

20-UNDERTAKER John C. Moran

ADDRESS Balto

Dr Freeman 412 Cathedral St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3509

CERTIFICATE OF DEATH.

92 D 3509

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 S Dallas ST.; 3 WARD)

2-FULL NAME Anna Dudek

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 418 S. Dallas St.; yrs., 11 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female.

4-COLOR OR RACE, Wht

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 8, 1916 (Month) (Day) (Year)

7-AGE, yrs. 11 mos. 11 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work Child. (b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Baltimore. Md.

PARENTS.

10-NAME OF FATHER, George Dudek.

11-BIRTHPLACE OF FATHER (State or Country), Bolote. Miso.

12-MAIDEN NAME OF MOTHER Rosa Gosgor.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Dudek.

(Address) 418 S. Dallas St.

15- Filed MAR 20 1917 191 ROBERT R. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 19, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 18 191 , to March 19 1917 , that I saw her alive on March 19 191 , and that death occurred, on the date stated above, at 8-20 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) yrs. mos. 1 ds.

(Signed) C. V. Adams M. D.

March 20 191 (Address) 1004 E. Fallsway City

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, Mar. 21", 191 7.

20-UNDERTAKER W. F. Sadowske. ADDRESS 405 S. Ann St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Bernice Shaw

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3510

CERTIFICATE OF DEATH.

D 3510
REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 568 Gold ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernice Shaw

(Residence in Baltimore: No. 568 Gold St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Col'd	Single

6-DATE OF BIRTH, Jan. 5, 1914
(Month) (Day) (Year)

7-AGE, 3 yrs. 2 mos. 14 ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Shaw

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Louise Hebron

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... None

(Address) 568 Gold St

15- MAR 20 1917 Filed....., 191.... ROBERT B. KRAUTH Registrar

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 19, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Colds 2 days

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)

....., 191.. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn DATE OF BURIAL, March 21, 1917

20-UNDERTAKER Harman Crayfield ADDRESS 1314 Mary

N.B.—Every item of information should be carefully supplied. AGE should be given in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3-2
5-63

D 3511

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

20 D 3511
REGISTERED No. C

CITY OF BALTIMORE (No. 2700 E Preston ST.; 8 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Patrick J Grogan

Residence in Baltimore: No. 48 E Hill St

St.; 43 yrs. 9 mos. 3 ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Male | 4-COLOR OR RACE White | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) Married

6-DATE OF BIRTH July 16, 1873 (Month) (Day) (Year)

7-AGE 43 yrs. 9 mos. 3 ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Builder
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Balto

PARENTS

10-NAME OF FATHER Peter Grogan

11-BIRTHPLACE OF FATHER (State or country) Ireland

12-MAIDEN NAME OF MOTHER Kate Kane

13-BIRTHPLACE OF MOTHER (State or country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H. J. Towers M D

(Address) 2571 E Preston

15 MAR 20 1917 Filed ... 191

ROBERT R. KRAUTER
Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 19, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1917, to Mar 19 1917, that I saw him alive on Mar 19, 1917, and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

(Duration) 3 yrs. mos. ds

Contributory (SECONDARY) Cardiac Paralysis

(Duration) yrs. mos. ds.

(Signed) H. J. Towers M. D.

3/19, 191 7. (Address) 2571 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. | In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL St. Vincents Cem | DATE OF BURIAL Mar. 22, 191 7

20-UNDERTAKER Chas. F. Ward & Son | ADDRESS 1180 Mt Royal ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 3512

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 D 3512

REGISTERED No. C

1-PLACE OF DEATH Womans Hospital

CITY OF BALTIMORE: (No. ..... ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Miriam S. Bernstein.

(Residence in Baltimore: No. 2409 Linden Ave. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Nov. (Month) 4 (Day), 1873 (Year)

7-AGE. 43 yrs. 4 mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House wife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER. George Thumberg

11-BIRTHPLACE OF FATHER (State or Country), German

12-MAIDEN NAME OF MOTHER Sarah Greenbaum

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. M. Bernstein

(Address) 2409 Linden Ave

15- Filed MAR 20 1917, 191... ROBERT E. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 16 1917, to March 20 1917, that I saw h e alive on March 20 1917, and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

Primary Carcinoma of Liver

Clinical

(Duration (?) yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) Richard S. Silvestry M. D.

3-20, 1917. (Address) Womans Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mo. 2 ds. In the State 43 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 2409 Linden Ave -

Former or usual residence 2409 Linden Ave.

19-PLACE OF BURIAL OR REMOVAL, Balto Hebrew

DATE OF BURIAL, March 22, 1917.

20-UNDERTAKER Dan'l Londheim

ADDRESS 1118 W Mulberry

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each question is important. See instructions on back of certificate.

Emma G. Kirby

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3513

CERTIFICATE OF DEATH.

64 D 3513

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2316 Eutaw ave ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma G. Kirby

(Residence in Baltimore: No. 2316 Eutaw ave. St.; yrs. 71 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Aug (Month) 20 (Day), 1845 (Year)

7-AGE, 71 yrs. 7 mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, William Meredith

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Caroline C. Wigand

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. W. H. Courtney

(Address) 1710 W. Lanvale St

15- MAR 20 1917 Filed, 191... ROBERT B. KRAUTER Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch. 20 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

4 hrs.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) old age

(Duration) yrs. mos. ds.

(Signed) J. H. Mitchell M. D.

(Coroner.)

, 191.. (Address) 719 N. Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds. None

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, March 22 1917

20-UNDERTAKER Chas. G. Black — ADDRESS 1201 E. Mulberry St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Lula V. Ammen.

D 3514

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 D 3514

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1065 Fayette Ave. ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2 FULL NAME Lula Virginia Ammen

Residence in Baltimore: No. 1065 Fayette Ave. St. (If less than 1 day, ... hrs. 0 mos. 6 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE: Female White

5 MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Oct. 6, 1888 (Month) (Day) (Year)

7 AGE: 28 yrs. 5 mos. 13 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Home +
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country): Ellis City

PARENTS

10 NAME OF FATHER: Richd. Wright

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Virg. C. Jones

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry E. Wright

(Address) Govans

15 Filed MAR 20 1917 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 19, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 3, 1917 to March 18, 1917

that I saw h[illegible] alive on March 18, 1917

and that death occurred, on the date stated above, at 1.40 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Thyroiditis

(Duration) 1 yrs. 0 mos. 0 ds

Contributory (SECONDARY) Pulmonary Tuberculosis

(Duration) 0 yrs. 0 mos. 10 ds.

(Signed) R. R. Krauter M. D.

3/19, 1917 (Address) 1687 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Lund Ridge — DATE OF BURIAL: March 22, 1917

20 UNDERTAKER: Geo. W. Little — ADDRESS: 831 Edmondson Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3515

CERTIFICATE OF DEATH.

79 D 3515

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2406 Westwood Ave St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Emma Ford

(Residence in Baltimore: No. 2406 Westwood Ave St.; 34 yrs., 3 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, December 7, 1883
(Month) (Day) (Year)

7-AGE, 34 yrs. 3 mos. 11 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): +

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Henry Bürger

11-BIRTHPLACE OF FATHER (State or Country), Washington D C

12-MAIDEN NAME OF MOTHER Mary Bauer

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) B. Lee Ford

(Address) 2406 Westwood Ave

15- FILED MAR 20 1917 191.... ROBERT B. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 18, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 4 1917, to March 18 1917, that I saw her alive on March 17 1917, and that death occurred, on the date stated above, at 11 4 m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(Duration) 5 yrs. mos. ds.

(Signed) E. W. Williams M. D.

March 19 1917. (Address) 722 W. Franklin Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Lorraine — DATE OF BURIAL, March 21, 1917

20-UNDERTAKER Geo W Little — ADDRESS 531 N Fremont Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3516

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 3516

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 Sarah Ann St.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Blanche Johnson

(Residence in Baltimore: No. 612 Sarah Ann St.; 20 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Col'd	Md

6-DATE OF BIRTH, unknown ..... (Month) ....., 1 (Day) ..... (Year)

7-AGE, 40 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laundress
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Small

(Address) 611 Sarah Ann St

15-

Filed MAR 21 1917, 191..... HARRY C. ANDREWS Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 20, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 18 1917, to March 20 1917, that I saw h... alive on March 19 1917, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Pancreas

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos. 1 ds.

(Signed) J. Merwood M. D.

March 21, 191.. (Address) 739 Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Int Suburban Cemetery — DATE OF BURIAL, March 22, 1917

20-UNDERTAKER Geo H Hooper — ADDRESS 602 Gilmor St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 3517

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

40 D 3517

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 659 W Mulberry St. 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W Bailey

Residence in Baltimore: No. 659 W Mulberry St.: 62 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Mall

4-COLOR OR RACE: Colord

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: unknown ..... (Month) ....., 1 (Day), ... (Year)

7-AGE: 64 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country): Balt city

PARENTS

10-NAME OF FATHER: Elion Bailey

11-BIRTHPLACE OF FATHER (State or country): V A

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Eliza Bailey

(Address) 659 W Mulberry St

15. Filed MAR 21 1917, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 20th, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 8th, 1917, to Mar 20 1917, that I saw him alive on March 17, 1917, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Cancer of Liver (Clinical) (Duration) ..... yrs. 6 mos. ..... ds

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) V Winn Williams M. D.

3-20, 1917. (Address) 601 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemtery

DATE OF BURIAL: March 22, 1917

20-UNDERTAKER: Geo H Hooper

ADDRESS: 60 Little Rock St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3518

CERTIFICATE OF DEATH.

28 D 3518

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2639 Boone St.; 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leora Ivey Dennis.

(Residence in Baltimore: No. 2639 Boone St.; —yrs., —mos. 7 ds.)

N.B.—Every item of information should be given as correctly as possible, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, September 7th, 1900
(Month) (Day) (Year)

7-AGE, 16 yrs. 6 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School Girl
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Howard Dennis

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Celestia Toscanos

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Celestia Dennis

(Address) 2639 Boone St.

15- MAR 21 1917

Filed....., 191.... MARY C. ANGELL
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 18th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7th 1917, to March 18th 1917, that I saw her alive on March 18th 1917, and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo. Thompson M.D. M. D.

March 18, 191.7. (Address) 1537 Hammond Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Ft. Auburn	March 21, 1917.
20-UNDERTAKER	**ADDRESS**
Thos J. G. Locke.	1302 Jefferson

D 3519

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 D 3519

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2029 Eastern Ave ST.: 2 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sofia Dzirmite

(Residence in Baltimore: No. 2029 Eastern Ave St.: 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: June 18, 1875 (Month) (Day) (Year)

7-AGE: 41 yrs. 9 mos. 1 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Frank Lewenski

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Catherine Piontkoski

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Dzirmite

(Address) 2029 Eastern

15. MAR 21 1917 (Date) 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 19, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 31st, 1913, to March 19 1917, that I saw h[illegible] alive on March, 1917, and that death occurred, on the date stated above, at 5.45 a m.
The CAUSE OF ~~DEATH~~* was as follows:

Tuberculosis Pulmonary

(Duration) 3 yrs. 4 mos. 19 ds

Contributory (SECONDARY) Cardiac Exhaustion

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed), A P Tomkinson M. D.

Mar 21, 1917 (Address) 2013 Bank st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Cross Cem

DATE OF BURIAL: Mar 22, 1917

20-UNDERTAKER: Wm Fiaekowski

ADDRESS: 161 E Eastern

Spec.—8-24-16—M. & T.—2000 Bks.

D 3520

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3520

CERTIFICATE OF DEATH.

1-PLACE OF DEATH The Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... ST.; 1 WARD) REGISTERED No. 152

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Polek

(Residence in Baltimore: No. 2112 Eastern Avenue St.; ..... yrs., ... mos. 3 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Brief statement of OCCUPATION if any. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... March (Month) 17 (Day), 1917 (Year)

7-AGE, — yrs. — mos. 3 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ----
(b) General nature of industry, business, or establishment in which employed (or employer) ----

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Samuel Polek

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Mary Maka

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Shumaker Jr M.D.

(Address) .....

15- Filed MAR 21 1917 191.. HARRY C. ANDELOT Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 20 (Day), 191 7 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 17 191 7, to March 20 191 7, that I saw him alive on March 20 191 7, and that death occurred, on the date stated above, at 6:00 P m.

The CAUSE OF DEATH* was as follows:

Atelectasis (Congenital)

.....

.....

..... (Duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Shumaker Jr M. D.

March 21 191 7 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 17 ds. In the State ..... yrs. ..... mos. 3 ds.

Where was disease contracted, if not at place of death? Johns Hopkins Hospital

Former or usual residence Johns Hopkins Hospital

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	Mar. 21, 1917

20-UNDERTAKER ..... ADDRESS 1618 Eastern Ave

Spec.—5-19-13—M. & T.—500 Bks.

D 3521

HEALTH DEPARTMENT—CITY OF BALTIMORE

39 D 3521

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Kirk Eye Cancer Hospital

CITY OF BALTIMORE: (No. 2512 Guilford Ave. ST.; 12 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Byrns.

(Residence in Baltimore: No. 2108 N. Pulaski St.; —yrs., —mos.—ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Sept. 4, 1862 (Month) (Day) (Year)

7-AGE, 54 yrs. 6 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Coal dealer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Augusta Beyer

(Address) 2608 N Pulaski St

15-

Filed MAR 21 1917 191.... HARRY C. ANDREWS Burial Permit Officer

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 20th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 10th 1916, to Mar. 20th 1917, that I saw him alive on Mar. 20th 1917, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Cancer superior maxillary bone.

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion Pleurisy

(Duration) yrs. mos. ds.

(Signed) Thos. E. Cook M. D.

Mar. 22d, 1917. (Address) 1000 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 6 mos. 10 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 2008 N Pulaski St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Peters	Mar 22, 1917.

20-UNDERTAKER A. Fahey & Sons ADDRESS 106 Lafayette Ave

Special 2-15-17-2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3522

CERTIFICATE OF DEATH.

REGISTERED No. C 119

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 3747 Marley ST.; 20 WARD)

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Stanley

(Residence in Baltimore: No. 3747 Marley St. St.; — yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White American

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, June 1, 1912 (Month) (Day) (Year)

7-AGE, 4 yrs. 9 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) New York.

PARENTS.

10-NAME OF FATHER, Charles Stanley

11-BIRTHPLACE OF FATHER (State or Country), New York?

12-MAIDEN NAME OF MOTHER Mary Mitchell

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sr. Vincent de Paul Bo

(Address) 627 Law Bldg.

15- Filed MAR 21 1917, 191.... MARY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 20, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 18 1917, to March 20 1917 that I saw h.im alive on March 18 1917 and that death occurred on the date stated above, at 4.40 Am

The CAUSE OF DEATH* was as follows:

Acute Anemia - with Convulsions

(Duration) .... yrs. .... mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

Cause Unknown (Duration) .... yrs. .... mos. .... ds.

(Signed) Howard Jones M. D.

March 20, 1917. (Address) Darlington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross — DATE OF BURIAL, 3-21-, 1917.

20-UNDERTAKER J. M. Gartley — ADDRESS Nov 1624 Mt Royal

S·A·F·E·T·Y

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 3523

CERTIFICATE OF DEATH

✓ 79 D 3523

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 121 N. Broadway ST.: 6 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Abraham Becker

(Residence in Baltimore: No. 121 N. Broadway St.: 25 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7-AGE: 66 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Wulf Becker

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Katie Blacker

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H. Becker

(Address) 1641 Ruxton ave

15-

Filed MAR 21 1917 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 3 (Month) 20 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3, 19, 1917, to. 3-20 1917 that I saw h[im] alive on 3. 20 - 1917 and that death occurred, on the date stated above, at 4.30 p. m.

The CAUSE OF DEATH* was as follows:

Mortis & Mitral Stenosis

(Duration) 3 yrs. mos. ds

Contributory (SECONDARY) Bronch-Pneumonia

(Duration) yrs. mos. 3 ds.

(Signed) Johnn C. Katzoff M. D.

3-20-, 1917 (Address) 116 W Saratoga St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 121 N Broadway

19-PLACE OF BURIAL OR REMOVAL: Hebrew Relief Rd. (Emanuel) DATE OF BURIAL: March 21, 1917

20-UNDERTAKER: S. Levinson & Bro ADDRESS: 1107 E Baltimore St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—21. & T.—2000 Bks.

D 3524

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 3524

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 6 S. Pulaski St.; 20 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Emma C. Fischer

(Residence in Baltimore: No. 6 S. Pulaski St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov (Month) 1 (Day), 1891 (Year).

7-AGE, 25 yrs. 4 mos. 18 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm Schafer

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary A. Uhl

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. F. Fischer

(Address) 6 S. Pulaski St.

15- Filed MAR 21 1917, 191.... HARRY J. ANDREWS Registrar.

Burial Permit Given by

CAUSE OF DEATH in plain terms, as that it may be properly important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 19 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Dec 13 1916, to March 19 1917, that I saw her alive on March 19 1917, and that death occurred, on the date stated above, at 9.30 m.

The CAUSE OF DEATH* was as follows:

Laryngeal Tuberculosis

(Duration) ....yrs. 3 mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) M. O'Neille M. D.

March 20, 1917. (Address) 108 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lowden Park — DATE OF BURIAL, March 22, 1917

20-UNDERTAKER H. S. Fink — ADDRESS 1921 N. Paca St

Spec.—8-24-14—M. & T.—2000 Bks.

D 3525

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 3525

1-PLACE OF DEATH Womans Hospital

CITY OF BALTIMORE: (No. ..... St.: 24 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Barbara Wingert

Residence in Baltimore: No. 1421 Cookson St. St.: 10 yrs.. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Aug. (Month) ....., 1857. (Day) (Year)

7-AGE, 59 yrs. 6 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Austria.

PARENTS.

10-NAME OF FATHER, John Shoes

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Austria.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leopold Stepp

(Address) 1321 Cookson St

15- Filed MAR 21 1917 191.. HARRY O. ANDREWS Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Certificate is important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 19 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from March 13 1917, to March 19 1917, that I saw h Co alive on March 19 1917, and that death occurred, on the date stated above, at 9 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

..... (Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Pulmonary Oedema

..... (Duration) 7 yrs. 6 mos. 6 ds.

(Signed) Cecil Rigby M. D.

Mar 19, 1917. (Address) Womans Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 7 ds. In the State 5 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1421 Cookson st. Locust Point.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Mar. 22 1917.

20-UNDERTAKER Mrs A Rohde & Son ADDRESS 720 Patten

Spec.—8-24-14—M. & T.—2000 Bks.

D 3526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 3526

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 19 E 21st St ST.) 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Martin Lehr

(Residence in Baltimore: No. 19 E 21st St St.; 54 yrs., X mos. X ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, November (Month), 5 (Day), 1861 (Year)

7-AGE, 55 yrs. 4 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Florist
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Harford Co Md

PARENTS.

10-NAME OF FATHER, William Lehr

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Wolfe

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).... Miss Lehr

(Address).... 19 E 21st St

15- MARY C. ARDELIS

Filed MAR 21 1917 191.... Brief Law Clerk

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 20 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Sept 1912, to March 20 1917, that I saw h im alive on March 20 1917, and that death occurred, on the date stated above, at 4.N m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tbc

(Duration) yrs. mos. ds.

(Signed) Geo. W. Lehr M. D.

March 20 1917 (Address) 435 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cemetery	March 22, 1917
20-UNDERTAKER Mrs A Cohrs Son	ADDRESS 720 N Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 3527

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3527

CERTIFICATE OF DEATH.

92

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 S Central ave St.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stella Sperangella

Residence in Baltimore: No. 417 S Central ave St.; 6 yrs., 4 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, February (Month) 25 (Day), 1911 (Year)

7-AGE, 6 yrs. 1 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles Sperangella

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Philamina De Lia

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Sperangella

(Address) 417 S. Central ave.

15-

Filed MAR 21 1917, 191.... HARRY C. ANDREWS Assist. Issuing Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 19 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 9 1917, to Mar 19 1917, that I saw h alive on March 19 1917, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. 10 ds.

(Signed) J. Valentine M. D.

March 18, 1917. (Address) 16 S. Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, March 21 1917.

20-UNDERTAKER Wendell Ryfle Son — ADDRESS 37 S Hmn

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each answer is important. See instructions on back of certificate.

S[illegible]—8-24-14—M. & T.—2000 Bks.

D 3528

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 3528

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 631 Forsuch ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva M. Heller

(Residence in Baltimore: No. 631 Forsuch ave St.; 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Femal	White	Widow

6-DATE OF BIRTH, November ?, 1833
(Month) (Day) (Year)

7-AGE, 83 yrs. 4 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) William Heller

(Address) 631 Forsuch ave

15- Filed MAR 21 1917 191 HARRY C. ANDELOT Registrar. Burial Permit Given

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 20, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 1915, to March 20 1917, that I saw her alive on March 20 1917, and that death occurred, on the date stated above, at 1.10 P. m.

The CAUSE OF DEATH* was as follows:

Tabes Dorsalis Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia Coma

(Duration) yrs. mos. 5 ds.

(Signed) Albert E. Krug M. D.

March 22 191 7. (Address) 1216 E. Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Glenwood Cemetery Phila. Pa. DATE OF BURIAL, March 22., 191 7.

20-UNDERTAKER George Schilling & Sons ADDRESS 1126 N Monument St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3529

CERTIFICATE OF DEATH.

79 D 3529

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 S Broadway ST.; 2 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Mazor (Mazos)

(Residence in Baltimore: No. 9 S. Broadway St.; 23 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) 1 (Day) (Year)

7-AGE, 69 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wool Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E Balt St

15- Filed MAR 21 1917 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 19 1917, to Mar 20 1917, that I saw h[e] alive on Mar. 20 1917, and that death occurred, on the date stated above, at 1055 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 2d. ds.

CONTRIBUTORY (Secondary) Aortic Valvular Regurg. Unknown

(Duration) yrs. mos. ds.

(Signed) A A Rau M. D.

Mar 21, 1917. (Address) 2 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale — DATE OF BURIAL, Mar., 1917

20-UNDERTAKER Jacob Lewis — ADDRESS 1411 E Balt St

CAUSE OF DEATH: In plain terms, as that it may be properly classified. All information is important. See instructions on back of certificate.

D 3530

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3530

CERTIFICATE OF DEATH.

REGISTERED No. C 91

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1538 Boyle St. ST.: 34 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte T.Lutsche.

Residence in Baltimore: No. 1538 Boyle St. St.; yrs., 5 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female.	White.	Single.

6-DATE OF BIRTH, October 10th. 1916., / (Month) (Day) (Year)

7-AGE, ...yrs. 5 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER, William J.Lutsche.

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md.

12-MAIDEN NAME OF MOTHER Bertha F.Goldstraw.

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs.Bertha Lutsche.(mother)
(Address) 1538 Boyle St.

15- Filed MAR 21 1917, 191.. [illegible] Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 19th. 1917., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.
The CAUSE OF DEATH* was as follows:

Broncho-pneumonia.
No history.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Rinehardt M. D. (Coroner.)

March, 20, 1917. (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, [illegible] Cem. DATE OF BURIAL, [illegible] 191..

20-UNDERTAKER [illegible] ADDRESS [illegible]

N. B.—Every item of information should be carefully supplied. AGE should be stated in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3531

CERTIFICATE OF DEATH.

152

D 3531

1-PLACE OF DEATH Woman's Hospt

REGISTERED No. C

CITY OF BALTIMORE: (No. ..... St. 14 ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eleanor Anderson

(Residence in Baltimore: No. Woman Hospt St.; ..... yrs., 1 mos. 6 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	white	Single

6-DATE OF BIRTH. Feb 15, 1917. (Month) (Day) (Year)

7-AGE. ..... yrs. 1 mos. 6 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Woman's Hospt.

PARENTS.

10-NAME OF FATHER, Cecil Calvert Anderson

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Emma Leone Mensch

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cecil Calvert Anderson

(Address) 2734 Harlem ave.

15- Filed MAR 21 1917, 191.. HARRY [illegible] ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 21, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I saw h... alive on ..... 191...,
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:
(a) Premature Child - wt 2 lb 12 oz.
Atelectasis
(Duration) ..... yrs. 1 mos. 6 ds.
CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) A. H. Burton M. D.
....., 191... (Address) Woman's Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. 1 mos. 6 ds. In the State ..... yrs. 1 mos. 6 ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence 2734 Harlem Ave

19-PLACE OF BURIAL OR REMOVAL, Westen Cemetery — DATE OF BURIAL, March 24, 1917.

20-UNDERTAKER F. B. Wisbert — ADDRESS 2738 Reed Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3532

CERTIFICATE OF DEATH.

81 ✓ D 3532

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1315 Upton St. ; WARD) 17

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Douglas.

(Residence in Baltimore: No. 1315 Upton St.; 2 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Blk

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widower

6-DATE OF BIRTH. Dont Kn (Month) ....., 1 (Day) ..... (Year)

7-AGE. 58 yrs. ..... mos. ..... ds.

If LESS than 1 day. ....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Prince Ge Co Md

PARENTS.

10-NAME OF FATHER. Benjamin Douglas

11-BIRTHPLACE OF FATHER (State or Country) Prince Ge Co Md

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country). Prince Ge Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Johnson

(Address) 1315 Upton St

15- MAR 21 1917 Filed ..... 191 ..... NELLY C. ANGELO Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 20, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 16 1917, to Mar. 20 1917, that I saw h[illegible] alive on Mar. 16 1917, and that death occurred, on the date stated above, at 2[illegible] m.

The CAUSE OF DEATH* was as follows:

Cerebral Arterio-Sclerosis

(Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Coma

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) W. J. Carr M. D.

Mar. 20, 1917 (Address) 515 Monroe St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Woodville Prince Ge Co Md. DATE OF BURIAL. Mar. 23 1917.

20-UNDERTAKER J. Henry Smith ADDRESS 706 W Lanvale St

Prince George County Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 3533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 3533

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 125 N Linwood ave ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George H Schmidt

(Residence in Baltimore: No. 125 N Linwoood ave St.: Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	White	Married

6-DATE OF BIRTH, April 1 1897, 1
(Month) (Day) (Year)

7-AGE, 39 yrs. 11 mos. 17 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baker Salesman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Theodore Schmidt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Fitch

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hellen Schmidt

(Address) 125 N Linwood ave

15-

Filed MAR 21 1917, 191 MARY C. ABELL
Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 18 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said
(Inquest, autopsy or inquiry.)
Inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [signature] (Coroner.) M. D.

Mar 19 1917 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Carmel Cem	Mch 22 1917
20-UNDERTAKER	ADDRESS
Fiekler & Fiekler	1739 E. Eager

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 3534 HEALTH DEPARTMENT—CITY OF BALTIMORE 156 D 3534

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital ST.: 2 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Buscher

(Residence in Baltimore: No. 238 S Washington st St.; yrs., 40 ~~mos.~~ ~~da.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
male	white	Married

6-DATE OF BIRTH, ... July 22 1853 ....., 1 ..... (Month) (Day) (Year)

7-AGE,			If LESS than 1 day,
63	7	28	....hrs. or....min.?
.....yrs.	.....mos.	.....ds.	

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Barber .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Harry Buscher

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katherine Bucher

(Address) 238 Washington st

15- Filed MAR 21 1917, 191.... MARRY [illegible] Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Mar 20 1917 ....., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by illuminating Gas

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration).....yrs.....mos.....ds.

(Signed) ..... (Coroner.) M. D.

Mar 20 1917 (Address) NE Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State 50 yrs.....mos.....ds.

Where was disease contracted, if not at place of death? 2234 Eastern Ave

Former or usual residence 238 S Washington St

19-PLACE OF BURIAL OR REMOVAL Oakland County — DATE OF BURIAL, Mch 23, 1917

20-UNDERTAKER Fiorkler & Fiorkler — ADDRESS 1739 E. Eager

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If child, state number of days. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 3535

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2087 N. Ellwood ave 6 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary B. Cullison

(Residence in Baltimore: No. 2018 N. Ellwood ave St.; 86 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: Feb (Month) 4 (Day), 1828 (Year)

7-AGE: 89 yrs. 1 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

PARENTS.

9-BIRTHPLACE, (State or Country): Germany

10-NAME OF FATHER: John Hammen

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Dont Know

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George E. Cullison

(Address) 3025 E. Fayette

15- MAR 21 1917 HARRY C. ARBERG

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: March (Month) 20 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan 9 1917, to March 19 1917, that I saw her alive on March 19 1917, and that death occurred, on the date stated above, at 1.20 P m.

The CAUSE OF DEATH* was as follows:

Endocarditis (Chronic)

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(Duration) 1 yrs. — mos. — ds.

(Signed) John B. Owens M. D.

March 20 1917. (Address) Fairmount Ave & Patterson Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore County

DATE OF BURIAL: March 23 1917

20-UNDERTAKER: Forkler Forkler

ADDRESS 1739 E. Eager

Spec.—5-19-13—M. & T.—500 Bks.

D 3536

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 3536

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 667 Vine ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margrit Hopkins

(Residence in Baltimore: No. 667 Vine St.; — yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, May (Month) (Day), 1866 (Year)

7-AGE, 50 yrs. 10 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home.

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Ida Garson

(Address) 117 N. Paca St.

15-

Filed MAR 21 1917 191 HARRY C. ARBEIT

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 19 1917, to March 20 1917, that I saw her alive on March 17 1917, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) — yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary) Medical

(Duration) Several yrs. — mos. — ds.

(Signed) Leonard E. Beach M. D.

3/21, 191 (Address) 1 E. 21st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Peters Cemetery — DATE OF BURIAL, Mar. 21, 1917.

20-UNDERTAKER, Geo. L. Schwab & Bro. — ADDRESS 2101 Eutaw Ave.

Spec.—5-19-13—M. & T.—500 Bks.

D 3537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 3537

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1504 N. Dallas St.; 8 WARD)
2-FULL NAME Wade H. Cole
(Residence in Baltimore: No. 1504 N. Dallas St.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, August 25, 1878.
(Month) (Day) (Year)

7-AGE, 38 yrs. 6 mos. 21 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. City, Md.

PARENTS.

10-NAME OF FATHER, Chas. Cole

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Henrietta Key

13-BIRTHPLACE OF MOTHER (State or Country), Westmoreland Co Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Lizzie Anderson

(Address) 1149 Mc Elderry st.

15- MAR 21 1917
Filed ....., 191.... MARY C. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 18, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 11, 1917, to Mar. 18 1917, that I saw h[illegible] alive on March 18, 1917, and that death occurred, on the date stated above, at 11 45 p m.

The CAUSE OF DEATH* was as follows:

Lober pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edwin B. Fenby, M. D.

Mar. 20, 1917. (Address) 1223 N. Carolina st.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, March 21 1917

20-UNDERTAKER C B Jones

ADDRESS 235 Pine st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3538

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 3538

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 22 N. Castle ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Franciska Auld.

(Residence in Baltimore: No. 22 N. Castle St. St.; 60 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Nov. 28 th. (Month), 1827 (Day) (Year)

7-AGE, 89 yrs. 3 mos. 19 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): at home.

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Windhager

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Huthwelker.

(Address) 2123 Denison St. Walbrook.

15- FILED MAR 21 1917 191. MARY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch (Month) 19 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 15 1917, to Mch 19 1917, that I saw her alive on Mch 19 1917, and that death occurred, on the date stated above, at 6.30 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 2 yrs. mos. ds.

(Signed) Geo. Keller M. D.

3-20, 191 7 (Address) 1937 Gough St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Alphonsus Cemetery	Mch. 22 1917

20-UNDERTAKER	ADDRESS
Lilly & Zeiler	403 S. Wolfe St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3539 64 D 3539

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 13 Keaton St.; 18 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Lawson (Lawrence)

(Residence in Baltimore: No. 13 N Carlton St.; — yrs., — mos. — da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION if any important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, March 1860
(Month) (Day) (Year)

7-AGE, 57 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G. W. Grier

(Address) 13 Carlton Ave

15- Filed MAR 21 1917, 191... HARRY C. ANDREWS Vital Records Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 21, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 12 1917, to March 21 1917, that I saw her alive on March 20 1917, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Apoplexy Stroke

(Duration) yrs. mos. 15 da.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) yrs. mos. 18 da.

(Signed) D. Lyle W. Kennard M. D.

March 4, 1917. (Address) 708 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn | DATE OF BURIAL, March 23, 1917.

20-UNDERTAKER W. M. Routson | ADDRESS 230 N Greene

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 3540

CERTIFICATE OF DEATH

40 D 3540

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 W. Mt. Royal Av ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theophile H. J. Saguet

(Residence in Baltimore: No. 13 W. Mt. Royal Av St.; 15 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: July (Month) 26 (Day), 1861 (Year)

7-AGE: 55 yrs. 6 mos. 21 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Manager Amunder
(b) General nature of industry, business, or establishment in which employed (or employer): Apartments

9-BIRTHPLACE (State or country): Belgium

PARENTS

10-NAME OF FATHER: Isadore Saguet

11-BIRTHPLACE OF FATHER (State or country): Belgium

12-MAIDEN NAME OF MOTHER: Adele Delpot

13-BIRTHPLACE OF MOTHER (State or country): Belgium

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Nellie Saguet

(Address) The Montrose Apts

15- Filed MAR 21 1917 ROBERT R. KRAUTER Registrar

Burial Permit .....

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1916, to, Mch. 19, 1917, that I saw h.im. alive on Mch. 19, 1917, and that death occurred, on the date stated above, at 11.50 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Liver

(Clinical)

(Duration) 4 yrs ..... mos ..... ds.

Contributory (SECONDARY)

(Duration) ..... mos ..... ds.

(Signed), C. D. Steputes M. D.

Mch. 20, 1917 [Address] 4005 Freemont Av

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: March 22, 1917

20-UNDERTAKER: William Cooke — ADDRESS: 502 E. North Ave.

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3541

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3541

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. 1419 E. Federal ST.; 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James B. Simmons

(Residence in Baltimore: No. 1419 E. Federal St.; 40 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Aug 7, 1860 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
56 yrs. 7 mos. 13 ds.	....hrs. or....mts.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer): United R R Co

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Robert D Simons

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mary Orell

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Bernard Gallagher.
(Address) 1419 E. Federal St

15- MAR 21 1917 Filed....., 191.... ROBERT B. KRAUTER Registrar.
Burial Permit Stor.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 20th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15 1916, to March 19 1917, that I saw h[illegible]alive on March 19 1917, and that death occurred, on the date stated above, at 3 0' m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach
Clinical Diagnosis (Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cachexia
(Duration) yrs. mos. 10 ds.

(Signed) J. Walker F. Timmis M. D.
....., 191.7. (Address) 1228 N. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Loudon Park	March 22 1917.
20-UNDERTAKER W. Cook.	ADDRESS 707 E. North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Ruth J. Bowen.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3542

CERTIFICATE OF DEATH.

19 D 3542

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3540 Rolandre ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth J Bowen

(Residence in Baltimore: No. 3540 Rolandre St.; yrs. 20 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov. (Month) 13 (Day) 1865 (Year)

7-AGE, 51 yrs. 4 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, James Caldwell

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Elizabeth Collett

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Bowen

(Address) 3540 Rolandre

15- Filed MAR 21 1917, 191.... ROBERT R. KRAUTH Burial Permit Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March. (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heart disease

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) John J Monnard (Coroner.) M. D.

March 191 7 (Address) 3602 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Pleasant Hill Md. DATE OF BURIAL, 3/22 191 7

20-UNDERTAKER Chenowith Son ADDRESS 367 Roland ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be particular in stating CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 3543

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 3543

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 13 W.Church St. St.) 22 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bettie Merriman.(C)

(Residence in Baltimore: No. 13 W.Church St. St.; 30 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	Colored.	Married.

6-DATE OF BIRTH, March 17th. 1869., / (Month) (Day) (Year)

7-AGE, 48 yrs. -- mos. 3 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Calvert Co.Md.

PARENTS.

10-NAME OF FATHER, Benjamin Parker.(C)

11-BIRTHPLACE OF FATHER (State or Country) Calvert Co.Md.

12-MAIDEN NAME OF MOTHER Elizabeth.----------(C)

13-BIRTHPLACE OF MOTHER (State or Country) Calvert Co Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Merriman.(C) husband.

(Address) 13 W.Church St.

15- MAR 21 1917 ROBERT R. KRAUTER
Filed ..., 191 ...
Burial Permit Issued by

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 20th. 1917., 191 ... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

Duration yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D. (Coroner.)

March 20, 1917 (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	March 22, 19...
20-UNDERTAKER	ADDRESS
J. L. Brown & Son	108 mont[illegible]

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. THE CAUSE OF DEATH is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 51 D 3544

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie Treadway

(Residence in Baltimore: No. 17 days Johns Hopkins Hosp. St.; ....yrs. ....mos. 17 da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, August (Month) 3 (Day) 1888 (Year)

7-AGE, 28 yrs. 7 mos. 17 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Tennessee

PARENTS.

10-NAME OF FATHER, Bob Treadway

11-BIRTHPLACE OF FATHER (State or Country), Tenn

12-MAIDEN NAME OF MOTHER — Crumley

13-BIRTHPLACE OF MOTHER (State or Country), Tenn

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) C. F. Smith
(Address) Johns Hopkins Hospital

15- Filed MAR 21 1917, 191.... ROBERT B. KRAUTER Registrar
Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 4 1917, to March 20 1917, that I saw her alive on March 20 1917, and that death occurred, on the date stated above, at 9 15 p.m.

The CAUSE OF DEATH* was as follows:
Ophthalmic Goitre
(Duration) 6 yrs. mos. ds.
CONTRIBUTORY (Secondary) Auricular fibrillation following operation (Duration) yrs. mos. ds.

(Signed) Mont R. Reid M. D.
March 21, 1917. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 17 ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence Watauga Valley Tenn

19-PLACE OF BURIAL OR REMOVAL, Greenlee Tenn — DATE OF BURIAL, Mar. 21, 1917.

20-UNDERTAKER Talbot & Fuller — ADDRESS 221 N Broadway

D 3545

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 D 3545

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1949 W Franklin ST. 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Reamy

(Residence in Baltimore: No. 1949 W Franklin St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	Single

6-DATE OF BIRTH, Oct (Month) 5 (Day), 1913 (Year)

7-AGE, 3 yrs. 5 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Holly Reamy

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Talbott

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Leak

(Address) 1918 Edmondson Ave

15- MAR 21 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 21, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Congestion of Lungs

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) ....yrs. ....mos. 2 ds.

(Signed) James M Boulis M. D. (Coroner.)

March 21, 1917. (Address) 704 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge | DATE OF BURIAL, Mar 23 1917

20-UNDERTAKER Carl Richter | ADDRESS 1414 Pine

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3546

CERTIFICATE OF DEATH.

119 D 3546

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1624 E Monument St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Snelling

(Residence in Baltimore: No. 1624 E Monument St.; ....yrs.,....mos.....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Dec 20, 1857
(Month) (Day) (Year)

7-AGE, 59 yrs. 3 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Store Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): Grocery

9-BIRTHPLACE, (State or Country), South Carolina

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Pate

(Address) 1624 E Monument

15-MAR 21 1917 Filed....., 191... ROBERT R. KRAUTER Registrar.

Burial Permit filed

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 20, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 13 1917, to Mar 20 1917, that I saw h[illegible] alive on Mar 19 1917, and that death occurred, on the date stated above, at 8.30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Interstitial Nephritis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. C. Burns M. D.

....., 191... (Address) 2218 E. Pratt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Bethesda Cemetery DATE OF BURIAL, Mar. 22 1917

20-UNDERTAKER By C. T. Turner ADDRESS 1742 N. Broadway

D 3547

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 D 3547

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1003 Light St. WARD) 24

2-FULL NAME Herbert L. Norfolk.

(Residence in Baltimore: No. 1003 Light St. St.; yrs. mos. 18 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): —

6-DATE OF BIRTH: March (Month) 3 (Day) 1917 (Year)

7-AGE: yrs. mos. 18 ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: James C. Norfolk

11-BIRTHPLACE OF FATHER (State or country): Calvert Co. Md.

12-MAIDEN NAME OF MOTHER: Minnie E. Abbott

13-BIRTHPLACE OF MOTHER (State or country): Calvert Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James C. Norfolk

(Address) 1003 Light St.

Filed MAR 21 1917, 19.. ROBERT R. KRAUTER Clerk

Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 21 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15, 1917 to March 20 1917, that I saw ~~him~~ alive on March 20 1917, and that death occurred, on the date stated above, at 8.20 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia
Bronchial

Former (Duration) yrs. mos. 7 ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) C. Kann M. D.

March 21, 1917 [Address] 1234 Light St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Tomas Island Md. — DATE OF BURIAL: March 23, 1917

20-UNDERTAKER: E. Schumacher — ADDRESS: 1057 Hanover St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY in every case, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3548

CERTIFICATE OF DEATH.

17² D 3548

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Church Home ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Charles Engle

(Residence in Baltimore: No. 1526 Carswell st St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write Word)
male	white	Married

6-DATE OF BIRTH. September 16, 1871
(Month) (Day) (Year)

7-AGE. 45 yrs. 6 mos. 3 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Line man
(b) General nature of industry, business, or establishment in which employed (or employer): Copper Wire

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. William Engle

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER. Margaret Cooper

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Sarah Engle

(Address). 1526 Carswell ave.

15 MAR 21 1917 Filed ....., 191.... ROBERT R. KRAUTH Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Mar 19 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism accidently fel l down pole

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. Lee Dudley (Coroner.) M. D.

Mar 21 1917 (Address). N. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Balto Copper Works

Former or usual residence. 1526 Carswell St.

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cem. | DATE OF BURIAL. March 22 1917

20-UNDERTAKER. J Ahrens & Co | ADDRESS. 1611 Mad ave

N. B.—Every item of information should be carefully supplied. AGE in CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Henry Grasmick

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3549

CERTIFICATE OF DEATH.

79

D 3549

REGISTERED NO. C

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 323 S. Ann ST.; 2nd WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME Henry Grasmick

(Residence in Baltimore: No. 323 S. Ann St.; 7th mos. da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX. Male

4—COLOR OR RACE. White

5—SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6—DATE OF BIRTH, Feb. (Month) 9 (Day), 1849 (Year)

7—AGE, 68 yrs. 1 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8—OCCUPATION:
(a) Trade, profession, or particular kind of work..... House
(b) General nature of industry, business, or establishment in which employed (or employer)..... Carpenter

9—BIRTHPLACE, (State or Country), Md

PARENTS.

10—NAME OF FATHER, Joseph Grasmick

11—BIRTHPLACE OF FATHER (State or Country), Md.

12—MAIDEN NAME OF MOTHER Unknown

13—BIRTHPLACE OF MOTHER (State or Country), Md

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... John Grasmick

(Address)..... 133 S. Potomac St.

15—Filed MAR 21 1917 191.... ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, March (Month) 19 (Day), 1917 (Year)

17— I HEREBY CERTIFY, That I attended deceased from March 19 1917, to March 19 1917, that I saw h[illegible] alive on March 19 1917, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Gastro Intestinal Hemorrhage

& Mitral Regurgitation

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Convulsions (Chronic Interstitial Nephritis)

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Thos A Ruthrauff M. D.

March 19, 1917. (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19—PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, March 22, 1917.

20—UNDERTAKER John A Moran

ADDRESS Bank & Arch

Spec.—8-24-14—M. & T.—2000 Blks.

Wm C. Keene

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3550

CERTIFICATE OF DEATH.

29 D 3550

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 N Saratoga ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William C. Keene

(Residence in Baltimore: No. 1014 N Saratoga St.; 1/12 yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Oct — (Month) (Day), 1846 (Year)

7-AGE, 70 yrs. 5 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Receiving Clerk
(b) General nature of industry, business, or establishment in which employed (or employer). Shipping Dept.

9-BIRTHPLACE, (State or Country), Ind.

PARENTS.

10-NAME OF FATHER, Adam Keene

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Boyle

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Keene

(Address) 1014 N. Saratoga St.

15- MAR 21 1917 Filed, 191... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch 20, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 16 1917, to Mch 18 1917, that I saw h— alive on Mch 18 1917, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. H. Nelson M. D.

Mch 20 191... (Address) 1303 W. North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, Mch 22, 191.7

20-UNDERTAKER John E. Moran

ADDRESS Monk & Carroll

Dr. Nelson 1303 W. North ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 3551

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

79 D 3551

REGISTERED NO. C.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 932 W. Mulberry ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Raymond Short

(Residence in Baltimore: No. 932 W. Mulberry St.; 39 yrs., 9 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, June (Month) 12 (Day), 1877 (Year)

7-AGE, 39 yrs. 9 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cloth examiner
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto. Md

PARENTS.

10-NAME OF FATHER: Benj. F. Short

11-BIRTHPLACE OF FATHER (State or Country): Balto. Md.

12-MAIDEN NAME OF MOTHER: Eliz Custon

13-BIRTHPLACE OF MOTHER (State or Country): Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Mrs. Short

(Address): 932 W. Mulberry

15- MAR 21 1917 Filed....., 191.... ROBERT B. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 7, 1916 to Mar. 20 1917, that I saw h[illegible] alive on Mar. 20 1917, and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Mitral Regurgitation

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

(Signed) A. E. Rumbaugh M. D.

Mar 21, 1917. (Address) 202 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Mar. 24, 1917

20-UNDERTAKER Geo. J. Smith

ADDRESS 1000 Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3552 — 40 D 3552

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 Hollins ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Van Arsdale.

(Residence in Baltimore: No. 1622 Hollins St — St.; 3 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Nov. (Month) 4 (Day), 1853 (Year)

7-AGE, 63 yrs. 4 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Minister
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), New Jersey.

PARENTS.

10-NAME OF FATHER, Philip Van Arsdale

11-BIRTHPLACE OF FATHER (State or Country), New Jersey.

12-MAIDEN NAME OF MOTHER Phebe Vorhees

13-BIRTHPLACE OF MOTHER (State or Country), New Jersey

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie V. Van Arsdale

(Address) 1622 Hollins St.

15- MAR 21 1917

Filed....., 191.... ROBERT R. [illegible] Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1916, to Mch. 20 1917, that I saw him alive on Mch. 19 1917, and that death occurred, on the date stated above, at 1.40 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Larynx + Glands

To my knowledge (Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. Bawsum and Son M. D.

Mch. 20, 1917. (Address) 626 N. Gilmor St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Druid Ridge Cemetery	Mar. 23 1917
20-UNDERTAKER Geo. J. Smith	ADDRESS 1000 N. Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 3553

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

126 D 3553

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1400 H Lexington ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ivar Gustav Wordt

(Residence in Baltimore: No. 1400 H. Lexington St.; ....yrs., ...mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Oct 16, 1852 (Month) (Day) (Year)

7-AGE, 64 yrs. 5 mos. 4 da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Waiter
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Christian Wordt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabette Hoffer

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harriet A Gillman

(Address) 1400 H. Fayette St

15- Filed MAR 21 1917 191 ROBERT R. KRAUTER Registrar

Burial Permit Given

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 20, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 18 1917, to March 20 1917, that I saw him alive on March 20 1917, and that death occurred, on the date stated above, at 6:40 p m.

The CAUSE OF DEATH* was as follows:

Hypertrophied Prostate

Cystitis

(Duration) 3 yrs. ....mos. ....da.

CONTRIBUTORY (Secondary) Uraemia - Acute Retention

(Duration) ....yrs. 1 mos. 2 da.

(Signed) Louis Dreyer M. D.

3/20, 1917. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS). Hebrew Hospital

At place of death ....yrs. 2 mos. ....da. In the State ....yrs. 2 mos. ....da.

Where was disease contracted, if not at place of death? 1400 H. Fayette St

Former or usual residence 1400 H. Fayette St

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Mar. 23, 1917.

20-UNDERTAKER Geo J Smith

ADDRESS 1000 H Fayette St

D 3554

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 D 3554

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.: 16 WARD)

2-FULL NAME Howard K. Finch

(Residence in Baltimore: No. 802 No. Gilmor St.; 15 yrs. 2 mos. 20 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	white	Widowed

6-DATE OF BIRTH December (Month) 22 (Day) 1872 (Year)

7-AGE 15 yrs. 2 mos. 20 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Hotel Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Baltimore, Md

PARENTS

10-NAME OF FATHER John Finch

11-BIRTHPLACE OF FATHER (State or country) Baltimore

12-MAIDEN NAME OF MOTHER Elizabeth Cummings

13-BIRTHPLACE OF MOTHER (State or country) Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles H. Finch

(Address) 807 N. Fremont Ave

15-Filed MAR 21 1917 ROBERT R. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20, 1917, to, March 21 1917, that I saw h.... alive on March 21 1917, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Acute nephritis, uremia

(Duration) yrs. mos. 15 ds.

Contributory (SECONDARY) Chronic nephritis

(Duration) 2 yrs. mos. ds.

(Signed), J. E. Moore M. D.

1917 [Address] Johns Hopkins Hospital

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. 1 ds. In the State 46 yrs. 2 mos. 20 ds.

Where was disease contracted, if not at place of death? At his home

Former or usual residence 802 No. Gilmor St.

19-PLACE OF BURIAL OR REMOVAL Loudon Park — DATE OF BURIAL Mar 23 1917

20-UNDERTAKER Geo J. Krull — ADDRESS 1000 Pratt St

N. B.—Every item of information should be carefully supplied. Age must be stated in YEARS, MONTHS and DAYS. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3555

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3555

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilks Bowen.

(Residence in Baltimore: No. Hebrew Hospital St.; ..... yrs., ... mos. 2 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, February 27, 1878.
(Month) (Day) (Year)

7-AGE, 39 yrs. ..... mos. 22 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Draughtsman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto. Co. Maryland

PARENTS.

10-NAME OF FATHER, Josiah Slicer Bowen

11-BIRTHPLACE OF FATHER (State or Country). Balto. Co. Md

12-MAIDEN NAME OF MOTHER Rebecca Norma Mears

13-BIRTHPLACE OF MOTHER (State or Country). Locustville, Accomac Co. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. Josiah S. Bowen

(Address) Mt. Washington, Md.

15- Filed MAR 22 1917, 191.....

Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 21st, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 19th 1917, to March 21st 1917, that I saw h~~im~~ alive on March 21st 1917, and that death occurred, on the date stated above, at 2.20 p.m.

The CAUSE OF DEATH* was as follows:

Trifacial Neuralgia

Cranial Operation

Post Operative Shock 15 min

(Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... da.

(Signed) H. Read M. D.

March 21st, 1917. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 2113 Wedington St. Wilmington Del.

19-PLACE OF BURIAL OR REMOVAL, Wilmington Del — DATE OF BURIAL, Mar 22, 191.7

20-UNDERTAKER H. S. Marshall — ADDRESS 353 Fulton Rd

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3556 61 X D 3556

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna Nigon

(Residence in Baltimore: No. 307 W. Biddle St St.: ...yrs,...mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	Black	Single

6-DATE OF BIRTH, August, 1905
(Month) (Day) (Year)

7-AGE, 11 yrs. 7 mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Miles Nigon

11-BIRTHPLACE OF FATHER (State or Country), N.C.

12-MAIDEN NAME OF MOTHER Mary Preston

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Smith

(Address) Johns Hopkins Hospital

15- Filed MAR 22 1917, 191... MARY C. [illegible] Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 21, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 18 1917, to March 21 1917, that I saw h[illegible] alive on March 21 1917, and that death occurred, on the date stated above, at 4 30 p. m.

The CAUSE OF DEATH* was as follows:

Meningitis, Basic Meningococcus.

Epidemic Cerebro Spinal

..... (Duration).....yrs.....mos. 6 ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) Mills K. Mills M. D.

Mar 21, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 3 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 307 W. Biddle St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn cem. DATE OF BURIAL, MAR 24 1917, 191...

20-UNDERTAKER JAMES H. DENNIS ADDRESS 1303 PRESTMAN ST

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FILE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3557

CERTIFICATE OF DEATH.

10 D 3557

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1314 N. Carey ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriet Stanley

(Residence in Baltimore: No. 1314 N Carey St.; —yrs.,—mos.—ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Dont Kno., (Month) (Day), 1843. (Year)

7-AGE, 74 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Northumberland Co Va

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Blackwell.

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Green

(Address) 1314 N Carey St

15-

Filed March 22 1917 HARRY C. ADDELM

Burial Permit Issued by Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 20th, 1917.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jany 17th 1917, to March 20th 1917, that I saw h[er] alive on March 18th 1917, and that death occurred, on the date stated above, at 10.35 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Broncholar
Following La Grippe
(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion
(Duration) yrs. mos. ds.

(Signed) E. Linden M. D.

March 21st, 1917. (Address) 607 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemt. DATE OF BURIAL, [redacted]

20-UNDERTAKER James H. Dennis ADDRESS 1303 PRESTMAN ST.

MAR 23 1917

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3558

CERTIFICATE OF DEATH.

92 D 3558

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 949 ~~Franklin~~ Klin Rd (Calverton ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Caroline Buckner

(Residence in Baltimore: No. 949 Franklin Rd. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	Colored	married

6-DATE OF BIRTH, July (Month) 30 (Day), 1875 (Year)

7-AGE, 41 yrs. 7 mos. 18 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: house wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, James Henson

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Isabella Lake

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chester Ruland, M.D.

(Address) 2532 Edmondson Ave.

15- Filed MAR 22 1917, 191.... HARRY C. ANDREWS, Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 18 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15 1917, to March 18 1917, that I saw her alive on March 18 1917, and that death occurred, on the date stated above, at 8:05 P m.

The CAUSE OF DEATH* was as follows:

Double lobar pneumonia

(Duration) 12 hrs.

CONTRIBUTORY (Secondary) Empyaema

(Duration) yrs. mos. 5 ds.

(Signed) Chester Ruland M. D.

March 18 1917. (Address) 2532 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State ..... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Calvary Cem — DATE OF BURIAL, Mar 22 1917

20-UNDERTAKER Samuel L. Hemsley — ADDRESS 518 Druid Hill Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3559

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3559

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 N Duncan, ST.; 6 WARD)

REGISTERED No. C 40

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Mikszasn

(Residence in Baltimore: No. 411 N Duncan St.; 26 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov (Month) 1 (Day) (Year)

7-AGE. 48 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Frank Mikszasn

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Mary Havron

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Mikszasn

(Address) 411 N Duncan St

15- Filed MAR 22 1917, 191 MARY C. [illegible] Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 7 1917, to March 20 1917, that I saw him alive on March 19 1917, and that death occurred, on the date stated above, at 1230 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach
Hygienic and by Chemical
and Laboratory Diagnosis

(Duration) 2 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Chronic Valvular Heart Disease

(Duration) yrs. 6 mos. ds.

(Signed) [illegible] M. D.

March 21, 1917. (Address) 604 N. Fallsway Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, Mar 23, 1917

20-UNDERTAKER Frank Brack & Son

ADDRESS 1700 Eastern Ave

Spec.—8.24.14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3560

CERTIFICATE OF DEATH.

170

D 3560

REGISTERED No. C.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1425 Jefferson ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Thomas Henson

(Residence in Baltimore: No. 1425 Jefferson St.; — yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Mal

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, ... Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 57 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Stevedore .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Bromwell

(Address) 5722 N Bond

15- MAR 22 1917 Filed ....., 191... Mary C. Andrews Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 20, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 12 191., to Mar 20 1917 that I saw h[illegible] alive on Mar 19 1917, and that death occurred, on the date stated above, at 7.45 a. m.

The CAUSE OF DEATH* was as follows:

Bronchitis Dis
Chronic Dropsy
..... (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) ... yrs. ... mos. ... ds.

(Signed) W. C. Burns M. D.

Mar 20, 1917. (Address) 2218 E Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel — DATE OF BURIAL, March 22, 1917.

20-UNDERTAKER John W Henderson — ADDRESS 319 Caroline

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3561 64 D 3561

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 816 S. Robinson St.; WARD) 1

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa May Glover

(Residence in Baltimore: No. 816 S. Robinson St. Sex Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, Sept 26, 1877 (Month) (Day) (Year)

7-AGE, 39 yrs. 5 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): housewife

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, George L. Schuck

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Louisa Mary Henning

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Schuck

(Address) 815 S. Potomac St.

15- Filed MAR 22 1917, 191.... HARRY C. ADELMAN Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 18 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10 1917, to March 18 1917, that I saw her alive on March 18 1917, and that death occurred, on the date stated above, at 3.40 P m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy (during) following confinement

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Coma

(Duration) yrs. mos. 4 ds.

(Signed) W. W. Wright M. D.

March 20, 1917 (Address) 3048 O'Donnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Pauls Cemetery — DATE OF BURIAL, March 22 1917

20-UNDERTAKER R. Bender Sons — ADDRESS 1310 Bleecker

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 3562 HEALTH DEPARTMENT—CITY OF BALTIMORE 80 D 3562

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE: (No. 2140 W. North Ave ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J. Wroth

(Residence in Baltimore: No. 523 N. Charles St St.; 6 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, unknown (Month) (Day) 1844 (Year)

7-AGE, about 63 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Hair
(b) General nature of industry, business, or establishment in which employed (or employer). Dresser

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Michael Franck

11-BIRTHPLACE OF FATHER (State or Country), Penna

12-MAIDEN NAME OF MOTHER Sara J. Block

13-BIRTHPLACE OF MOTHER (State or Country), Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Chandler

(Address) 3826, Park Heights Ave.

15- MAR 22 1917

Filed....., 191.... HARRY C. ARDREW Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 21st, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15 1917, to March 21 1917, that I saw her alive on March 20 1917, and that death occurred, on the date stated above, at 11.15a m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) La Grippe & Pneumonia

(Duration) yrs. mos. 5 ds.

(Signed) H. A. Fornandis M. D.

3.22., 1917. (Address) 117 W. Saratoga St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, March 23, 1917.

20-UNDERTAKER Graham & Walker — ADDRESS 723 Park Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 3563

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

80 D 3563

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1027 Edmondson Ave ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lottie Agnus Fry

(Residence in Baltimore: No. 1027 Edmondson ave St.; 32 yrs. - mos. - ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, November 1, 1850 (Month) (Day) (Year)

7-AGE, 66 yrs. 4 mos. 20 ds. If LESS than 1 day, ...hrs. or.....mins.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... None

9-BIRTHPLACE, (State or Country), Ohio

PARENTS.

10-NAME OF FATHER, J. A. Hook

11-BIRTHPLACE OF FATHER (State or Country), Penna

12-MAIDEN NAME OF MOTHER Mary Wolf

13-BIRTHPLACE OF MOTHER (State or Country), Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Walter H. Fry

(Address) 1027 Edmondson Ave

15- Filed MAR 22 1917 191.....

HARRY C. ARNOLD
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 20, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 19 1917, to Mar. 20 1917, that I saw her alive on March 20 1917, and that death occurred, on the date stated above, at 5 P, m.

The CAUSE OF DEATH* was as follows:

.....Arteriosclerosis.....

..... (Duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Angina-Pectoris

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) J. T. Mears M. D.

Mar 21, 1917. (Address) 1042 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, March 23, 1917

20-UNDERTAKER Stewart Mowen Co — ADDRESS 1052 W. North

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3564

CERTIFICATE OF DEATH.

50 D 3564

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. # 3 West Mt. Vernon Place 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Maria Baer

(Residence in Baltimore: No. 3 West Mt. Vernon Place St.; 82 yrs., 9 mos. 4 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow.

6-DATE OF BIRTH, ~~February~~ June (Month) 17 (Day), 1834 (Year)

7-AGE,	If LESS than 1 day,
82 yrs. 9 mos. 4 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William Lucas

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Frances M. Wight

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. W.B.Hurst, (daughter)
(Address) 3 West Mt. Vernon Place.

15- Filed MAR 22 1917, 191.... HARRY C. ANDREWS Registrar.
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 21st (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 3rd 1917, to to March 26th 1917, that I saw h Er alive on March 20th 1917, and that death occurred, on the date stated above, at 5 a. m.
The CAUSE OF DEATH* was as follows:

Diabetic gangrene

(Duration) ....yrs. 1 mos. 18 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(Duration) 10 yrs. ....mos. ....ds.

(Signed) Charles F. Mitchell, M. D.
March 21st, 191.7. (Address) 9 E. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ---yrs. ---mos. ---ds. In the State ---yrs. ---mos. ---ds.
Where was disease contracted, if not at place of death? ---
Former or usual residence ---

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cemetery
DATE OF BURIAL, March 23, 1917

20-UNDERTAKER Stewart & Mowen Company
ADDRESS 108W. North Av.

Spec.—8-24-14—M. & T.—2000 Blks.

D 3565

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 92

D 3565

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Jessie B. Jackson

(Residence in Baltimore: No. Mercy Hospital St.; — yrs., — mos. 1 — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Aug 20, 1891 (Month) (Day) (Year)

7-AGE, 25 yrs. 7 mos. 0 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): [redacted]

9-BIRTHPLACE, (State or Country), Florida

PARENTS.

10-NAME OF FATHER Levi Jackson

11-BIRTHPLACE OF FATHER (State or Country), Florida

12-MAIDEN NAME OF MOTHER Mary Berry

13-BIRTHPLACE OF MOTHER (State or Country), Florida

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Allen [illegible]

(Address) 1607 Clinton St

15- HARRY C. ABBREWA

Filed MAR 22 1917 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 20, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 19 1917, to Mar 20 1917, that I saw h[illegible] alive on Mar 20 1917 and that death occurred, on the date stated above, at 6:00 p.m.

The CAUSE OF DEATH* was as follows:

[illegible]

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) [illegible]

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward C. Smith M. D.

Mar 21, 1917. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. 1 ds. In the State .... yrs. 6 mos. .... ds.

Where was disease contracted, if not at place of death? 1607 Clinton St

Former or usual residence 1607 Clinton St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn	March 22 1917
20-UNDERTAKER	ADDRESS
A. L. Brownston	108 Manda Ln

16 11 13

3 2 D 3566 1 1 4

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 3566

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1405 Preston ST.: 15 WARD)

2-FULL NAME Arlington Harris (Harris)

(Residence in Baltimore: No. 1405 Preston St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... Apl. (Month) 17 (Day) 1854 (Year)

7-AGE, 32 yrs. 11 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Stockster
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Robt Harris

11-BIRTHPLACE OF FATHER (State or Country), N. Carolina

12-MAIDEN NAME OF MOTHER Rachel Owens

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs

(Address) 1405 Preston

15- Filed MAR 22 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Mch. (Month) 20 (Day) 191 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pleuro-Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Contusion

(Duration) yrs. mos. ds.

(Signed) H. Mettam M. D. (Coroner.)

....., 191.. (Address) 17 Mettam

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds. Non

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Laurel — DATE OF BURIAL, Mar 25 19 17

20-UNDERTAKER Garrett & Wright — ADDRESS 134 Main St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 3567

CERTIFICATE OF DEATH.

78 ✓

D 3567

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 N Dallas St ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Beachman

(Residence in Baltimore: No. 403 N. Dallas St.; 54 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH. Unknown, 1 (Month) (Day) (Year)

7-AGE. 54 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Domestic
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. John Beachman

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nettie Peters

(Address) 1515 McElderry St

15- Filed MAR 22 1917, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 21, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 10 1917, to March 21 1917, that I saw her alive on Mar 20 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

C. K. Stomach Tr.

(Duration) 2 mos.

CONTRIBUTORY (Secondary) N. Exam Stomach

(Duration) mos.

(Signed) Wallis W. White Jr. M. D.

Mar 22, 1917. (Address) 1102 Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Mar 25, 1917

20-UNDERTAKER H. A. Ross

ADDRESS 1405 McElderry St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3568

64 D 3568

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 Ashland Ave St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Lafferstein

(Residence in Baltimore: No. 815 Ashland Ave St.; 62 yrs. ..... mos. ..... de.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1855 (Year)

7-AGE, 62 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Jack Lewis

(Address)..... 1411 E Baltimore St

15-

Filed MAR 22 1917 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 22nd, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 22nd 191 7, to March 22nd 191 7, that I saw her alive on March 17th 191 7, and that death occurred, on the date stated above, at 4.30 m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. S. Potts M. D.

March 22, 191 7. (Address) 607 N Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Herman Rem

DATE OF BURIAL, March 24, 191 7

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E Baltimore St

Spec.—6-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3569

CERTIFICATE OF DEATH.

40-D 3569

REGISTERED No. C .....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Hebrew Hospital St.: 3 Ward)

2-FULL NAME Mrs Goldie Jacobskey

(Residence in Baltimore: No. 23 Lloyd St

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.: 27 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Unknown (Month) ..... (Day) ....., 1847 (Year)

7-AGE, 70 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Leib Rothmansky

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Sarah —

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E Baltimore St

15- MAR 22 1917 Filed ....., 191... HARRY C. ABELL Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May. (Month) 21 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 15 1917, to Mar. 21 1917, that I saw her alive on Mar. 21 1917, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Clinical)

(Duration) Not known yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (Duration) 2 hrs yrs. mos. ds.

(Signed) M. D. Rose M. D.

Mar. 21, 1917 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State 27 yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 23 Lloyd St.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Southern wd — DATE OF BURIAL, 3/22, 1917

20-UNDERTAKER Jack Lewis — ADDRESS 1411 E Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT–CITY OF BALTIMORE

D 3570

CERTIFICATE OF DEATH

104

D 3570

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 317 N. Stricker St., ST. 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Naomi Greenfield

(Residence in Baltimore: No. 317 N. Stricker St., St.: 1 yrs. 1 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6 DATE OF BIRTH: Jan. (Month) 27 (Day), 1916 (Year)

7 AGE: 1 yrs. 1 mos. 21 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Amos H. Greenfield

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Lillian Taylor

13 BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Amos H. Greenfield

(Address) 317 N. Stricker St.

15 MAR 22 1917 Filed ....., 191.... HARRY [illegible] Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March (Month) 20 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 4, 1917, to March 20 1917, that I saw her alive on March 20, 1917, and that death occurred, on the date stated above, at 12 noon.

The CAUSE OF DEATH* was as follows:

Membranous Sew Colitis

(Duration) ..... yrs. ..... mos. 6 ds

Contributory (SECONDARY) Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) F. McGauran M. D.

March 21, 1917 (Address) 1236 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery	March 22 191 6

20 UNDERTAKER	ADDRESS
Chas. E. Franck	902 Madison Ave

D 3571 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 3571

CERTIFICATE OF DEATH. 166

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1508 Ashland ave ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Murray Becker

(Residence in Baltimore: No. 1508 Ashland ave St.: yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
female	White	Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1875 (Year)

7-AGE, 42 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Levin

(Address) 1411 East Baltimore St.

15- Filed MAR 22 1917, 191... HARRY C. ANDREWS Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 21 1917 (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suffocation from fire and smoke in bed room.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) B B Levin (Coroner) M. D.

Mar 21 1917, 191... (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Shehrem Mt Carmel	3/22, 1917
20-UNDERTAKER Jack Levin	ADDRESS 1411 E Baltimore St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

TO WHOM IT MAY CONCERN:

This is to certify that my wife who died at 1508 Ashland Avenue on March 21st, 1917, having been burned to death by fire, was named Muriel

~~April 24, 1917.~~
May 16. 1917

S. Goodman H Beelen

Witness:

Subscribed and sworn to before me this 16th day of May, 1917.

Estella A Silvern
Notary Public.

3572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

67 D 3572

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1321 Eastern Ave ST.: 1 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Gillard

Residence in Baltimore: No. 1321 Eastern Ave

St. 1 yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 8 (Day), 1850 (Year)

7-AGE, 66 yrs. 10 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... at Home
(b) General nature of industry, business, or establishment in which employed (or employer)..... Housewife

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Louise Seike

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas J. Gillard

(Address) 1321 Eastern Ave

15- Filed MAR 22 1917, 191.. HARRY C. ABBREVIATED Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 21, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) Otto Schultz (Coroner.) M. D.

March 21, 191 7 (Address) 1610 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Oaklawn — DATE OF BURIAL, 3/25, 19 17

20-UNDERTAKER William Cook — ADDRESS 501 E North ave.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 3573

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Franklin Sq Hosp St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Annie Tuttle

(Residence in Baltimore: No. 853 Columbia Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: June (Month) 22 (Day), 1861 (Year)

7-AGE: 55 yrs. 9 mos. 1 ds. If LESS than 1 day, ...hrs. or....mts.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) House wife

9-BIRTHPLACE, (State or Country), Virginia.

PARENTS.

10-NAME OF FATHER, John Hopkins

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nat S. Tuttle

(Address) 853 Columbia Ave

15-

Filed MAR 22 1917, 191.... MARY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 13 1917, to Mch 21 1917, that I saw h er alive on Mch 21 1917, and that death occurred, on the date stated above, at 2300 P m.

The CAUSE OF DEATH* was as follows:
Intestinal Obstruction
with Gangrene
(Duration) ...yrs. ...mos. 4 ds.
CONTRIBUTORY (Secondary) Strangulated hernia
(Duration) ...yrs. ...mos. 6 ds.

(Signed) Sheppard Bram M. D.
3-21, 1917 (Address) 1227 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).
At place of death ...yrs. 3 mos. ...ds. In the State ...yrs. ...mos. ...ds.
Where was disease contracted, if not at place of death? Residence
Former or usual residence 853 Columbia Ave

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Mch 24, 1917.

20-UNDERTAKER William Cook — ADDRESS 502 E North ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3574

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3574

CERTIFICATE OF DEATH

1-PLACE OF DEATH U. S. Marine Hospital No 9

REGISTERED NO. C

CITY OF BALTIMORE: (No. U. S. Marine Hospital St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Solomon Pinder Jr.

(Residence in Baltimore: No. 1428 Montpelier St.; ...yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Married

6-DATE OF BIRTH: Unknown, 1860 (Month) (Day) (Year)

7-AGE: 57 yrs. mos. ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seaman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Solomon Pinder Sr.

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Don't Know

13-BIRTHPLACE OF MOTHER (State or Country): Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital record

(Address)

15- MAR 22 1917 HARRY C. ANDREWS

Filed ....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: March 20, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 8 1917 to March 20 1917, that I saw him alive on March 20 1917, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH was as follows:*

Nephritis Chr. Interstitial

(Duration) 4 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Bronchitis Acute

(Duration) yrs. mos. 14 ds.

(Signed) H. R. Carter M. D.

March 20 191 7 (Address) U. S. Marine Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 12 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 1425 Montpelier St

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: 3/23/17

20-UNDERTAKER: Yeowell & Son

ADDRESS: 3617 Chestnut Ave

N. B.—CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 3575

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3575

CERTIFICATE OF DEATH.

REGISTERED No. C 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 Preston ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. O. Williams

(Residence in Baltimore: No. 119 Preston St.: life yrs.. mos. dn.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb. 2d 1888
(Month) (Day) (Year)

7-AGE, 29 yrs. 1 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Steam Fitter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER Anthony Williams

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Annie E. McClain

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Hawkins

(Address) 119 Preston St.

15-

Filed MAR 22 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 19th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 1916, to March 19th 1917, that I saw him alive on March 19th 1917, and that death occurred, on the date stated above, at 11:30 A.M.

The CAUSE OF DEATH* was as follows:

Pneumonia 16 days.
Exhaustion

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. Bee Ellis M. D.

March 20, 1917. (Address) 924 Arunah

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, March 21 1917.

20-UNDERTAKER Geo. H. Holland

ADDRESS 317 Robert St.

Spec.—5-19-13—M. & T.—500 Bks.

D 3576

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3576

CERTIFICATE OF DEATH.

170

REGISTERED NO. C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 138 N Fort ave St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Hannah E Parks

(Residence in Baltimore: No. 138 N Fort ave St.; 59 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Mard

6-DATE OF BIRTH, Feb 1 1858
(Month) (Day) (Year)

7-AGE, 59 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER, Samuel Nash

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Emma Banks

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Parks

(Address) 138 W Fort ave

15- Filed MAR 22 1917 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Mar 19 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 12 1917, to Mar 19 1917, that I saw h alive on Mar 19 1917, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Indigestion

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) 2 yrs. mos. ds.

(Signed) R. L. Compton M. D.

Mar 22 191 7 (Address) 1644 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet Cem. DATE OF BURIAL, March 22 1917

20-UNDERTAKER M. L. Flynn ADDRESS 1422 E Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

3577

CERTIFICATE OF DEATH.

120 D 3577

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 W. Lexington St. WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Concetta Imbraguglio

(Residence in Baltimore: No. 604 W. Lexington St.: 50 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Unknown ....., 1859.
(Month) (Day) (Year)

7-AGE, 58 yrs. mos. da. | If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Basket
(b) General nature of industry, business, or establishment in which employed (or employer): Vendor

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Concetta

(Address) 604 W. Lexington

15-MAR 22 1917 HARRY C. ARNOLD

Filed ....., 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 21, 1917
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Febr. 20 1917, to March 21 1917, that I saw h[illegible] alive on March 21 1917, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cardiac Paralysis

(Duration) yrs. mos. 4 da.

CONTRIBUTORY (Secondary) Bright disease

(Duration) yrs. unknown mos. da.

(Signed) Leo Park M. D.

, 191... (Address) 20 Bank St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral | DATE OF BURIAL, March 23 191.7

20-UNDERTAKER Geo. F. Shaff & Sons | ADDRESS 1314 Light St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 3578

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 3578

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 343 Robert 14 St. WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Maymillia Waizman.

(Residence in Baltimore: No. 343 Robert)

St. 1 yrs. 6 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: March 18, 1861
(Month) (Day) (Year)

7 AGE: 56 yrs. — mos. 4 ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Pictures Frame.
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

9 BIRTHPLACE (State or country): Mt Vernon N.Y.

PARENTS

10 NAME OF FATHER: Ignaz F. Waizman

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaretha Hein.

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs David L. Smith

(Address) 343 Robert Street

15 Filed MAR 22 1917, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 22", 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jany — 1915, to March 22 1917.
that I saw [illegible] alive on March 21" 1917.
and that death occurred, on the date stated above, at 8-20 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Contributory (SECONDARY): Uraemic Coma (Duration) 2 yrs. — mos. — ds.

(Duration) yrs. mos. 4 ds.

Thomas J. Talbott M. D.
March 22 1917 (Address) Marlborough & Pt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt. Vernon. N.Y.

DATE OF BURIAL: March 23 1917

20 UNDERTAKER: Joseph B Cook

ADDRESS: 103 W Baltimore St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 3579

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79: D 3579

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1927 Wilkens Ave. St.: 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Josephus Rocha

Residence in Baltimore: No. 1927 Wilkens Ave St.: 40 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: October 21, 1852 (Month) (Day) (Year)

7 AGE: 64 yrs. 5 mos. 18 ds. If LESS than 1 day hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Joseph Rocha

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Rebecca Rocha

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Louise Rocha

(Address) 1927 Wilkens Ave

15. Filed MAR 22 1917, 19

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 20, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January, 1915, to March 20 1917, that I saw h[illegible] alive on March 18, 1917, and that death occurred, on the date stated above, at 10.45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Disease of the Heart

(Duration) 2 yrs. mos. ds

Contributory (SECONDARY) Acute Dyspepsia

(Duration) yrs. mos. 2 hours ds.

(Signed) Wm. Grant M. D.

3/21, 1917 (Address) 1925 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Lorraine Cem. DATE OF BURIAL: Mar. 23, 1917

20 UNDERTAKER: Joseph B Cook ADDRESS: 1003 W Balto St

3580

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 3580

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2104 E Monument st ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George J Dorbert

(Residence in Baltimore: No. 2104 E Monument st St.: yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): baby

6-DATE OF BIRTH, ... Dec. 19 1916, 1
(Month) (Day) (Year)

7-AGE, 1 yrs. 3 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto

PARENTS.

10-NAME OF FATHER: Michael J Dorbert

11-BIRTHPLACE OF FATHER (State or Country): Balto

12-MAIDEN NAME OF MOTHER: Ellla Hyatt

13-BIRTHPLACE OF MOTHER (State or Country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Dorbert

(Address) 2104 E Monument st

15- Filed MAR 22 1917, 191.. HARRY C. ANDREWS Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 20 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) yrs. mos. ds.

(Signed) C. Hurst Smith M. D.

(Correct)

Mar 20 1917 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, March 22 1917.

20-UNDERTAKER Christian Miller

ADDRESS 2304 Jefferson St

Spec.—8-24-14—M. & T.—2000 Bks.

D 3581

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3581

CERTIFICATE OF DEATH.

35

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital WARD)

2-FULL NAME George Babe,

(Residence in Baltimore: No. 931 Plum alley St.: ___yrs., ___mos. ___ds.)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, September 15, 1893.
(Month) (Day) (Year)

7-AGE, 23 yrs. 6 mos. 2 ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Fireman

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Dear Babee

11-BIRTHPLACE OF FATHER (State or Country), N.C.

12-MAIDEN NAME OF MOTHER Fannie Hollmes

13-BIRTHPLACE OF MOTHER (State or Country), N.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Charles Snyder

(Address) Johns Hopkins Hospital

15- HARRY O. ANDREWS

Filed MAR 22 1917, 1917. Vital Statistics Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 23 1916, to Mar 17 1917, that I saw him alive on Mar 17 1917, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of peritonitis

Primary Tuberculosis

Fecal fistula

(Duration) 1 yrs. ___mos. ___ds.

CONTRIBUTORY (Secondary) .....

(Duration) ...yrs. ...mos. ...ds.

(Signed) Wm R Rud M. D.

Mar, 1917. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. 2 mos. 23 ds. In the State ___yrs. ___mos. ___ds.

Where was disease contracted, if not at place of death?

Former or usual residence 931 Plum Alley

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	MAR 22 1917, 1917.
20-UNDERTAKER Commissioner Health.	ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3582

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 D 3582

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1735 Gough St., V ST.; WARD) REGISTERED No. C

2-FULL NAME Michele Sconza

Residence in Baltimore: No. 1735 Gough St. St.; yrs., mos., ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married.

6-DATE OF BIRTH, Unknown, 1866
(Month) (Day) (Year)

7-AGE, 50 yrs. ? mos. ? ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Italy.

PARENTS.

10-NAME OF FATHER, Gaetano Sconza

11-BIRTHPLACE OF FATHER (State or Country), Italy.

12-MAIDEN NAME OF MOTHER Francesca Cotina

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Vincenzina Sconza
(Address) 1735 Gough St.

15- MAR 22 1917
Filed....., 191.... MARBY C. ANDREWS
District Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 21st, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 16 1917, to Mar. 21 1917, that I saw h[illegible] alive on Mar. 20, 1917, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Cancer of Gall Bladder & Liver
Coma
(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion
(Duration) yrs. mos. 7 ds.

(Signed) Mathew L. Battaglia M. D.
Mar 22 1917. (Address) 1038 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Sacred Heart Cem.	March 24 1917
20-UNDERTAKER	ADDRESS
Lilly & Zeiler	403 S. Wolfe

N.B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3583

CERTIFICATE OF DEATH.

47 D 3583

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1241 E. Monument St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph J. Peters

(Residence in Baltimore: No. 1241 E. Monument St.; 77 yrs., mos., ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec 2nd, (Month) (Day) 1845 (Year)

7-AGE 72 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Sheriff Jail Dept

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. J. Peters

(Address) 1241 E. Monument St.

15- MAR 22 1917 HARRY C. ARDELL

Filed....., 191.... Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 21, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1917, to March 21 1917, that I saw h[illegible] alive on March 2 1917, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Myocarditis Arteriosclerosis

Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Endocarditis

(Duration) yrs. mos. ds.

(Signed) Chas. E. Evans M. D.

March 21, 1917 (Address) 1241 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, March 23rd, 191.7

20-UNDERTAKER Chas. H. Evans & Son ADDRESS 1810 N. Royal Ave.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3584

CERTIFICATE OF DEATH.

15 1 D 3584

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 So. Glover ST.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marion Ozimek

(Residence in Baltimore: No. 802 So. Glover St.; ....yrs., 6 mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. Sept. (Month) 22 (Day), 1916 (Year)

7-AGE, — yrs. 6 mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Baltimore. Md

PARENTS.

10-NAME OF FATHER, Paul Ozimek.

11-BIRTHPLACE OF FATHER (State or Country), Austria Poland.

12-MAIDEN NAME OF MOTHER Julia Maskowska

13-BIRTHPLACE OF MOTHER (State or Country), Austria Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia Ozimek

(Address) 802 So. Glover St.

15 MAR 22 1917 Filed....., 191... ROBERT R. KRAUTER Clerk

Burial Permit Registered

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 22" (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 16 1917, to March 24 1917, that I saw h— alive on March 24 1917, and that death occurred, on the date stated above, at 2" 5 m.

The CAUSE OF DEATH* was as follows:

Congenital Weakness

(Duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Marasmus

(Duration) 6 yrs. 1 mos. da.

(Signed) [illegible] M. D.

March 22, 191... (Address) 16 S. Gay

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, Mar. 24", 1917

20-UNDERTAKER M. F. Sadowski ADDRESS 1905 E. Ann

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—24 14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3585

CERTIFICATE OF DEATH.

91 D 3585

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 Gilmor ST.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Chandler

(Residence in Baltimore: No. 424 Gilmor St.; ... yrs., 4 mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Fem'e	Col.	Infant

6-DATE OF BIRTH, Nov 14, 1915. (Month) (Day) (Year)

7-AGE, 2 yrs. 4 mos. 9 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Onancock Va.

PARENTS.

10-NAME OF FATHER, Thomas Chandler.

11-BIRTHPLACE OF FATHER (State or Country), Onancock Va.

12-MAIDEN NAME OF MOTHER Anna Topsher.

13-BIRTHPLACE OF MOTHER (State or Country), Onancock.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna E. Chandler

(Address) 424 N. Gilmor St

15- Filed MAR 22 1917 191... ROBERT B. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 21, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 17 1917, to March 21 1917, that I saw h[illegible] alive on March 21 1917, and that death occurred, on the date stated above, at 6P m.

The CAUSE OF DEATH* was as follows:

Acute Lo. Pneumonia

(Duration) ... yrs. ... mos. 11 ds.

CONTRIBUTORY (Secondary) Measles

(Duration) ... yrs. 3 mos. ... ds.

(Signed) Wm. W. Wright M. D.

March 21, 1917. (Address) 120 N. Broadway St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Franconia Va. DATE OF BURIAL, Mar 27 1917.

20-UNDERTAKER John Hagans ADDRESS 538 Dolphin St

N. B.—Every item of information should be carefully supplied. Any item may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2060 Bks.

D 3586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 3586

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Jones.

(Residence in Baltimore: No. 1230 N. Wolfe St. St.; ..... yrs., 3 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH, ... (Month) 9 (Day), 1888 (Year)

7-AGE, 28 yrs. 7 mos. 15 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer): General.

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER, Wm Jones.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary —

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Phelps

(Address) Johns Hopkins Hosp.

15- MAR 22 1917 Filed ....., 191.... ROBERT B. KRAUTER Registrar.

Burial Permit 03577

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 20 (Month) (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from March 14 1917, to March 20 1917, that I saw h[illegible] alive on March 20 1917, and that death occurred, on the date stated above, at 7.20 a. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) ..... yrs. ..... mos. 16 ds.

(Signed) W. B. Martin M. D.

3/20., 191.7. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 6 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1230 N. Wolfe St.

19-PLACE OF BURIAL OR REMOVAL, Asbury Cem. DATE OF BURIAL, March 22 1917

20-UNDERTAKER Harry A. Vadony ADDRESS 1125 Orleans St

Spec.—8-24-14—M. & T.—2000 Blks.

D 3587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50 D 3587

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1218 N. Carolina St.; (WARD) 10

2-FULL NAME Frederick S. Clause

Residence in Baltimore: No. 1218 N. Caroline St.; (If less than 1 day, ...hrs. ....mins.) 64 yrs. 9 mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: June 17 (Month) (Day), 1852 (Year)

7-AGE: 64 yrs. 9 mos. 6 ds.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Policeman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto

PARENTS.

10-NAME OF FATHER, Frederick Clause

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Josephine Clause

(Address) 1218 N. Caroline

15-
Filed MAR 22 1917, 191.....
ROBERT R. KRAUTER
Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 20 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20 1917, to March 20 1917, that I saw h.m alive on March 20 1917, and that death occurred, on the date stated above, at 11.45 a.m.

The CAUSE OF DEATH* was as follows:

Diabetes

(Duration) Several years

CONTRIBUTORY (Secondary) Cardiac dilation

(Duration) yrs. mos. ds.

(Signed) Louis D. Hampton M. D.

March 22, 1917. (Address) 1216 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, March 24, 1917

20-UNDERTAKER Adolph Tennert — ADDRESS 1742 Y Bway

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3588 50 D 3588

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hebrew Home REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anton Caufield

(Residence in Baltimore: No. North Ave & Chas. St St.; 40 yrs., — mos. — ds.)

Adel Waldorf

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Feby. (Month) 17 (Day), 1854 (Year)

7-AGE. 63 yrs. 1 mos. 3 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Manager
(b) General nature of industry, business, or establishment in which employed (or employer)..... Wm. C. Waldorf

9-BIRTHPLACE. (State or Country). West Chester Co New York St

PARENTS.

10-NAME OF FATHER. Caden V Canfield Sr

11-BIRTHPLACE OF FATHER (State or Country). England

12-MAIDEN NAME OF MOTHER. Elizabeth Trowbridge

13-BIRTHPLACE OF MOTHER (State or Country). England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. F. L. Tennant

(Address) Waldorf Hotel

15- MAR 22 1917 ROBERT R. KRAUTER
Filed..... 191.... Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 20 (Month) 17 (Day), 191 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 13 1917, to Mar. 20 1917, that I saw h-im alive on Mar. 20 1917, and that death occurred, on the date stated above, at 2.00 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Not known

..... (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Gangrene of left foot (Duration) ... yrs. Not known mos. ... ds.

(Signed) N. B. Voss M. D.

3-20-, 1917. (Address) The Lord Hopkins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 7 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Not known

Former or usual residence North ave & Chas. St.

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Loudon Park	March 23, 1917.
20-UNDERTAKER	ADDRESS
Wm. Cook	502 E. North ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 3589

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 735 Stirling St., 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Rogers

(Residence in Baltimore: No. 735 Stirling St.; ....yrs.,....mos.....ds.)

4

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Unknown (Month) ..... (Day) 1 (Year)

7-AGE, 63 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Oyster Shucker (b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Rogers

(Address) 735 Stirling

15-

Filed MAR 22 1917 191.. ROBERT B. KRAUTER

Burial Permit Registrar.

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 12 191.., to Mar 20 1917, that I saw h.. alive on Mar 19 1917, and that death occurred, on the date stated above, at 10.15 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

Acute Dilation of Heart

(Duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. C. Barnes M. D.

Mar 21, 1917. (Address) 2 W. Saratoga

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, March 23, 1917.

20-UNDERTAKER Mrs J. S. Locke ADDRESS 1302 Jefferson

PHOTOGRAPHED BY THE SAFETY FILM

17-CD 3590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

168 D 3590

REGISTERED No. C

1. PLACE OF DEATH
CITY OF BALTIMORE (No. 2631 N. Hoffman ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Amelia W Koch

(Residence in Baltimore: No. 2631 N. Hoffman St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Unknown, 1855
(Month) (Day) (Year)

7-AGE, 62 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Brink

(Address) Catonsville Md

15. Filed MAR 22 1917, 191. ROBERT R. KRAUTER Registrar.

Burial Permit 17577

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 22, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic

Duration yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Chronic

Duration yrs. mos. ds.

(Signed) Hamilton Thomas M. D.
(Coroner.)

March 22, 1917. (Address) 8 E Lexington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State 10 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cemetery — DATE OF BURIAL, March 24 1917.

20-UNDERTAKER E M Mitchell & Co — ADDRESS 1201 1203 Fayette St.

KODAK

D 3591

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3591

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hopkins Hospital ST.: 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James E Staples

(Residence in Baltimore: No. Turners station St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Nov 22 1899, 1 (Month) (Day) (Year)

7-AGE, 17 yrs. 3 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... H W

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, E E Staples

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Fannie Blackborn

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E E Staples

(Address) Baden N C

15- Filed MAR 22 1917 191 ROBERT R. KRAUTER Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 22 1917, 191 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism accidental
steel window frames fell on him
at aluminum Oil Works at
CONTRIBUTORY (Secondary) Sollers Point
(Duration) yrs. mos. ds.

(Signed) C M Jacobs (Coroner) M. D.

Mar 22, 191 (Address) 4 E Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.2...ds. In the State.....yrs.3....mos.....ds.
Where was disease contracted, if not at place of death? injured at sollers point
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Hustrey Maryland DATE OF BURIAL, Mar 27 1917

20-UNDERTAKER Wm Cook ADDRESS 502 E Hoffman

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3592 D 3592

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp 15 St.; 120 WARD).

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Bedford

(Residence in Baltimore: No. 1803 Lorman St.; 5 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1860 (Year)

7-AGE, 57 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jerry Hamilton

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Bedford

(Address) 1803 Lorman

15- Filed MAR 22 1917, 191... ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 21, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 12 1917, to March 21 1917, that I saw her alive on March 20 1917, and that death occurred, on the date stated above, at 2:00 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Don't Know (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(Duration) 1 yrs. mos. 6 ds.

(Signed) W. F. Ouellette M. D.

3/21, 1917. (Address) St. Joseph's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 9 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Don't Know

Former or usual residence 1803 Forman St.

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem — DATE OF BURIAL, March 24, 191...

20-UNDERTAKER Sam'l R. Chase & Son — ADDRESS 1100 Mosher

N.B.—Every item of information should be carefully supplied. AGE should be given in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 3593

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

169 D 3593

REGISTERED No. C

1-PLACE OF DEATH (a) CITY OF BALTIMORE (No. 8) Body found at the foot of Bayard St. ST.; 26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H.Sinclair.

(Residence in Baltimore: No. 2414 E.Chase St.

St.; yrs., 11 mos. 2 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.) Married.

6-DATE OF BIRTH, Do not know., (Month) (Day) 1 (Year)

7-AGE, 46 yrs. -- mos. -- ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Machinist helper
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Talbot Co Md.

PARENTS.

10-NAME OF FATHER, Thomas J.Sinclair.

11-BIRTHPLACE OF FATHER (State or Country), Talbot Co Md.

12-MAIDEN NAME OF MOTHER, Mary L.Bromwell

13-BIRTHPLACE OF MOTHER (State or Country), Talbot Co Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Archie B.Sinclair.(brother)
(Address) 2414 E.Chase St.

15- Filed MAR 23 1917 191 HARRY C. ABDELL Registrar.
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Missing since December 19th.1916, Body found March 18th.1917, (Month) (Day) (Year) 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.

(Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs.....mos.....ds.

(Signed) Otto M. Bernhardt M. D. (Coroner.)

March 22, 1917 (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs.....mos.....ds. In the State....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St Michaels Md. DATE OF BURIAL, MAR 23 1917

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

D 3594

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3594

CERTIFICATE OF DEATH.

92

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 Stiles, ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dominic Bizari

(Residence in Baltimore: No. 917 Stiles Str St.: 10 yrs., ~ mos., ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, Married, Widowed, or Divorced, (Write the word.) Married

6-DATE OF BIRTH, Not Known, ... (Month) ..... (Day) 1 (Year)

7-AGE, 36 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Anthony Bizari

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dominic Bizari

(Address) 114 Albemarle St

15- Filed MAR 23 1917 191.... HARRY C. ANDREWS Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 21, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7 1917, to March 20 1917, that I saw him alive on March 21 1917, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Eugene L. Perazzo M. D.

March 21, 1917 (Address) 2614 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, Mar 24, 1917

20-UNDERTAKER Wm Fallsowski — ADDRESS 1118 Eastern Ave

N. B. Each question in this certificate must be carefully answered. AGE should be stated in YEARS, MONTHS and DAYS. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 3595

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 W. Balto St. ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah M. Abbott

(Residence in Baltimore: No. 918 W. Balto St. St.; 59 yrs. 7 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, July 25th (Month), 1857 (Year)

7-AGE, 59 yrs. 7 mos. 24 dys.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): work

9-BIRTHPLACE, (State or Country): Howard Co. Md.

PARENTS.

10-NAME OF FATHER, William E. Clements.

11-BIRTHPLACE OF FATHER (State or Country), Howard Co Md.

12-MAIDEN NAME OF MOTHER, Sarah Clements

13-BIRTHPLACE OF MOTHER (State or Country) Howard Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Wise

(Address) 918 W. Balto St

15-

Filed MAR 23 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1916, to March 21 1917, that I saw h[illegible] alive on March 21 1917, and that death occurred, on the date stated above, at 3[illegible] m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus
(Clinical and Microscopic)

(Duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) A. Arteriosclerosis

(Duration) 2 yrs. mos. ds.

(Signed) [illegible] M. D.

, 191... (Address) 520 N. Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem. DATE OF BURIAL, Mar 23, 191 7

20-UNDERTAKER J. J. Cowan Son ADDRESS 901 Hollins St.

CAUSE OF DEATH should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3596

CERTIFICATE OF DEATH.

28 D 3596

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 940 N Washington ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. Peters

(Residence in Baltimore: No. 940 N Washington St.; 29 yrs. 3 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Dec. (Month) 13 (Day), 1887 (Year)

7-AGE,	If LESS than 1 day,
29 yrs. 3 mos. 8 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clothing
(b) General nature of industry, business, or establishment in which employed (or employer): Cutter

9-BIRTHPLACE, (State or Country), Balto - md

PARENTS.

10-NAME OF FATHER, Joseph Peters

11-BIRTHPLACE OF FATHER (State or Country), Balto - md

12-MAIDEN NAME OF MOTHER Elizabeth Timmerman

13-BIRTHPLACE OF MOTHER (State or Country), Balto md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Joseph Peters

(Address) 940 N. Washington St

15- Filed MAR 23 1917 MAR 23 1917 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 20th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 5th 1917, to March 20th 1917, that I saw h[illegible] alive on March 20th 1917, and that death occurred, on the date stated above, at 3:45 P. m.

The CAUSE OF DEATH* was as follows:

Pulm Tuberculosis

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Marasmus

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

March 22, 1917. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, March 24, 191...

20-UNDERTAKER Henry Storck & Son — ADDRESS 1301 E Eager St

N.B.—Every item of information should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 3597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 3597

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 876 St Johns Court ST.: 10 WARD) 154

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Trusty

(Residence in Baltimore: No. 876 St Johns ct St.: yrs., mos., ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
female	col	Widow

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 70 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Work
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Moses Parker Hughes

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Anna Parker

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Bantom

(Address) 876 St Johns ct

15- Filed MAR 23 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 20 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J Louis Deale (Coroner.) D.

, 191... (Address) U. S. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	March 23 1917
20-UNDERTAKER	ADDRESS
Charles B Jones	234 W Pine

Spec.—8-24-14—M. & T.—2000 Bks.

D 3598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

D 3598

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. # 1006 Riverside Ave ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Simering

(Residence in Baltimore: No. #1006 Riverside Ave St.; 38 yrs., 2 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, January 6th, 1879 (Month) (Day) (Year)

7-AGE, 38 yrs. 2 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Iron Moulder
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, William A Simering

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Annie Schiefner

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Simering

(Address) #1006 Riverside Ave

15-

MAR 23 1917

Filed....., 191.....Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 21st, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 10 1914, to Mar 21 1917, that I saw him alive on Mar 20 1917, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Rheumatic Endocarditis

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Congestion

(Duration) yrs. mos. 7 ds.

(Signed) E. H. Drayton M. D.

8/21, 191.7 (Address) 301 E. Cross St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, March 24 1917

20-UNDERTAKER E & B Hartle ADDRESS #115 E Mad St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 3599 — 119 — D 3599

CERTIFICATE OF DEATH

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2055 Woodbury Ave ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Hoffman

(Residence in Baltimore: No. 2055 Woodbury Ave St. Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: April (Month) 11 (Day), 1914 (Year)

7-AGE: 2 yrs. 11 mos. 10 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country): Balto.

PARENTS

10-NAME OF FATHER: Benjamin Hoffman

11-BIRTHPLACE OF FATHER (State or country): Balto Co

12-MAIDEN NAME OF MOTHER: Francis Stone

13-BIRTHPLACE OF MOTHER (State or country): Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Benjamin E. Hoffman

(Address) 2055 Woodbury Ave

15- Filed MAR 23 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 3 (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-8, 1917, to, 3-21 1917, that I saw h[illegible] alive on 3-21 1917, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Acute Meningitis.
(no history)

(Duration) ..... yrs. ..... mos. 8 ds.

Contributory (SECONDARY): Exposure to early

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) C. F. Coughlin M. D.

3/22, 1917 [Address] 3701 Roland Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18- LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Woodlawn — DATE OF BURIAL: Mar 23 1917

20-UNDERTAKER: E. Roy Stiffler — ADDRESS: 844 W 36th

D 3600

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 3600

1 PLACE OF DEATH — 120

CITY OF BALTIMORE (No. 116 S. Carey ST. 19 WARD) — REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary V. Simone

(Residence in Baltimore: No. 116 S. Carey St. 19 yrs. 6 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: July 14, 1857 (Month) (Day) (Year)

7 AGE: 59 yrs. 6 mos. 1 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): House work

9 BIRTHPLACE (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: J. V. Adams

11 BIRTHPLACE OF FATHER (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Mary E. Jeffers

13 BIRTHPLACE OF MOTHER (State or country): Balto. Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George I. M. Gebhardt

(Address) 116 S. Carey St.

15 MAR 23 1917 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Mar 20, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 26, 1917, to Mar 20 1917, that I saw h.. alive on Mar 20 1917, and that death occurred, on the date stated above, at 5.45 P. m.
The CAUSE OF DEATH* was as follows: Chronic Nephritis

(Duration) 2 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Hypostatic Pneumonia

(none) (Duration) ..... yrs. ..... mos. 5 ds.

(Signed) M. D. Byers M. D.

Mar 22, 1917 (Address) 1407 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: 3-24-1917

20 UNDERTAKER: Robt. Brooks & Son — ADDRESS: S. E. Cor Calhoun & Hollins

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY WITH PEN AND INK. THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3601 D 3601

CERTIFICATE OF DEATH.

1-PLACE OF DEATH No 1629 Westwood Ave REGISTERED No. C

CITY OF BALTIMORE: (No. 1629 ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Shriver

(Residence in Baltimore: No. 1629 Westwood Ave St.; 10 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 26, 1866 (Month) (Day) (Year)

7-AGE, 51 yrs. 8 mos. 26 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)..... out of employment

9-BIRTHPLACE, (State or Country), Baltimore City Md

PARENTS.

10-NAME OF FATHER, William Shriver

11-BIRTHPLACE OF FATHER (State or Country), Carroll Co Md

12-MAIDEN NAME OF MOTHER Roberta Lyon

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Thomas W. Jenkins

(Address)..... 16 Carlton & Orchard Sts

15- Filed MAR 23 1917, 191... HARRY C. ANDREWS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 22, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7 1917, to Mch 22 1917, that I saw him alive on Mch 21 1917, and that death occurred, on the date stated above, at 2.30 m.

The CAUSE OF DEATH* was as follows:

La Grippe, followed by acute Gastro Intestinal Intoxication, Acute Ulcerative Tuberculosis (Duration) yrs. 2 mos. 14 ds.

CONTRIBUTORY (Secondary) Rapid Heart Failure no response to medicine (Duration) yrs. mos. 2 ds.

(Signed) E. Brunel M. D.

Mch 22, 191 7. (Address) 1605 N. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Westminster Carroll Co Md	March 24th, 191 7.
20-UNDERTAKER Henry W. Jenkins & Sons Co	16 Carlton & Orchard Sts.

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3602 HEALTH DEPARTMENT—CITY OF BALTIMORE D 3602

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1530 N Fairmount Ave St.) 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie B. Cullen

(Residence in Baltimore: No. 1530 N Fairmount Ave St.; ..... yrs., ... mos. 3 Mos)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Sept 12, 1897
(Month) (Day) (Year)

7-AGE, 19 yrs. 6 mos. 8 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Hand
(b) General nature of industry, business, or establishment in which employed (or employer)..... Laundress

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Peter Davis

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Ella Waters

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Davis

(Address) 1530 Fairmount

15- MAR 23 1917 HARRY C. ANDREWS

Filed....., 191.... Serial Temp. Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 20, 1917
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 16 1917, to March 20 1917, that I saw her alive on March 20 1917, and that death occurred, on the date stated above, at 2.30P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H P Hardesty M. D.

3/21, 191.7 (Address) 1107 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Roswell Md

19-PLACE OF BURIAL OR REMOVAL: Roswell Md — DATE OF BURIAL, March 23 191.7

20-UNDERTAKER Wm. H. Case Son — ADDRESS 400 Madison

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. FRACTIONS should not be given. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 3603

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hos ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Murray

(Residence in Baltimore: No. 1639 W Fayette St.; 76 yrs. ... mos. ... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS and CAUSE of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7-AGE: about 76 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Matthew Murray

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Bridget Mummey

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fergus O'Connor

(Address) 7 E. Franklin St.

15- MAR 23 1917 Filed ..... 191... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 22, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 21 1917, to March 22 1917, that I saw her alive on March 22 1917, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Mr. Myocarditis

Chronic

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Acute Pulmonary Oedema

(Duration) ... yrs. ... mos. 1 ds.

(Signed) W. F. Oneale M. D.

3-22, 1917. (Address) St Jos Hos

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 ds. In the State Life yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? don't know

Former or usual residence 1639 W. Fayette St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Catholic Cemetery	March 24, 1917.
20-UNDERTAKER Henry W. Meade & Son	ADDRESS 805 N. Eutaw St.

Pauline Kaup

Spec.—8-24-14—M. & T.—2000 Bks.

D 3604

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3604

CERTIFICATE OF DEATH.

28

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3150 Leeds ST.; 20 WARD)

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pauline Kaup

(Residence in Baltimore: No. 3150 Leeds St.; ....yrs.,....mos.....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, May (Month) 17, (Day) 1882 (Year)

7-AGE, 34 yrs. 10 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Conrad Kaup

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Emma Mann

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie Lunt

(Address) 3150 Leeds

15- ROBERT B. KRAUTH

Filed MAR 24 1917 191.. Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 23 (Day) 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from March 1 1917, to March 23 1917, that I saw h.. alive on March 22 1917, and that death occurred, on the date stated above, at 4.50 Am

The CAUSE OF DEATH* was as follows:

Laryngeal Tuberculosis

(Duration) ....yrs. 2 mos. ....ds

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) 1 yrs. ....mos. ....ds

(Signed) Howard W. Jones M. D.

March 23 1917. (Address) Baltimore Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Western Cem.	March 25th 1917
20-UNDERTAKER	ADDRESS
Jno. F. Hill.	3109 Frederick Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 3605

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3605

CERTIFICATE OF DEATH.

64

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 Columbia Ave St.; 71 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara A. Dorbeck

(Residence in Baltimore: No. 1106 Columbia Ave St.; 20 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept. (Month) 23 (Day), 1863 (Year)

7-AGE, 53 yrs. 6 mos. — ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Washington D.C

PARENTS.

10-NAME OF FATHER, James Carney

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Emily West

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles K. Dorbeck

(Address) 1106 Columbia Ave

15- Filed MAR 24 1917 191.... ROBERT R. KRAUTZ Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 19 1917, to Mar. 22 1917, that I saw h[illegible] alive on Mar 22 1917, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) D.W. Cary Hoag M. D.

Mar 23 1917. (Address) 2966 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, Mar 25, 1917

20-UNDERTAKER for Joesdens Son ADDRESS 2178 Pa

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3606 — 10 — D 3606

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2515 St. Paul ST. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Mary E. McPhail

(Residence in Baltimore: No. 2515 St Paul St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, August 25, 1838.
(Month) (Day) (Year)

7-AGE, 78 yrs. 6 mos. 26 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Wm McPhail

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sarah Anne Ord

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josephine McPhail

(Address) 2515 St Paul St.

15- Filed MAR 24 1917 191... ROBERT R. KRAUTHS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 12 1917, to Mar. 23 1917, that I saw her alive on Mar. 22 1917, and that death occurred, on the date stated above, at 4.50 m.

The CAUSE OF DEATH* was as follows:

Influenza (Grip)

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Coma

(Duration) ....yrs. ....mos. 2 ds.

(Signed) Harmon G. Cook M. D.

Mar. 23, 1917. (Address) 2515 St Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cemetery — DATE OF BURIAL, March 25, 1917.

20-UNDERTAKER E M Mitchell & Co — ADDRESS 1201 Fayette St

N. B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 3607

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 D 3607

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1209 N. Calvert ST. 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Harold Walsh

(Residence in Baltimore: No. 1209 N. Calvert St. 30 yrs. 2 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: November 27th, 1850 (Month) (Day) (Year)

7 AGE: 66 yrs. 3 mos. 23 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Col. John C. Walsh

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Sarah A. Lee

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elizabeth Eilen Walsh

(Address) 1209 N. Calvert St.

15 Filed MAR 24 1917 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 22nd 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 22 3 P.M. 1917, to Mar. 22nd 6.30 P.M. 1917, that I saw h[illegible] alive on Mar. 22nd 1917, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

3½ hours Duration

Contributory (SECONDARY) Arterio-Sclerosis

(Duration) some yrs. — mos. — ds.

(Signed) Nathan R. Gorter M. D.

....., 191.... (Address) 100 Biddle St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Green Mount — DATE OF BURIAL: Mch 25 1917

20 UNDERTAKER: Ellw Mitchell & Co — ADDRESS: 1201 N. Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3608 28 D 3608

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1231 Wall ST. 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John M Hooper

Residence in Baltimore: No. 1231 Wall St.: ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Dec 25, 1881
(Month) (Day) (Year)

7-AGE, 35 yrs. 4 mos. 26 ds. If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Printer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER. Benjamin Hooper

11-BIRTHPLACE OF FATHER (State or Country). City

12-MAIDEN NAME OF MOTHER Sarah Hooper City

13-BIRTHPLACE OF MOTHER (State or Country). City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josephine Hooper

(Address) 1231 Wall St

15- Filed MAR 24 1917, 191... ROBERT B. KRAUSS Registrar.

BURIAL PERMIT

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 21, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 1916, to Mar 21 1917, that I saw h[illegible] alive on Mar 20 1917, and that death occurred, on the date stated above, at 1[illegible] m.

The CAUSE OF DEATH* was as follows:

Pneumonia Influenza

(Duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Carpenter Foreman

(Duration) 2 yrs. ... mos. 1 ds.

(Signed) R. F. Campbell M. D.

Mar 22, 1917. (Address) 1404 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore Cemetery	March 24, 1917.
20-UNDERTAKER	ADDRESS
E. J. Fanning	Lafayette & Washington Sts

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 3609

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3609

CERTIFICATE OF DEATH.

91

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1221 East Preston Street; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles J. Dougherty

(Residence in Baltimore: No. 1221 East Preston St. St.; 73 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, July 2, 1843, 1
(Month) (Day) (Year)

7-AGE, 73 yrs. 8 mos. 20 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Messenger in
(b) General nature of industry, business, or establishment in which employed (or employer): Court House

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Philip Dougherty

11-BIRTHPLACE OF FATHER (State or Country), Frederick, Md.

12-MAIDEN NAME OF MOTHER Elizabeth Appelby

13-BIRTHPLACE OF MOTHER (State or Country), Do not know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Louisa Dougherty

(Address) 1221 East Preston St.

15- MAR 24 1917 Filed, 191. ROBERT R. KRAUTER Clerk
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 12 1917, to March 22 1917, that I saw h[illegible] alive on March 21, 1917, and that death occurred, on the date stated above, at 1 25 P.M.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Carcinoma [illegible]

(Duration) yrs. mos. ds.

(Signed) Benj. B. Hayden M. D.

March 23, 1917. (Address) 1216 N. Caroline st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cathedral Cemetery	3/24, 1917.
20-UNDERTAKER	ADDRESS
Henry W. Miles & Son	1058 N. Calvert St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3610

CERTIFICATE OF DEATH.

61 X

REGISTERED No. C D 3610

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1201 Bolton ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Stine

(Residence in Baltimore: No. 1201 Bolton St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Fem | 4-COLOR OR RACE, White | 5-SINGLE, ~~MARRIED, WIDOWED OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, April 7th, 1913
(Month) (Day) (Year)

7-AGE, 3 yrs. 11 mos. 15 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City Md

PARENTS.

10-NAME OF FATHER, Harry P Stine

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City Md

12-MAIDEN NAME OF MOTHER Lomie McGrotham

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry P Stine

(Address) 1201 Bolton St

15- FILED MAR 24 1917 191 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20 1917, to March 23 1917, that I saw her alive on March 22 1917, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Cerebro-Spinal Meningitis (Epidemic)

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Cerebro-Spinal Meningitis

(Duration) yrs. mos. 3 ds.

(Signed) Geo Billups M. D.

March 2, 1917. (Address) 2224 W North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park | DATE OF BURIAL, March 26, 1917

20-UNDERTAKER Geo J Smith | ADDRESS 1000 N Fremont Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3611

CERTIFICATE OF DEATH.

79 D 3611

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2810 Frederick Ave. St.; 20 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna E. Smith.

(Residence in Baltimore: No. 2810 Frederick Ave. St.; 18 yrs., 2 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH: Dec. (Month) 14 (Day), 1898 (Year)

7-AGE: 18 yrs. 3 mos. 9 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore City.

PARENTS.

10-NAME OF FATHER: Geo. L. Smith

11-BIRTHPLACE OF FATHER (State or Country): Balto.

12-MAIDEN NAME OF MOTHER: Maud V. Pedrick

13-BIRTHPLACE OF MOTHER (State or Country): Balto City.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Maud V. Smith

(Address) 2810 Frederick Ave

15-MAR 24 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: March (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 6 1917, to March 23 1917, that I saw her alive on March 22 1917, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Nephritis.

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary): Valvular disease of heart

(Duration) 3 yrs. mos. ds.

(Signed) [illegible] M. D.

3-23-, 191.. (Address): 1735 Hillen St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL: Western Cemetery — DATE OF BURIAL: Mar. 27, 191.7.

20-UNDERTAKER: Jos R Cook — ADDRESS: 1083 W Balto St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Camila Pirro

D 3612

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 D 3612

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1616 W Baltimore ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Camila Pirro.

(Residence in Baltimore: No. 1616 W Baltimore St.; 5 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1869 (Year)

7-AGE, 50 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Italy -

PARENTS.

10-NAME OF FATHER, Vincent Barracato

11-BIRTHPLACE OF FATHER (State or Country), Italy.

12-MAIDEN NAME OF MOTHER Nicolette Barracato

13-BIRTHPLACE OF MOTHER (State or Country), Italy -

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Pirro

(Address) 1616 W. Baltimore St

15-
Filed MAR 24 1917, 191
ROBERT R. KRAUTH
Registrar.
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 22nd, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1st 1917, to March 22nd 1917, that I saw her alive on March 22 1917, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation (Duration) yrs. mos. 1 day

(Signed) S. Drumargo M. D.

3-22, 1917 (Address) 1604 Fairmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery — DATE OF BURIAL, Mar. 24, 1917

20-UNDERTAKER Joseph Hook — ADDRESS 1030 Balto St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3613

CERTIFICATE OF DEATH.

6

D 3613

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 Presstman ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Thomas Smith

(Residence in Baltimore: No. 406 Presstman St.; 50 yrs.... mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, July (Month) 13 (Day), 1835 (Year)

7-AGE, 81 yrs. 8 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Gardener
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Co. Md.

PARENTS.

10-NAME OF FATHER, James H Smith

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Co. Md.

12-MAIDEN NAME OF MOTHER Maria Wallace

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Co (Md.)

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Emma Mason

(Address) 406 Presstman St.

15- MAR 24 1917 Filed....., 191.... HARRY C. ARBEIT Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 21, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 2 1916, to March 21 1917, that I saw h[illegible] alive on March 21 1917, and that death occurred, on the date stated above, at 6.30 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

2nd attack (Duration) yrs. 5 mos. 19 ds.

CONTRIBUTORY (Secondary) Age.

(Duration) yrs. mos. ds.

(Signed) Wm H Wright M. D.

March 21, 1917 (Address) 1209 Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Cemetery	Mar. 24 1917
20-UNDERTAKER John A. Bishop	ADDRESS 1107 Druid Hill Ave.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3614

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 3614

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 N. Montford Ave St.; 17 WARD)

REGISTERED No. C 120

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Rowland Welch

(Residence in Baltimore: No. 1349 N Fremont Ave St.; 35 yrs., 10 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) ..... (Day), 1881 (Year)

7-AGE, 35 yrs. 10 mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer): Drug house

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Edw. R. Welch

11-BIRTHPLACE OF FATHER (State or Country), Atlantic Ocean

12-MAIDEN NAME OF MOTHER Laura J. Earhart

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G. F. Walker

(Address) 7 W Saratoga

15- Filed MAR 24 1917, 191.... HARRY O. ANDERSON Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 23 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 10 191 7 to Mar 23 191 7 that I saw h[im] alive on Mar 22 191 7, and that death occurred, on the date stated above, at 11-24 p.m.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) Pulmonary

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Geo Edwin Blades M. D.

3/23/17 (Address) 1437 N. Binney

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Mar 27, 1917.

20-UNDERTAKER Graham F Walker — ADDRESS 723 W Lex

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 3615 D 3615

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1127 Carroll ST.; 21 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Stelbers.

(Residence in Baltimore: No. 1127 Carroll st- St.; 40 yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White	Married

6-DATE OF BIRTH, July (Month) 17 (Day), 1876 (Year)

7-AGE, 40 yrs. 8 mos. 7 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Brick
(b) General nature of industry, business, or establishment in which employed (or employer): Mason

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Stelbers

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frances Stelbers

(Address) 1127 Carroll st

15-

Filed MAR 24 1917 191.... HARRY C. [illegible]
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 22 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 20 1917, to Mar 22 1917, that I saw h[illegible] alive on Mar 22 1917, and that death occurred, on the date stated above, at 10 [illegible] m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

Mar 23, 1917. (Address) 729 E Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Hebrew's Balto Co Md Cem	25 1917
20-UNDERTAKER	ADDRESS
Wm Bolk	502 E North

N. B.—Every item of information should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3616 D 3616

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.) 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Salvadore Bonomo

Residence in Baltimore: No. 526 W. Lexington St (St.; 1 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Mch 23, 1862 (Month) (Day) (Year)

7-AGE, 54 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Vincent Bonomo

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Jennie Cefalu

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary Bonomo

(Address) 526 West Lexington

15- Filed MAR 24 1917 191 HARRY C. ABBELEN Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch 23, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-16 1917, to Mch 23 1917, that I saw h~~im~~ alive on Mch 23 1917, and that death occurred, on the date stated above, at 2:25 P. m.

The CAUSE OF DEATH* was as follows: Nephritis Carbonic

of Chronic

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) true

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

3/23, 191 7 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 9 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 526 W Lexington St

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, March 26, 1917.

20-UNDERTAKER William Cook — ADDRESS 507 E. North Ave.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 3617 D 3617

CERTIFICATE OF DEATH.

28

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 S. Regester St. ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cecelia S. Beck.

Residence in Baltimore: No. 321 S. Regester St. St.; 17 yrs., 6 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single.

6-DATE OF BIRTH, Aug. 30 (Month) (Day), 1899. (Year)

7-AGE, 17 yrs. 6 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Candy Factory.
(b) General nature of industry, business, or establishment in which employed (or employer): Employe.

9-BIRTHPLACE, (State or Country), Balto. Md.,

PARENTS.

10-NAME OF FATHER, Nicholas E. Beck.

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.,

12-MAIDEN NAME OF MOTHER Florence T. Graeger.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nicholas E. Beck.

(Address) 321S. Regester St.,

15- MAR 24 1917 MARY C. ANDREWS
Filed ....., 191.... Deputy Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 20 (Month) (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 14- 1916, to March 20- 1917, that I saw her alive on March 18- 1917, and that death occurred, on the date stated above, at 9 1/4 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

(Duration) ....yrs. 8 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) C. N. Bothe M. D.

March 24th 1917. (Address) 1005 Pollock Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oaklawn Cemetery.	Mar. 24.., 191.7.
20-UNDERTAKER Lilly & Zeiler.	ADDRESS 403 S wolfe St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3618 ✓ D 3618

CERTIFICATE OF DEATH.

28

REGISTERED No. C .....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1709 Barnes ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Harris

(Residence in Baltimore: No. 1709 Barnes St.; ✓ yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: Sept 14, 1888 (Month) (Day) (Year)

7-AGE: 28 yrs. 6 mos. 9 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Virginia

PARENTS.

10-NAME OF FATHER: Frank Curtis

11-BIRTHPLACE OF FATHER (State or Country): Va —

12-MAIDEN NAME OF MOTHER: Agnes Walker

13-BIRTHPLACE OF MOTHER (State or Country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Essa Mae Curtis

(Address): 1709 Barnes

15- MAR 24 1917 Filed ..., 191.. HARRY C. ABDELL Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Mar 23, 1917 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 10 1917, to Mar 23 1917, that I saw h[illegible] alive on Mar 22 1917, and that death occurred, on the date stated above, at 11.20 m.

The CAUSE OF DEATH* was as follows:

Ac. Lobar pneumonia

(Duration) ... yrs. ... mos. 13 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) ... yrs. 2 mos. ... ds.

(Signed) Earl Short M. D.

3-22 1917 (Address) 1812 Druid Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Warrenton Va — DATE OF BURIAL: March 25 1917

20-UNDERTAKER: Mrs Robert A Elliott — ADDRESS: 506 East [illegible]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 3619

CERTIFICATE OF DEATH.

4 92

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 237 N Pearl ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antonio Lepori

Residence in Baltimore: No. 237 N Pearl St.; 46 yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... November, 1861.
(Month) (Day) (Year)

7-AGE, 55 Yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Fruit
(b) General nature of industry, business, or establishment in which employed (or employer)..... Vendor

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Antonio Lepori

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Mary Dragon

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Vinc Lepori

(Address)..... 237 Pearl St

15- MAR 24 1917 HARRY C. ANDREWS

Filed....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March, 23d, 191 7.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 17th 191 7, to March 23d 191 7, that I saw h[illegible] alive on March 23d 191 7, and that death occurred, on the date stated above, at 6.15 m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

..... (Duration) ..... yrs. ..... mos. 6 ..... ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Tells Pedo M. D.

....., 191... (Address) 240 Pearl St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	March 25th 191 7
20-UNDERTAKER	ADDRESS
Jno F Oakley & Sons	113 & Light St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 3620

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 3620

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 313 E. North ave ST.: 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth W Roberts

(Residence in Baltimore: No. 313 E. North ave ST.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): widow

6-DATE OF BIRTH: Sept 15, 1845 (Month) (Day) (Year)

7-AGE: 71 yrs. 6 mos. 6 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): DC

PARENTS

10-NAME OF FATHER: Henry Brewer

11-BIRTHPLACE OF FATHER (State or country): D.C.

12-MAIDEN NAME OF MOTHER: Susan Jones

13-BIRTHPLACE OF MOTHER (State or country): D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Richard Roberts

(Address) 313 E. North ave

15. Filed MAR 24 1917, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 22, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 3, 191.., to March 22 191..,

that I saw h.. alive on March 22, 191..,

and that death occurred, on the date stated above, at 4:25 p. m.

The CAUSE OF DEATH* was as follows:

Senile Myocarditis

..... (Duration) unknown yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W K Bagwell M. D.

....., 191.. (Address) 1211 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: March 24, 191 7

20-UNDERTAKER: Chas E. Franck — ADDRESS: 807 Madison Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3621 92 D 3621

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 827 Druan ST.; 22 WARD) REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Ford, Sr.

(Residence in Baltimore: No. 827 Druan st ' St.; — yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widowed

6-DATE OF BIRTH, Unknown ....., 1852.
(Month) (Day) (Year)

7-AGE, 64 yrs. 2 mos. ? ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work oyster shucker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Ford Jr.

(Address) 827 Fredmhall st.

15-

FILED MAR 24 1917. 191.... HARRY C. ANDREWS
Registrar
Burial Permit Office

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 21, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 19 1917, to March 20. 1917, that I saw him alive on March 20 1917, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Primary — Lobar Pneumonia

Immediate — Exhaustion

From Histology (Duration) yrs. X mos. 4 ds.

CONTRIBUTORY (Secondary) Personal Knowledge (Duration) yrs. mos. 2 ds.

(Signed) J. H. Staus M. D.

3/24, 1917. (Address) 506 Hanover st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, March 25th, 191..

20-UNDERTAKER D. L. Pruett — ADDRESS Pruett Bros 1084 W. Montgomery

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3622

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3106 Barclay St.; 12 WARD) REGISTERED NO. C 89

2-FULL NAME Madalene Odell Grandison

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 3106 Barclay St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fe

4-COLOR OR RACE, Cl

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, 9 (Month) 21 (Day), 1916 (Year)

7-AGE, ...yrs. 6 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James E. Grandison

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Bertha Lewis

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James E. Grandison

(Address) 3106 Barclay St.

15- MAR 24 1917 HARRY C. ANDREWS

Filed ....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 23 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Mch. 19 1917, to Mch 22 1917, that I saw her alive on Mch 22 1917, and that death occurred, on the date stated above, at 5 11 m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) ...yrs. ...mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) R. Garland Schaeffer M. D.

Mch 23 191.. (Address) 1534 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem., DATE OF BURIAL, Mch. 24, 1917.

20-UNDERTAKER Mrs J. G. Locks ADDRESS 1302 Jefferson St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

80

D 3623

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Woodland Hall ST.: 15 WARD)

REGISTERED No. C

2-FULL NAME Siegfried Frank

(Residence in Baltimore: No. Woodland Hall St.: Great Falls)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(74 yrs. 5 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Sept 28, 1842
(Month) (Day) (Year)

7-AGE, 74 yrs. 5 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Paper

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Simon Frank

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dorothea

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. Frank

(Address) 1135 E Monument

15- MAR 24 1917 191... HARRY C. ANDELL
Filed Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 23, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 2 1915, to Mar 23 1917, that I saw h[illegible] alive on Mar 23 1917, and that death occurred, on the date stated above, at 7:40 a.m.

The CAUSE OF DEATH* was as follows:

Acute Pleurisy

(Duration) 1 mos. 21 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) 3 yrs. mos. ds.

(Signed) Howard Atlee M. D.

Mar 23, 1917 (Address) 1102 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

18-PLACE OF BURIAL OR REMOVAL: Hebrew Friendship — DATE OF BURIAL: Mar 25 1917

20-UNDERTAKER: D Sondheim — ADDRESS: 1180 W Royal ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FILE SAFETY

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3624 — 92 — D 3624

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1837 E Lombard St.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Monus

(Residence in Baltimore: No. 1837 E Lombard St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, August (Month) 17 (Day), 1824 (Year)

7-AGE, 95 yrs. 7 mos. 5 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Monus

(Address) 1837 E. Lombard

15- MAR 24 1917 Filed....., 191.... HARRY C. ANDREWS Registrar

Burial Permit

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 21st 1917, to March 22nd 1917, that I saw h— alive on March 22 1917, and that death occurred, on the date stated above, at 6:30 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ...yrs. ...mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Herman J. Guerner M. D.

March 23, 1917. (Address) 1900 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	March 24, 1917

20-UNDERTAKER	ADDRESS
Wendell Duffy & Son	375 Aisquith

K. O. DAVIS

N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

3625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 3625

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2503 Jefferson st ST.: 6 WARD) 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida F McKillips

Residence in Baltimore: No. 2503 Jefferson st St. 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
female	white	Married

6-DATE OF BIRTH, May 28 1863, 1
(Month) (Day) (Year)

7-AGE 53 yrs. 10 mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: H Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country), Pa

PARENTS.

10-NAME OF FATHER, Israel Strosback

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Katherine

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas. McKillips

(Address) 2503 Jefferson

15- FILED MAR 24 1917 191.... HARRY C. ARDREY Assistant Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 21 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] (Coroner.) M. D.

191.. (Address) N. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn	Mar 24 1917.
20-UNDERTAKER Philip Herrig	ADDRESS 2016 Orleans

Spec.—8-24-14—M. & T.—2000 Blks.

D 3626

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3626

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 S. Regester ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bronislawa Antoniak

(Residence in Baltimore: No. 511 S. Regester St.; 1 yrs., 6 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Aug. 31, 1915. (Month) (Day) (Year)

7-AGE, 1 yrs. 6 mos. 23 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Julian Antoniak

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland

12-MAIDEN NAME OF MOTHER Mary Szarek

13-BIRTHPLACE OF MOTHER (State or Country), Galicia Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Antoniak

(Address) 511 S. Regester

15- MAR 24 1917 HARRY C. ANDREWS

Filed ..... 191.... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 17 1917, to March 22 1917, that I saw h[illegible] alive on March 22 1917, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

(a) Marasmus

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) [illegible] M. D.

March 23, 1917. (Address) 1200 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, March 24, 1917.

20-UNDERTAKER William Fialkowski ADDRESS 168 Eastern Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 3627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

D 3627

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 512 N Fremont Ave 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Preston C Weaver Jr

(Residence in Baltimore: No. 512 N Fremont ave St. 2 Lifes yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Jan 13, 1881 (Month) (Day) (Year)

7 AGE: 36 yrs. 2 mos. 9 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Oiler
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Balto

PARENTS

10 NAME OF FATHER: Preston C Weaver

11 BIRTHPLACE OF FATHER (State or country): Balto

12 MAIDEN NAME OF MOTHER: Katie Ledley

13 BIRTHPLACE OF MOTHER (State or country): Balto

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Preston C Weaver

(Address) 512 N Fremont

15 MAR 24 1917 Filed ....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 22, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 15, 1917, to March 22 1917, that I saw h[illegible] alive on March 22, 1917, and that death occurred, on the date stated above, at 10:30 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis
Lungs
(Duration) Do not know yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Do not know
(Duration) yrs. ..... mos. ..... ds.

(Signed) Dr P C Weaver M. D.

March 24, 1917 (Address) Woodbourne Apts

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: London Park DATE OF BURIAL: Mar 25 1917

20 UNDERTAKER: W W Little ADDRESS: 581 N. Fremont

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3628

HEALTH DEPARTMENT—CITY OF BALTIMORE

28

D 3628

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 747 Dolphin ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie M. Lewin

(Residence in Baltimore: No. 747 Dolphin St. St.; —yrs. —mos. —ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH. June 26th, 1886
(Month) (Day) (Year)

7-AGE. 30 yrs. 8 mos. 25 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). ~~Russia~~ Philadelphia Pa.

PARENTS.

10-NAME OF FATHER. Henry A. Frank

11-BIRTHPLACE OF FATHER (State or Country). Phila. Pa.

12-MAIDEN NAME OF MOTHER. Mary W. Bratton

13-BIRTHPLACE OF MOTHER (State or Country). Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marcus Lewin

(Address) 747 Dolphin

15- MAR 24 1917 Filed....., 191.... HARRY C. ABBREWS Registrar. Assist. Registr. Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23rd, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 15th 1917, to March 23rd 1917, that I saw her alive on March 23rd 1917, and that death occurred, on the date stated above, at 6.35 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) — yrs. 2 mos. 8 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) — yrs. — mos. 2 ds.

(Signed) Edgar Stanley Perkins M. D.

March 23rd, 1917. (Address) 1 W. Franklin Apt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Philadelphia Pa. DATE OF BURIAL: Mar 27th, 191.

20-UNDERTAKER: Geo W. Little ADDRESS 531 N. Fremont

Spec.—8-[illegible]-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3629

D 3629

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 Lindsay Ave St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Peyton

(Residence in Baltimore: No. 1004 Lindsay Ave St.; 10 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb. 8th, 1878 (Month) (Day) (Year)

7-AGE, 39 yrs. 1 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Thornton Ryals

11-BIRTHPLACE OF FATHER (State or Country), Va "

12-MAIDEN NAME OF MOTHER, Caroline Jackson

13-BIRTHPLACE OF MOTHER (State or Country), Va "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ellen Ryals

(Address) 1004 Lindsay Ave.

15- Filed MAR 24 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23d, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 17th 1917, to March 23d 1917, that I saw h[illegible] alive on March 22d 1917, and that death occurred, on the date stated above at 3:30 A. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. Lee Ellis M. D.

3-23-, 1917 (Address) 924 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Charlottesville Va

DATE OF BURIAL, Mar 25 1917

20-UNDERTAKER George H. Holland

ADDRESS 517 Asbury Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 3630

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3630

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 Ridgely ST. 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna M Fritz

(Residence in Baltimore: No. 1015 Ridgely St ; yrs., mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, March (Month) 19 (Day), 1917 (Year)

7-AGE, ____ yrs. ____ mos. 4 ds. If LESS than 1 day, ____ hrs. or ____ min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Fred. Fritz

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Mary E Fontz

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fred . Fritz

(Address) 1015 Ridgely St

15- Filed MAR 24 1917 191 HARRY C. ABRAMS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 19 1917, to March 23 1917, that I saw her alive on March 22 1917, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) E. L. Lomax M. D.

3/23/17 191... (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Trinity Cem.	March 24, 1917.
20-UNDERTAKER	ADDRESS
E. Sheloman & Son	1039 Hanover St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1c
4
3631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 3631

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Providence Hospital St.: 4 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Emory Parsons

(Residence in Baltimore: No. 304 Myrtle Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, September, 26, 1876
(Month) (Day) (Year)

7-AGE, 40 yrs. 6 mos. 28 ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Labor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Emory Parsons

11-BIRTHPLACE OF FATHER (State or Country). Balto. Md.

12-MAIDEN NAME OF MOTHER Maria Roberts

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Thomas A.

(Address) 304 Myrtle Ave

15- Filed MAR 24 1917, 191... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March, 21, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pyelitis Direct
Contributory
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Cystitis
(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)
(Address) 849 N. Eutaw

March 22 191 7

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos. 14 ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence 304 Myrtle Ave

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery
DATE OF BURIAL, Mar. 24, 1917.

20-UNDERTAKER Charles B. Jones
ADDRESS 230 N. Pine St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

D 3632 D 3632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 N. Luzerne ST.; 6 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Boone Baby Byrne

(Residence in Baltimore: No. 106 N. Luzerne St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Mar (Month) 23 (Day), 1917 (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, ...hrs. or 3 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Bernard Byrne

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Elizabeth Anderson

13-BIRTHPLACE OF MOTHER (State or Country), London England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Anderson

(Address) 922 N. Luzerne

15-

Filed, MAR 24 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk / Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....191...., to Mar 23 1917, that I saw him alive on Mar 23 1917, and that death occurred, on the date stated above, at 3.10 P m.

The CAUSE OF DEATH* was as follows:

Unknown Probably due to pressure on Umbilical Cord by head during labor & Delivery (Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) ..... (Duration) ....yrs....mos....ds.

(Signed) Mary F. Vaughan M. D.

Mar 23 1917 (Address) 1028 Valley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Cathedral Cem	March 24 1917
20-UNDERTAKER M. L. Floyd	ADDRESS 1422 Light

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3633

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3633

CERTIFICATE OF DEATH.

1-PLACE OF DEATH ~~Franklin~~ West End Maternity

CITY OF BALTIMORE: (No. ..... St.; 19 WARD)

REGISTERED NO. C 152

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Naoma Francis Beall

(Residence in Baltimore: No. 1631 W Pratt St St.; ..... yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.)
Female	White	single

6-DATE OF BIRTH, March 16, 1917.
(Month) (Day) (Year)

7-AGE, ... yrs. 8 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE, (State or Country). West Virginia

PARENTS.

10-NAME OF FATHER. Wm. F. Beall

11-BIRTHPLACE OF FATHER (State or Country). Balto City

12-MAIDEN NAME OF MOTHER Naomi Bond Boyce

13-BIRTHPLACE OF MOTHER (State or Country). Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. F. Beall

(Address) 1631 W. Pratt St

15- MAR 24 1917 HARRY C. ABERNETHY

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 16 1917, to March 24 1917, that I saw h[illegible] alive on March 24 1917, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Atelectasis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY. (Secondary) Prematurity Birth

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. A. L. Hollins M. D.

March 24, 1917. (Address) Franklin Square Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 8 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem

DATE OF BURIAL, 3/25, 191.7.

20-UNDERTAKER Robert Brookson

Courtenay Hollins

Spec.—8-24-14—M. & T.—2000 Bks.

D 3634

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3634

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH 119 W. Hamburg

CITY OF BALTIMORE: (No. Elizabeth Martha ST.; 23 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Raymond Hindle

(Residence in Baltimore: No. 119 W. Hamburg St.; yrs. 3 mos. 21 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan (Month) 12 (Day), 189- (Year)

7-AGE, 34 yrs. 2 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Home Wife

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Dial

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elsie Hupfeld

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Raymond C. Hindle

(Address) 119 W. Hamburg St.

15-

Filed MAR 24 1917, 191.... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2/7 1917, to 3/21 1917, that I saw h-r alive on 21st 1917, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Chron. Pancreatitis Hepatis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Appendicitis

(Duration) yrs. mos. 10 ds.

(Signed) Dr. P. B. Fowler M. D.

3/24, 1917. (Address) 1437 Wilkens Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Cedar Hill Cemetery	Mar 24 1917
20-UNDERTAKER.	ADDRESS.
D. Ver Mc Cully	1286 Boston

Spec.—8-24-14—M. & T.—2000 Bks.

D 3635

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3635

CERTIFICATE OF DEATH.

REGISTERED No. C 37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 826 McDonough Street ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Robinson

(Residence in Baltimore: No. 826 McDonough Street St.; ....yrs.,....mos.....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black	Single

6-DATE OF BIRTH, March 20 1917 (Month) (Day) 1 (Year)

7-AGE,	If LESS than 1 day,
....yrs. 1 mos. ....ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... infant

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joe Robinson

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mollie Braxton

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John G Murray

(Address) Johns Hopkins Hospital

15- Filed MAR 24 1917 191.. HARRY C. ANDREWS Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 21 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....191...., to ....191....,
that I saw h....alive on ....191....,
and that death occurred, on the date stated above, at ....m.
The CAUSE OF DEATH* was as follows:

Congenital syphilis

.....

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) John G Murray M. D.

March 21, 1917 (Address) Johns Hopkins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	....., 191...
20-UNDERTAKER	ADDRESS
Commissioner Health.	

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3636 — 64 — D 3636

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 N. Gilmor ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary R. Ohl

(Residence in Baltimore: No. 1015 N. Gilmor St.; 52 yrs., 2 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec. 31, 1864
(Month) (Day) (Year)

7-AGE, 52 yrs. 2 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None +
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Michael Myers

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Mary Heber

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. T. Ohl

(Address) 1015 N. Gilmor St.

15- MARBY C. ANDREWS

Filed MAR 24 1917, 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 21, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 17, 1917, to March 21 1917, that I saw h[illegible] alive on March 21 1917 and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Paralysis

Cerebral Hemorrhage

(Duration) .....yrs.....mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs.....mos.....ds.

(Signed) Charles A Dacos M. D.

March 22, 191 7 (Address) 920 N. Carroll

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cem.	March 24, 191 7
20-UNDERTAKER Harry W. Ehlen	ADDRESS 1944 W. Nadal

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

D 3637

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3637

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1645 N. Spring st ST.; 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thmas E. O'Dea.

(Residence in Baltimore: No. 1645 N. Spring st. St. 61 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE,~~ MARRIED, ~~WIDOWED, OR DIVORCED,~~ (*Write* the word.) Married

6-DATE OF BIRTH, Jan. 14. (Month) (Day), 1856 (Year)

7-AGE, 60 years. 2 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Water
(b) General nature of industry, business, or establishment in which employed (or employer)..... Department.

9-BIRTHPLACE, (State or Country), New York.

PARENTS.

10-NAME OF FATHER, Daniel O'Dea.

11-BIRTHPLACE OF FATHER (State or Country), New York.

12-MAIDEN NAME OF MOTHER Mary O'Brien

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary O'Dea

(Address) 1645 N. Spring st.

15-

Filed MAR 24 1917, 191... HARRY C. ARNOLD

Burial Permit Issued by ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 22, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 17 1917, to March 22 1917, that I saw him alive on March 20 1917, and that death occurred, on the date stated above, at 12 50 m.

The CAUSE OF DEATH* was as follows:

1st Pneumonic Carcinosis of Liver

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Emma M Donaldson M. D.

March, 191... (Address) 714 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, March 24, 191.

20-UNDERTAKER George J. Keith — ADDRESS 1735 Hayford ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 3638

120

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2007 E. Federal St. ST.; 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William G. Scroggs

(Residence in Baltimore: No. 2007 E Federal St.; 47 yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec. 5, 1869 (Month) (Day) (Year)

7-AGE, 58 yrs. 3 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Coal merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William A Scroggs

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Sarah Chambers

13-BIRTHPLACE OF MOTHER (State or Country), Can.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Scroggs

(Address) 2007 E. Federal st.

15-

Filed MAR 24 1917, 191.... HARRY C. ANDERS

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 20, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1917, to March 20 1917, that I saw h.. alive on March 20 1917, and that death occurred, on the date stated above, at 2 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) yrs. 3 mos. ds.

(Signed) John T. Owens M. D.

....., 191... (Address) 1603 Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore Cemetery.	March 24 191..
20-UNDERTAKER	ADDRESS
George J. Rutter	1735 Harford Ave.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 3639

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

150

D 3639

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 504 E 26 St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Martha Corilla Taylor

(Residence in Baltimore: No. 504 St.; ..... yrs. ..... mos. 1½ ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Mar 22 (Month), (Day), 1917 (Year)

7 AGE: ..... yrs. ..... mos. ..... ds. If LESS than 1 day 2½ hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Louis Edward Taylor

11 BIRTHPLACE OF FATHER (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Ethel Ann Kelly

13 BIRTHPLACE OF MOTHER (State or country): Balto Co Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louis E Taylor

(Address) 504 E 26th St

15 Filed MAR 24 1917 19.. HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Mar 23 (Month), (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 22, 1917, to Mar 23 1917.

that I saw h[illegible] alive on Mar 23, 1917.

and that death occurred, on the date stated above, at 4:30 a m.

The CAUSE OF DEATH* was as follows:

Cardiac insufficiency

..... (Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) Premature birth & Whoo.

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Roscoe Petrosky M. D.

Mar 23, 1917 (Address) Guilford

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Grace Cem Hampstead — DATE OF BURIAL: Mar 25, 1917

20 UNDERTAKER: E L Roy Stifler — ADDRESS: 644 W 36th St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3640 — 70 — D 3640

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2830 Huntingdon Ave. ST. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Wallick

(Residence in Baltimore: No. 2830 Huntingdon Ave. St.; 2 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, March (Month) 9 (Day), 1855 (Year)

7-AGE, 62 yrs. — mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Daniel Geitner

11-BIRTHPLACE OF FATHER (State or Country), Penna.

12-MAIDEN NAME OF MOTHER Mary Gray.

13-BIRTHPLACE OF MOTHER (State or Country), Penna.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William E. Benson

(Address) 2830 Huntingdon Ave.

15- MAR 24 1917 HARRY C. ABBEL

Filed....., 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 18 1917, to Mar. 23 1917, that I saw her alive on Mar. 22 1917, and that death occurred, on the date stated above, at 8.45A m.

The CAUSE OF DEATH* was as follows:

Septicemia Point of entrance of infection unknown Gray hair been Bringing earth erosion on face or hand.

..... (Duration) ..... yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) Coma

..... (Duration) ..... yrs. — mos. 2 ds.

(Signed) Harrison G. Cooper M. D.

Mar. 23, 1917. (Address) 2425 St Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Parkton Md	March 26 1917
20-UNDERTAKER Ed Roy Lippler	ADDRESS 844 W 36th St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 3641

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St.; 13 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Columbus Lozen

(Residence in Baltimore: No. 1625 Elizabeth Lane St.; 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) single

6-DATE OF BIRTH, Unknown (Month) (Day), 1859 (Year)

7-AGE, 58 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Deceased

(Address) Embalmed Gems Etc

15- HARRY C. ANDREWS

Filed MAR 24 1917 191 Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 22, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 17 1917, to March 22 1917, that I saw him alive on March 22 1917, and that death occurred, on the date stated above, at 2.05 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(Duration) yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Valvular Disease of Heart (Duration) Unknown yrs. mos. ds.

(Signed) P. M. Stein M. D.

March 23, 1917. (Address) Univ. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State 40 yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1625 Elizabeth Lane

19-PLACE OF BURIAL OR REMOVAL, Milford Va — DATE OF BURIAL, Mar 25, 1917

20-UNDERTAKER Jos B Cook — ADDRESS 1003 N Balto St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

D 3642 HEALTH DEPARTMENT—CITY OF BALTIMORE D 3642

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St Josephs Hosp St. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roberta Mattingly

(Residence in Baltimore: No. New Port Md St.: ....yrs. ....mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	white	Married

6-DATE OF BIRTH, August (Month) May (Day) 22, (Year) 1876

7-AGE, 40 yrs. 10 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, J. R Lawson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Sallie Highdon

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Frank Mattingly

(Address) Lothair Md

15-MAR 24 1917 ALBERT C. ABELL
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 24 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 7 1917, to March 24 1917, that I saw her alive on March 24 1917, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach,
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Acute Pulmonary oedema
(Duration) ....yrs. ....mos. 1 ....ds.

(Signed) W. F. Quaile M. D.

3/24, 1917. (Address) St. Jos. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 17 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence New Port Md

19-PLACE OF BURIAL OR REMOVAL, Lothair Md — DATE OF BURIAL, March 25, 1917

20-UNDERTAKER Wm M. Gauthrop — ADDRESS 1624 Mt Royal Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

D 3643

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3643

CERTIFICATE OF DEATH.

129

REGISTERED NO. C .....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Hebrew Hospital ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Mollie Coppel.

(Residence in Baltimore: No. 2250 McElderry St. St.: 16 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 36 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E. Baltimore St

15- Filed MAR 25 1917, 191.... HARRY C. ANDREWS City Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 9 1917, to March 24 1917, that I saw h er alive on Mch. 24 — 1917, and that death occurred, on the date stated above, at 12:10 P.m.

The CAUSE OF DEATH* was as follows:

Post operative obstruction.

ditto

(Duration) ....yrs. ....mos. 12 ds.

CONTRIBUTORY .....
(Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Louis Dreier M. D.

Mch. 24, 1917. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 15 ds. In the State 16 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 2250 McElderry St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Hermon Rm

DATE OF BURIAL, 3/26 191.7

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E. Baltimore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3644 D 3644

CERTIFICATE OF DEATH.

REGISTERED No. C 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Aged Home ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME WOLF IWORANSKY

(Residence in Baltimore: No. 111 Aisquith St.; 5 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. MALE

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) WIDOWED

6-DATE OF BIRTH, Unknown (Month), (Day), 1 (Year)

7-AGE, 68 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Unkown
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unkown

11-BIRTHPLACE OF FATHER (State or Country) Russia

12-MAIDEN NAME OF MOTHER Unkown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E. Balto St

15- Filed MAR 25 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 1 1917, to March 24 1917, that I saw h[er] alive on March 24 1917, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Dementia Senilis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Senile Bronchitis

(Duration) 10 yrs. 6 mos. ds.

(Signed) Wm. J. Baylis M. D.

March 24, 1917. (Address) 213 Aisquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 1 mos. 19 ds. In the State 5 yrs. mos. ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 1720 E. Fayette St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale — DATE OF BURIAL, 3/25, 1917

20-UNDERTAKER Jack Lewis — ADDRESS 1411 E. Balto St

D 3645 D 3645

HEALTH DEPARTMENT—CITY OF BALTIMORE

28

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No.) 316 - 20½ ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Estel Harding

(Residence in Baltimore: No. 316 - 20½ St.; yrs., mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word): Single

6-DATE OF BIRTH: Jan (Month) 20 (Day), 1916 (Year)

7-AGE: 1 yrs. 2 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto City

PARENTS.

10-NAME OF FATHER: Joseph Harding

11-BIRTHPLACE OF FATHER (State or Country): Balto City

12-MAIDEN NAME OF MOTHER: Nellie Marshall

13-BIRTHPLACE OF MOTHER (State or Country): Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jane E. Butcher

(Address) 316 20½ St

15- EARLY [illegible]

Filed MAR 28 1917 191... Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Mar. (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) John [illegible] M. D. (Coroner.)

Mar 27 1917 (Address) 5 E 3 21 Roland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: St Peters

DATE OF BURIAL: Mar 28 1917

20-UNDERTAKER: Lawrence L. Wright & Co Mary

ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

D 3646

HEALTH DEPARTMENT—CITY OF BALTIMORE.

150

D 3646

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 325 S. Washington St.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Gardner Tyler

(Residence in Baltimore: No. 325 S Washington St.; yrs., mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Mar. (Month) 9 (Day) 1917 (Year)

7-AGE, — yrs. — mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Edward J. Tyler

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Helen Gardner

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. H. Tyler

(Address) 325 S. Washington St.

15- MAR 25 1917 Filed....., 191..... HARRY C. ABDELL Registrar. Special Fe...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 9 1917, to Mar 24 1917, that I saw her alive on Mar 24 1917, and that death occurred, on the date stated above, at 10.30 A m.

The CAUSE OF DEATH* was as follows:

1st Pneumonia Lobar Edema
2d Prematurity
3d
.....

(Duration) ..... yrs. ..... mos. 1.5 ds.

CONTRIBUTORY (Secondary) Premature birth (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Walker M. D.

Mar. 24, 1917. (Address) 118 E. Brownsmay.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Mary's Cathedral — DATE OF BURIAL, Mar. 26 1917.

20-UNDERTAKER, Trudell Bisphel & Son — ADDRESS 37 S. Ann st.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

D 3647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

D 3647

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1332 Presstman ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Brooks

(Residence in Baltimore: No. 1332 Presstman St.; ....yrs. 5 mos. ....ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, Oct 22 (Month) (Day), 1845 (Year)

7-AGE,	If LESS than 1 day,
71 yrs. 5 mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Pantryman
(b) General nature of industry, business, or establishment in which employed (or employer): Man. hotel-

9-BIRTHPLACE, (State or Country), St Marys co. Md

PARENTS.

10-NAME OF FATHER, David Brooks-

11-BIRTHPLACE OF FATHER (State or Country), St Marys co. Md.

12-MAIDEN NAME OF MOTHER Harriet Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Prince Geo Co Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edo Monton

(Address) 1332 Presstman St

15-

Filed MAR 25 1917, 191.... HARRY O. ARBURY

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 23 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 29 1917, to Mar 23 1917, that I saw him alive on Mar 22 1917, and that death occurred, on the date stated above, at 9.20-A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) ....yrs. 5 mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edo Williams Fahey M. D.

Mar 23, 191.. (Address) 1928 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Marys co Md - DATE OF BURIAL, March 26 1917

20-UNDERTAKER Maw Morgan & Son ADDRESS Edward Runggold 1463 W Lanvale St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3648

CERTIFICATE OF DEATH.

92

D 3648

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 Canton ST.; 11 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Grove

(Residence in Baltimore: No. 318 Canton St St.; 68 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Colored	Widower

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 68 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, don't know.

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER don't know

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) sign by daughter

(Address) 318 Canton St.

15-HARRY C. ANDREWS
Registrar and Clerk. MAR 25 1917
HARRY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 22, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 16 1917, to March 22 1917, that I saw him alive on March 21 1917, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Chas. H. Riley M. D.

March 23, 1917 (Address) 1113 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel Cemetery	March 25. 1917.
20-UNDERTAKER	ADDRESS
Edward Ringgold	1463 Argyle St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—This is a PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

D 3649 D 3649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1320

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Ella Allen

(Residence in Baltimore: No. 2003 Presbury St St.; 15 yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Oct (Month) 23 (Day) 1868 (Year)

7-AGE: 48 yrs. 5 mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Wheatley

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Kate Walker.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. V. Allen

(Address) 2003 Presbury St.

15-

Filed MAR 25 1917 191.... EARLY C. ANDREW, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23., 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20 1917, to March 23 1917, that I saw her alive on March 23 1917, and that death occurred, on the date stated above, at 4 20 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Senile Pneumonia

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) —

(Duration) ....yrs. ....mos. ....ds.

(Signed) Carl Schneider M. D.

3/24, 191.7 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 3 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2003 Presbury St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Centreville Md	March 27, 1917.

20-UNDERTAKER Harry W. Eden ADDRESS 1906 W. Northern

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 3650

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

40 ✓

D 3650

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 210 N. Glover St. ST: 6 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Richard Cabot.

(Residence in Baltimore: No. 210 N. Glover St.: 48 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH Aug 20, 1868 (Month) (Day) (Year)

7-AGE 48 yrs. 7 mos. 2 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Baltimore City.

PARENTS

10-NAME OF FATHER John Cabot

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Anna M. Hoeninghaus

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary A. C. Cabot.

(Address) 210 N. Glover

15. Filed MAR 25 1917, 191 MARY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Mar. (Month) 23 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 8, 191 7. to Mar 23 191 7.
that I saw h~~im~~ alive on Mar 22 191 7.
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:

Carcinoma of Liver & Pleura
(Clinical)

(Duration) ..... yrs. 4 mos. ds

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. 1 mos. ds.

(Signed) Hubert C. Slaker M. D.

Mar 23, 1917 (Address) 1014 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem.	March 27, 1917
20-UNDERTAKER Lilly & Zile	ADDRESS 403 E. Wolfe St

Spec.—8-24-14—M. & T.—2000 Bks.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3651 64 D 3651

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2111 E. Madison ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Stach

(Residence in Baltimore: No. 2111 E Madison St.; 35 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Not Known ..... (Month), ... (Day), 1 ..... (Year)

7-AGE, 75 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At Home .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, John Hofter

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mathew Polanska

(Address) 2111 E. Madison

15-

Filed ..... 191.. MARRY C. ARTHUR

MAR 26 1917

Burial Permit Issued ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 24, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1917, to May 24 1917.

that I saw h..... alive on ..... 191..,

and that death occurred, on the date stated above, at 5.40P m.

The CAUSE OF DEATH* was as follows:

Central Stenosis

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) W. J. Peacock M. D.

March 26, 191.. (Address) Woodstock Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer | DATE OF BURIAL, March 27, 191..

20-UNDERTAKER Frank Brack & Son | ADDRESS 1804 E. Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3652 D 3652

CERTIFICATE OF DEATH.

REGISTERED No. C 64

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 643 Gutman Ave ST.; 9 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Imarsch

(Residence in Baltimore: No. 643 Gutman Ave St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 24, 1838
(Month) (Day) (Year)

7-AGE, 79 yrs. mos. ds.
If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) William L Walton
(Address) 643 Gutman Ave

15-
Rec'd MAR 25 1917, 191... HARRY C. ABDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24th, 1917
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 6 1917, to March 24th 1917, that I saw h[illegible] alive on March 23 1917, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
(Duration) yrs. mos. 6 ds.
CONTRIBUTORY (Secondary) Exhaustion
(Duration) yrs. mos. 2 ds.
(Signed) P E Lilly M. D.
March 24 1917 (Address) 519 E North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: March 26 1917

20-UNDERTAKER: William Cook — ADDRESS: 519 E North Ave

26 Lilly North Ave

N.B.—Every item of information should be carefully supplied. A CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spcm.—8-24-14—M. & T.—2000 Bks.

D 3653

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3653

CERTIFICATE OF DEATH.

127

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 8 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME mrs nettye Wagner

(Residence in Baltimore: No. 1824 N. Montford Ave St.; ..... yrs. ..... mos. ..... ds.)

N.B.—THIS IS A PERMANENT RECORD—WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, May 6, 1879 (Month) (Day) (Year)

7-AGE, 37 yrs. 10 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm. Engel

11-BIRTHPLACE OF FATHER (State or Country), md.

12-MAIDEN NAME OF MOTHER Margaret

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed MAR 25 1917, 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 21 1917, to March 23 1917, that I saw her alive on March 22 1917, and that death occurred, on the date stated above, at 2.56 A.m.

The CAUSE OF DEATH* was as follows:

General peritonitis
puerperal

(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Hosmer W. Reed M. D.

March 24 1917. (Address) J. H. H.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ~

Former or usual residence 1824 N. Montford Ave

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, March 26, 1917.

20-UNDERTAKER Wm. Cook — ADDRESS 502 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 3654

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3654

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Church Home & Hosp. St.; ... WARD)
REGISTERED NO. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr. Arthur Pue

(Residence in Baltimore: No. Church Home Hosp. St.; ... yrs., 1 mos. 5 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, June (Month) 9 (Day), 1868 (Year)

7-AGE, 48 yrs. 9 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... clerk
(b) General nature of industry, business, or establishment in which employed (or employer)..... Internal Revenue Dept.

9-BIRTHPLACE, (State or Country), Howard Co. Md.

PARENTS.

10-NAME OF FATHER, Ferdinand C. Pue

11-BIRTHPLACE OF FATHER (State or Country), Howard Co. Md.

12-MAIDEN NAME OF MOTHER Ellen Fitzhugh Bowen

13-BIRTHPLACE OF MOTHER (State or Country), Fauquier Co. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... A. G. Macgill

(Address) 110 Commodore St.

15- MAR 25 1917 Baltimore

Filed....., 191.....

Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 19 1917, to Mar. 24 1917, that I saw h.. alive on Mar. 24 1917, and that death occurred, on the date stated above, at 6 50 P. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism (Duration) 1 mos. ds.

(Signed) E. V. Reeter M. D.

March 24 191 7. (Address) Church Home Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. 1 mos. 5 ds. In the State 48 yrs. 9 mos. 15 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Ellicott City Md

19-PLACE OF BURIAL OR REMOVAL, Henry Jenkins & Sons Co

DATE OF BURIAL, March 26, 1917

20-UNDERTAKER St. Johns Cemetery Ellicott City Howard Co Md.

Address Orchard St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3655 D 3655

CERTIFICATE OF DEATH.

REGISTERED NO. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1427 McElderry ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edgar Nichols

(Residence in Baltimore: No. 1427 McElderry St.; 3 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, November 1 (Month) (Day) (Year)

7-AGE, 3 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work — None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Edgar E Nichols

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Nancy Franklin

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edgar Nichols

(Address) 1427 McElderry St

15- Filed MAR 25 1917, 191 [illegible] Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 18 1917, to Mar 23 1917, that I saw h[illegible] alive on March 22 1917, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Pleurisy (Lobar Pneumonia)

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Emphysema

(Duration) yrs. mos. ds.

(Signed) Walter L Phillips M. D.

Mar 24, 1917 (Address) 1101 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, Mar 26 1917

20-UNDERTAKER A E Cross — ADDRESS 1405 McElderry St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

D 3656 HEALTH DEPARTMENT—CITY OF BALTIMORE D 3656

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 29 N. Bruce ST.: 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma J. Farrell

(Residence in Baltimore: No. 29 N. Bruce St.; 10 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Widow

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 50 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Device
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Dawrich Gill

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Nancy Turner

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daisy Jones

(Address) New York city N.Y.

15- MAR 25 1917 HARRY C. ANDREWS

Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 23 1917, to March 24 1917, that I saw her alive on the 24th of March 1917, and that death occurred, on the date stated above, at 5A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. 2 mos. da.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(Duration) yrs. mos. 1 da.

(Signed) E. D. Reynolds M. D.

3/26, 191.7. (Address) 24 N Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem DATE OF BURIAL, Mar. 27, 1917.

20-UNDERTAKER Chas T Wasmus ADDRESS 217 N Fulton

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3657 — 640 3657

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2726 Mosher Street ST. 16 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Snyder

(Residence in Baltimore: No. 2726 Mosher Street St.; 0 yrs., 3 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: April (Month) 12 (Day), 1840 (Year)

7-AGE: 76 yrs. 11 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Commission Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): The Snyder-Blankford Co.

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Peter Snyder

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Jane R. Way

13-BIRTHPLACE OF MOTHER (State or Country): Florida.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. W. O. Snyder, (son)

(Address) 3047 St. Paul Street.

15- Filed MAR 25 1917 191.. HENRY J. ABBELL Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 23 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 1 1917, to March 23 1917, that I saw him alive on March 22 1917, and that death occurred, on the date stated above, at 2A m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(Duration) ..... yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Cerebral oedema

(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) Julius Friedenwald M. D.

March 23, 191.7 (Address) 1503 L. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yr. ... mo. ... dy. In the ... yr. ... mo. ... ds.

Where was disease contracted if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: Mar, 25th 1917.

20-UNDERTAKER: Stewart & Mowen Company — ADDRESS: 108 W. North Av.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FILMED

Spec.—8-14-14—M. & T.—2000 Bks.

D 3658 D 3658

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 S. Hare ST. 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Olivia Herr

(Residence in Baltimore: No. 7 S. Hare St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept 12th (Month) (Day), 1861 (Year)

7-AGE, 55 yrs. 6 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James Starkey

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Matthew Herr

(Address) 7 S. Hare St

15-

Filed MAR 25 1917, 191.... HARRY C. ANDREWS Registrar.

Burial Permit Oleck

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 22nd (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 19th 191.., to March 22nd 1917, that I saw her alive on March 21st 1917, and that death occurred, on the date stated above, at 10.30 a m.

The CAUSE OF DEATH* was as follows:

Contracture Forearm

..... (Duration) yrs. 1 mos. 4 ds.

CONTRIBUTORY (Secondary) Heart-failure

..... (Duration) yrs. mos. 2 ds.

(Signed) Chas B. Lawton M. D.

March 27th, 191.7. (Address) 813 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery — DATE OF BURIAL, March 25, 191.7

20-UNDERTAKER Christian Miller — ADDRESS 2304 Jefferson St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

U. S. A. F. E. D. A. K.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3659 D 3659

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 Mc Donough ST.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard Joseph O'Kerns

(Residence in Baltimore: No. 1014 Mc Donough St.; 54 yrs., 7 mos., 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Aug 22nd, 1862
(Month) (Day) (Year)

7-AGE, 54 yrs. 7 mos. 1 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Milk inspector
(b) General nature of industry, business, or establishment in which employed (or employer): City

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Hugh Kerns

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Mary Mc Ginnes

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida L. Kerns

(Address) 1014 Mc Donough

15-

Filed MAR 25 1917, 191.... HARRY C. ABBELEN
Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 23, 1917, to Mar 23 1917, that I last saw him alive on Mar 23 1917, and that death occurred, on the date stated above, at 7.05 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 5 hours ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) 1 yrs. ....mos. ....ds.

(Signed) A. Lee Hurlburt M. D.

Mar 23, 1917 (Address) 1003 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cem	Mar 27, 1917
20-UNDERTAKER	ADDRESS
Geo M. Pinck	811 N Wolfe

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—3-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3660 ✓ 91 D 3660

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Andrew Warinski ST. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME 1703 Alicanna St Andrew Warinski.

(Residence in Baltimore: No. 1703 Alicanna St.; ....yrs., 2 mos. ....ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ...January.... (Month) 23 (Day) 191.... (Year)

7-AGE,	If LESS than 1 day,
....yrs. 2 ....mos. ....ds.	....hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....Worn.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Frank Warinoska

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Julia Blabecka

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)....Frank Warinska.....

(Address)....1703 Alicanna St.....

15- Filed MAR 25 1917, 191.... HARRY C. ARGERSINGER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...March (Month) 23 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1917, to March 23 1917, that I saw h.. alive on March 22 1917, and that death occurred, on the date stated above, at 5.45A.m.

The CAUSE OF DEATH* was as follows:

.....Malnutrition : Bronchio-Pneumonia.....

..... (Duration)....yrs....mos. 3 3 ds.

CONTRIBUTORY (Secondary) ....Heart failure.....

..... (Duration)....yrs....mos. 1 ds.

(Signed)....Thos. H. Bruckhardt.....M. D.

3-23., 191.7 (Address)....1621 E Fayette.....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Mar 26, 1917.

20-UNDERTAKER M F. Sadowski. ADDRESS, 905 S Ann St.

Spec.—8-24-14—M. & T.—2000 Bks.

Stanislaus Zakens.

3661

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 ✓ D 3661

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 S. Duncan St.; 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanislaus Zakens

(Residence in Baltimore: No. 512 S Duncan st St.; 21 yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Nov (Month) ..... (Day), 1884 (Year)

7-AGE, 33 yrs. 4 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Oyster Shucker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), German Poland

PARENTS.

10-NAME OF FATHER. Jacob Fakens

11-BIRTHPLACE OF FATHER (State or Country), German Poland

12-MAIDEN NAME OF MOTHER Francis Pearsenski

13-BIRTHPLACE OF MOTHER (State or Country), German Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sars. from Fa Bros.

(Address) 512 S. Duncan St.

15- Filed MAR 25 1917 191.. HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 12 1917, to March 24 1917, that I saw h pm alive on March 22 1917, and that death occurred, on the date stated above, at 9-30 am.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

to my knowledge (Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. V. Bliley M. D.

March 24 1917 (Address) 105 S. Patterson Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. mos. ds. In the State ...yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, St. Stanislaus, — DATE OF BURIAL, Mar. 26, 1917.

20-UNDERTAKER M. F. Sadowski. — ADDRESS 1705 S. Ann.

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

D 3662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

174

D 3662

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 20 WARD)

2-FULL NAME Samuel Burrows

(Residence in Baltimore: No. 2692 Wilkens Ave

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Sixty (Yrs.) mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... July (Month) 28 (Day), 1855 (Year)

7-AGE, 61 yrs. 7 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Henry Burrows

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Elizabeth Tyler

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. E. Summers

(Address) 110 Wilkens St.

15- Filed MAR 25 1917, 191.....

HARRY C. ANGELL
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to Jay death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract of skull
Caused by accident 2 days
Elevator S. Lapse (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. S. Tyler M. D.
(Coroner)
March 24 191 7 (Address) 1659 Druid...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Mercy Hospital

Former or usual residence 2692 Wilkens Ave

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, Mar. 25 1917

20-UNDERTAKER F. B. Kuppert — ADDRESS 2238 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 3663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50 D 3663

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2912 Belmont Ave ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Calvin H Smith

(Residence in Baltimore: No. 2912 Belmont Ave St.: 54 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, September 3, 1858
(Month) (Day) (Year)

7-AGE, 58 yrs. 6 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Woman Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Franz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary A Gilne

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..George H Smith

(Address)..2912 Belmont

15- Filed MAR 25 1917, 191..... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 22, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 12 1917, to Mar 21 1917, that I saw h.. alive on Mar 21 1917, and that death occurred, on the date stated above, at 11.4 m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

..... (Duration)..2.. yrs..... mos..... ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

..... (Duration)..1.. yrs..... mos..... ds.

(Signed) H E Thuckman M. D.

Mar 22, 191... (Address) 2002 N Leamington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, March 26 1917

20-UNDERTAKER Wendel Appel Sr — ADDRESS 3780 [illegible]

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3664 92 D 3664

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Sq. Hospital REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Fayette & Calhoun ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman Lisco Palmer

(Residence in Baltimore: No. 1124 Oliver St.; 9 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black	Married

6-DATE OF BIRTH, March 23, 1886
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
31 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Gaunal

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Raymond Lisco

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ellen Carter

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Washington

(Address) 1124 Oliver St

15- MAR 26 1917 191.... ROBERT R. KRAUTER
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 17 1917, to March 23 1917, that I saw him alive on March 23 1917, and that death occurred, on the date stated above, at 8.00 P.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) L. L. Marraus M. D.

Mar. 24 191.7. (Address) Franklin Sq. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? at Work.

Former or usual residence 1124 Oliver St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Md	March 25, 1917.

20-UNDERTAKER	ADDRESS
L. L. Brown & Son	108 W. Monty

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

FRANKLIN SQUARE HOSPITAL

COR. CALHOUN AND FAYETTE STREETS

DOCTOR

WILL OPERATE UPON

FLOOR

DATE

ANAESTHETIST

OPERATION Bulto Md

Sworn to before me this 29th

day of March 1917

J. Ninfus Thomas

Notary Public

I have filled out one certificate for this person as Herman Liscai, They claim his name was Herman ~~Liscai~~ Palmer Either this or the other one should not be recognized.

The death certificate is filled as Herman Liscai also

Yours truly

T. L. Morrow M.

(over)

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3665

CERTIFICATE OF DEATH.

28 D 3665

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1936 Lemon ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August Böcker

(Residence in Baltimore: No. 1936 Lemon St.

St.; yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widower

6-DATE OF BIRTH, Feb 28 (Month) (Day), 1840 (Year)

7-AGE, 77 yrs. mos. 27 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). General

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Bocker

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. K. Oliver

(Address) 1936 Lemon St

15- Filed MAR 26 1917 191... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 191 7, to March 23 1917, that I saw h[illegible] alive on March 18 1917, and that death occurred, on the date stated above, at 5 05 P. m.

The CAUSE OF DEATH* was as follows:

1. Tuberculosis Pulmonalis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

March 26, 191 7 (Address) 1600 Hoffman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Paul Cemetery — DATE OF BURIAL, March 26, 191 7

20-UNDERTAKER Geo Lewin Jackson & Son — ADDRESS 647 N. Pa[illegible]

Spec—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3666

D 3666

CERTIFICATE OF DEATH.

151

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1265 William ST. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Birnane

(Residence in Baltimore: No. 1265 William St.; ..... yrs., ... mos. (ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Mar 24, 1917
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 1 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thomas E Birnane

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Maurice L Smith

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Birnane

(Address) 1265 William St.

15- Filed MAR 26 1917 ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 25, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 24 1917, to Mar 25 1917, that I saw her alive on Mar 25 1917, and that death occurred, on the date stated above, at 4A. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Ephauchan

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R E L Campbell M. D.

Mar 25, 1917 (Address) 1644 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cem.	March 26, 1917.
20-UNDERTAKER E Solomon & Son	ADDRESS 1039 Hanover St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

D 3667

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3667

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1633 N. Mount ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alma Jones

(Residence in Baltimore: No. 1633 N. Mount St.; ....yrs., ...mos. ....ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, unknown, ... (Month) ..... (Day) 1893 (Year)

7-AGE, 24 ....yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Jones

(Address) 1633 N Mount

15- MAR 26 1917 Filed ....., 191... ROBERT B. KRAUSE Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 23 (Day) 1917 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1 1917, to 3-21-17 1917, that I saw her alive on 1 1917, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. H. Cardozo M. D.

3-27-17 191... (Address) 1524 O'Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Rest Lawn DATE OF BURIAL MAR. 26 1917

20-UNDERTAKER JAMES H. DENNIS ADDRESS 1303 PRESTMAN ST.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3668

CERTIFICATE OF DEATH.

120 D 3668

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1338 N Calhoun St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John B. Braxton

(Residence in Baltimore: No. 1338 N Calhoun St St.; ....yrs....mos....ds.)

N.B.—THIS IS A PERMANENT RECORD
WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	Col.	Marr.

6-DATE OF BIRTH, ... (Month) Unknown (Day) ..... (Year) 1867

7-AGE, 50 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Govmt.

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Peter Braxton

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Marie Tanney

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. J.B. Braxton

(Address) 1338 N. Calhoun

15- Filed MAR 26 1917 ROBERT B. KRAUTZ Registrar. Burial Permit ....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 26 1917, to March 23 1917, that I saw h.. alive on March 23 1917, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) ....yrs. ....mos. ....ds.

(Signed) Thos. O. Klauber M. D.

Mar. 24, 1917 (Address) 1504 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Co. Ca. Lestman, Wm. Wilson	3/26/17

20-UNDERTAKER	ADDRESS
JAMES H. DENNIS	1303 PRESTMAN ST

D 3669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 17 D 3669

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julian Pernake

(Residence in Baltimore: No. Mercy Hospital St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	white	Single

6-DATE OF BIRTH, March 10, 1897 (Month) (Day) (Year)

7-AGE 20 yrs. mos. 12 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Sailor
(b) General nature of industry, business, or establishment in which employed (or employer). Steamship

9-BIRTHPLACE, (State or Country), Spain

PARENTS.

10-NAME OF FATHER, Julian Bernake

11-BIRTHPLACE OF FATHER (State or Country), Spain

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Spain

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. J. Cosey

(Address) 618 Continental Building

15- Filed MAR 26 1917, 191... ROBERT R. KRAUTER Registrar. Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 22, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to. his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract. Skull: also 1 rib fx.
Caused by falling down Hatchway
on Steamship Mediterranean. (Duration) yrs. 10 mos. 10 ds.

CONTRIBUTORY (Secondary) Hemorrhage

(Duration) yrs. mos. ds.

(Signed) W. J. Riley (Coroner.) M. D.

March 23, 1917 (Address) 1639 Bruce

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. 11 days ds. In the State yrs. 1 mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Steamship Mediterranean

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St Peters Cem	Mar 26th 1917
20-UNDERTAKER John F. Conway Son	ADDRESS 901 Wolfe St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3670

CERTIFICATE OF DEATH.

92 D 3670

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Meyer Levin

(Residence in Baltimore: No. 604 Aisquith St St.; ...yrs. 9 mos. ...ds.)

N. B.—THIS IS A PERMANENT RECORD
WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 8 (Day), 1916 (Year)

7-AGE, ...yrs. 9 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Sam Levine

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Rose Silver Levin

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- Filed MAR 26 1917, 191... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 22 191 7, to March 26 191 7, that I saw h Ama alive on March 26 191 7, and that death occurred, on the date stated above, at 12 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Acute lobar

(Duration) ...yrs. ...mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Nils K. Mueller M. D.

Mar 26, 191 7. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 5 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence 604 Aisquith St

19-PLACE OF BURIAL, OR REMOVAL. Fairview Home Cem — DATE OF BURIAL, Mar 26 191 7.

20-UNDERTAKER H. Lehmann & Bro — ADDRESS 1107 E Balto St

Spec.—8-24-14—M. & T.—2000 Blks.

D 3671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 3671

REGISTERED No. C.....

1-PLACE OF DEATH Md. Gen. Hospital

CITY OF BALTIMORE: (No. Lindun Ave & Madison ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Osman Edward Hooper

Residence in Baltimore: No. 2902 Hinden Ave St.; ....yrs., 1 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb- 9, 1917.
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Nurse
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Richard B. Hooper

11-BIRTHPLACE OF FATHER (State or Country), Columbus Ohio

12-MAIDEN NAME OF MOTHER Estr Robb

13-BIRTHPLACE OF MOTHER (State or Country), Houston Tex

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard B. Hooper

(Address) 2902 Hinden Ave

15-

Filed MAR 26 1917, 191.... ROBERT B. KRAUSE, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) – 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 9 1917, to Mar 23 1917, that I saw him alive on Mar 23 1917, and that death occurred, on the date stated above, at 6.10 p. m.

The CAUSE OF DEATH* was as follows:

Ileo Colitis

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) unknown

(Duration) ....yrs. ....mos. ....ds.

(Signed) B. H. Grant M. D.

3/23, 1917 (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. 14 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Md. Gen. Hosp.

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, March 26, 191.7

20-UNDERTAKER Jno B Clark — ADDRESS 1003 Baltimore

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 3672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 3672

113

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 108 S. Fulton ave St. 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John N. Abigill

Residence in Baltimore: No. 108 S. Fulton ave St. (59 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: white

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: January (Month) 8 (Day), 1839 (Year)

7-AGE: 78 yrs. 2 mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: retired Conductor
(b) General nature of industry, business, or establishment in which employed (or employer): B & O R R

9-BIRTHPLACE (State or country): Prince Geo. Co. Md.

PARENTS

10-NAME OF FATHER: Thomas Abigail

11-BIRTHPLACE OF FATHER (State or country): Prince Geo. Co.

12-MAIDEN NAME OF MOTHER: Ellen Beal

13-BIRTHPLACE OF MOTHER (State or country): Prince Geo. Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Mattie McAbigail

(Address) 108 S Fulton av

15

FILED MAR 26 1917

ROBERT R. KRAUSE

Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 24 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 6, 1917, to March 24 1917, that I saw h[illegible] alive on March 23, 1917, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of the Liver and hypertrophy of the stomach

(Duration) ..... yrs. ..... mos. 18 ds

Contributory (SECONDARY) Apoplexy

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Vassalli M. D.

March 24 1917. (Address) 525 N. Fulton ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: March 27 1917

20-UNDERTAKER: Joseph Cook

ADDRESS: 1003 W Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

D 3673 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 3673

CERTIFICATE OF DEATH. 28

1-PLACE OF DEATH University Hospital 4 REGISTERED NO. C

CITY OF BALTIMORE: (No. ..... ST.; 4 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Williamson

Residence in Baltimore: No. University Hospital St.; ..... yrs., 3 mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. Unknown ....., 1873
(Month) (Day) (Year)

7-AGE, 44 yrs. ..... mos. ..... da. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Chief Officer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Mariner

9-BIRTHPLACE, (State or Country), Scotland

PARENTS.

10-NAME OF FATHER, Jas. Williamson

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Maggie Muffit

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Deceased

(Address) Lombard & Greene Sts

15- MAR 26 1917 ROBERT B. KRAUS
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 3, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 7 1916, to Mar 3, 1917, that I saw him alive on Mar 2, 1917, and that death occurred, on the date stated above, at 6 1 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) Months 2 yrs. 6 mos. ..... da.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... da.

(Signed) Bernard J. Derry M. D.

3/x 3, 191.7. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 3 mos. ..... ds. In the State ..... yrs. 3 mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence England

19-PLACE OF BURIAL OR REMOVAL, Loudon Hill Cem — DATE OF BURIAL, Mar 26, 191.7

20-UNDERTAKER Joseph L Cook — ADDRESS 1003 W Balto

Spec.—8-24-16—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 3674

3674

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1908 Mine Bank Lane St.; 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Maher

(Residence in Baltimore: No. 1908 Mine Bank Lane St.; 63 yrs. mos. ds.)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Widower

6-DATE OF BIRTH. November 22nd (Month) (Day) 1854 (Year)

7-AGE. 62 yrs. 4 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Gardener at
(b) General nature of industry, business, or establishment in which employed (or employer). Balto. Cemetery

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. John Maher

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. Frank Maher
(Address) 1908 Mine Bank Lane

15-
Filed MAR 26 1917, 191.... ROBERT B. KRAUTHS Registrar.
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 22 1917, to March 24 1917, that I saw h[im] alive on March 24 1917, and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Arterial

(Duration) yrs. mos. ds.

(Signed) Chas. E. Talbert M. D.

March, 191.7 (Address) 1414 E. Eager St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cemetery

DATE OF BURIAL. March 27th, 191.7

20-UNDERTAKER Henry Horek Son

ADDRESS 1301 E. Eager St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3675

CERTIFICATE OF DEATH.

113 D 3675

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 954 Harford Ave St.; 10 (WARD)

2-FULL NAME Patrick J. Kelly

(Residence in Baltimore: No.) 954 Harford Ave St.; 56 yrs., ... mos., ... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March (Month) 3 (Day), 1858 (Year)

7-AGE, 59 yrs. 1 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired Police
(b) General nature of industry, business, or establishment in which employed (or employer)..... Sergeant

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, Patrick J Kelly

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margaret Powers

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary E. Kelly

(Address) 954 Harford Ave

15- Filed MAR 26 1917, 191.... ROBERT R. KRAUTER BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10 1917, to March 25 1917, that I saw him alive on March 24 1917, and that death occurred, on the date stated above, at 12.50 m.

The CAUSE OF DEATH* was as follows:

Apoplexy, Coma

Cerebral Hemorrhage

Duration 1 yrs. 2 mos. 15 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) W. C. Burns M. D.

March 25, 1917. (Address) 1215 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. New Cathedral Cemetery — DATE OF BURIAL. March 28, 1917

20-UNDERTAKER Jenny Hook Son — ADDRESS 1301 E Eager

Spec.—8-24-14—M. & T.—2000 Bks.

Wm White

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3676

CERTIFICATE OF DEATH.

D 3676

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1637 Mc Elderry St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William White Child

(Residence in Baltimore: No. 1637 Mc Elderry St St.; ..... yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 1 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, William White

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Consula Cautis

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Consula Cautis

(Address) 1637 Mc Elderry st

15-

Filed MAR 26 1917 191.....

ROBERT R. KRAUTER
Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/22 191 , to 3/24 191 , that I saw h[illegible] alive on 3/24 191 , and that death occurred, on the date stated above, at 2:00 p. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

Measles

(Duration) ..... yrs. ..... mos. X ds.

CONTRIBUTORY (Secondary) ..... about

(Duration) ..... yrs. 0 mos. ..... ds.

(Signed) Calvin Mayfield Jr. M. D.

3/24/ 191 7. (Address) 730 N. Carey

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel

DATE OF BURIAL, March 26, 1917

20-UNDERTAKER John W Henderson

ADDRESS 317 E Baltimore

Spec.—5-19-13—M. & T.—500 Bks.

D 3677.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

66 D 3677.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 N. Eden ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Louise Galbraith

(Residence in Baltimore: No. 116 N. Eden St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Feb 26, 1841 (Month) (Day) (Year)

7-AGE, 76 yrs. mos. 26 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

9-BIRTHPLACE, (State or Country). Balto City

PARENTS.

10-NAME OF FATHER. William Burnett

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Jane Guest

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary C. Burnett

(Address) 116 N. Eden st

15- Filed MAR 26 1917 191 ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23 ed, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 11 1916, to March 25 1917, that I saw h[illegible] alive on 11 23 1917, and that death occurred, on the date stated above, at 10 45 p m.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) 4 yrs. 4 mos. 2 ds.

CONTRIBUTORY (Secondary) old age

(Duration) yrs. mos. ds.

(Signed) A. C. O'Donnell M. D.

March 24 1917. (Address) 716 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Mar 27 1917

20-UNDERTAKER Albert E. Kelly ADDRESS 111 N Bond

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3678

CERTIFICATE OF DEATH.

92 D 3678

REGISTERED NO C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest Drumm

(Residence in Baltimore: No. 1818 N Spring St St.; ..... yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Married

6-DATE OF BIRTH, Apr. 22, 1896 (Month) (Day) (Year)

7-AGE, 20 yrs. 11 mos. 3 ds. If LESS than 1 day, ...hrs. or ....mtm.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Labor
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Spurr Drumm

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Martha Elliott

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Head Mercy Hosp

(Address) Gilmor St.

15- Filed MAR 26 1917, 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 25, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 17 1917, to Mar 25 1917, that I saw h.. alive on Mar 25 1917, and that death occurred, on the date stated above, at 5.05 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Ernest P. Smith M. D.

Mar 25, 191.7 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 6 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? 1815 Spring St.

Former or usual residence 1815 Spring St.

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, March 27, (191.7)

20-UNDERTAKER Geo H Holland — ADDRESS 517 Robert [illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3679

CERTIFICATE OF DEATH.

126 D 3679

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1266 S Chester St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Nicolaus

Residence in Baltimore: No. 1266 S Chester St.; 50 yrs., 6 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, May (Month) 9 (Day), 1833 (Year)

7-AGE, 83 yrs. 10 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Funeral Direct

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Peter Nicolaus

(Address) 2046 Eastern Ave

15- Filed MAR 26 1917, 191.... ROBERT B. KRAUSER Clerk

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb — 1912, to March 24 1917, that I saw h— alive on March 9— 1917, and that death occurred, on the date stated above, at 7.25 P.M.

The CAUSE OF DEATH* was as follows:

Senility - Calc. Ky - arteriosclerosis

Prostatic hypertrophy —

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Apoplexy —

Syphilis (Duration) yrs. mos. ds.

(Signed) Burnet Brown M. D.

March 25, 1917. (Address) 125 S Chester

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn	Mar 26, 1917.
20-UNDERTAKER	**ADDRESS**
Wm T. Hartley	2012 E Madison St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3680

CERTIFICATE OF DEATH.

64

D 3680

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 603 S Rose ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Haas

(Residence in Baltimore: No. 603 S Rose St.; 68 yrs., ... mos., ... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept (Month) 18 (Day), 1849 (Year)

7-AGE, 76 yrs. 6 mos. 6 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): in general

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Christian Haas

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Emma Haas
(Address) 603 S Rose St

15-MAR 26 1917 Filed ..., 191... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 8 1917, to March 23 1917, that I saw h[illegible] alive on March 23 1917, and that death occurred, on the date stated above, at 11.20 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs. ... mos. 15 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) ... yrs. ... mos. ... ds.

(Signed) C L Loy M. D.

3/26, 191 7 (Address) 704 Eastern

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn

DATE OF BURIAL, Mar 28, 1917

20-UNDERTAKER Peter Nicolaus

ADDRESS 2046 Eastern

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 3681

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3681

CERTIFICATE OF DEATH.

REGISTERED No. C 155

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital St.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia Cohen

(Residence in Baltimore: No. 2120 E Fayette st St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word.)
female	white	single

6-DATE OF BIRTH, Sept I 1896 (Month), 1 (Day), ... (Year)

7-AGE, 20 yrs. 6 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) H W

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Chas Cohen

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Leah Abrams

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
Chas Cohen (Informant)
(Address) 2120 E Fayettte st

15- Filed MAR 26 1917 191 ROBERT R. KRAUSS Registrar
Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 25 1917 (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide bichloride of mercury

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Mark Levy M. D.
(Coroner.)

Mar 25 1917 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos. 10 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? 2120 E. Fayette st

Former or usual residence 2120 E. Fayette st

19-PLACE OF BURIAL OR REMOVAL, Bal Hebrew — DATE OF BURIAL, Mch 28, 1917

20-UNDERTAKER Wandondheim — ADDRESS 18 & Madyd

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 3682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

170 D 3682

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 519 N. Collington Ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mena Kadlacek

(Residence in Baltimore: No. 519 N. Collington Ave ST.; 7 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): Widow

6-DATE OF BIRTH: Dec 10, 1891 (Month) (Day) (Year)

7-AGE: 75 yrs. 3 mos. 15 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: David Rothschild

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Fanchia Hausbaum

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Rose Wallach

(Address) 619 N Collington Ave

15. Filed MAR 26 1917, 191.. ROBERT R. KRAUTS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 25, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 1st, 191.., to Mch 25th 1917 that I saw her alive on Mch 25th, 1917 and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

..... (Duration) ..... yrs. ? mos. ..... ds

Contributory (SECONDARY) Uraemia

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Margaretta Roberton M. D.

Mch 25th, 1917 (Address) 2129 E Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Bal Hebrew — DATE OF BURIAL: Mch 27, 1917

20-UNDERTAKER: Hart Sondheim — ADDRESS: 1111 Madison Ave

D 3683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 3683

REGISTERED NO. C

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 3237 Chestnut Ave ST. 13 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Beaumont

(Residence in Baltimore: No. 3237 Chestnut Ave St.; yrs., 15 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, March 25, 1855
(Month) (Day) (Year)

7-AGE, 60 yrs. 11 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Mill
(b) General nature of industry, business, or establishment in which employed (or employer): Hand

9-BIRTHPLACE, (State or Country), Dickenville Balto Co

PARENTS.
10-NAME OF FATHER, Unknown
11-BIRTHPLACE OF FATHER (State or Country), Unknown
12-MAIDEN NAME OF MOTHER Unknown
13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Millard Beaumont
(Address) 3237 Chestnut Ave

15- MAR 26 1917 191.... ROBERT B. KRAUTER Registrar.
Burial Permit ....

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)
.....(Duration).....yrs.....mos.....ds.

(Signed) John J. Morrison M. D.
(Coroner.)
Mar 26, 1917. (Address) 322 Rolandine

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Mary's Hampden	March 26 1917
20-UNDERTAKER	ADDRESS
H. M. Cook	5026 Roth Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 3684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

41 ✓ D 3684

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1120 N. Eutaw St.; WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Julia A. Lockhead.

(Residence in Baltimore: No. 1120 N. Eutaw St.; 67 yrs. — mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ (Write the word): Widowed

6 DATE OF BIRTH: Mar. 18, 1850, 1850 (Month) (Day) (Year)

7 AGE: 67 yrs. mos. 6 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9 BIRTHPLACE (State or country): England

PARENTS

10 NAME OF FATHER: Walter Goldue

11 BIRTHPLACE OF FATHER (State or country): England

12 MAIDEN NAME OF MOTHER: Unknown.

13 BIRTHPLACE OF MOTHER (State or country): England.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Walter Goldue

(Address) 1120 N. Eutaw

15.

Filed MAR 26 1917 ROBERT R. KRAUTER

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Mch. 24, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from August, 1914, to Mch 24 1917 that I saw h-r alive on Mch 24, 1917 and that death occurred, on the date stated above, at 2.45 P.M.

The CAUSE OF DEATH* was as follows: Carcinoma of Large Intestine (Metastasis, Articular) One year after Operation

(Duration) 2 yrs. 9 mos. ds

Contributory (SECONDARY) Peritonitis Exhaustion

(Duration) yrs. mos. ds.

(Signed) Thomas J. Talbott M. D.

Mar 26, 1917 (Address) Marlborough Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Woodlawn — DATE OF BURIAL: Mar 27, 1917

20 UNDERTAKER: Wm Cooke — ADDRESS: 702 E Fath ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3685

CERTIFICATE OF DEATH.

39 D 3685

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1407 Eliptic View Ave ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Mc neill

(Residence in Baltimore: No. 1407 Eliptic ave St.; 45 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct. 7, 1868.
(Month) (Day) (Year)

7-AGE, 47 yrs. 5 mos. 16 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Peter Mc neill

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Cathrine Mc conville

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Mc Neill

(Address) 1407 Eliptic View

15-

Filed MAR 26 1917, 191.. ROBERT E. KRAUTER Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 24, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 3 1917, to Mar 24 1917, that I saw h[illegible] alive on Mar 24 1917, and that death occurred, on the date stated above, at 6.50 P.m.

The CAUSE OF DEATH* was as follows:

(Clinical) (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cancer of Tongue

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Mar 25 1917 (Address) 301 N Pat Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Ness Cathedral — DATE OF BURIAL, Mar 27, 1917.

20-UNDERTAKER Wm. Cook. — ADDRESS 502 E. North Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—6-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3686

PLACE OF DEATH

CITY OF BALTIMORE: (No. 225 S. Bethel ST.; 3 WARD)

FULL NAME Emma Bedford

(Residence in Baltimore: No. 225 S. Bethel St.; ...yrs., ...mos. ...ds.)

CERTIFICATE OF DEATH.

28 D 3686

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col. a.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Jan. 18, 1890.
(Month) (Day) (Year)

7-AGE, 26 yrs. 2 mos. 6 dn.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)..... Pvt. Occupation

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John H. Bedford

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary E. Hicks

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H. Bedford

(Address) 225 S. Bethel St.

15-

Filed MAR 26 1917 191... ROBERT B. KRAMER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 23 1917, to March 24 1917, that I saw her alive on March 23 1917, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Pulmonalis

(Duration) ...yrs. 3 mos. ...ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(Duration) ...yrs. 4 mos. ...ds.

(Signed) Jno. Carlin Swan M. D.

March 25, 1917. (Address) 1520 Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Hillon Cem. Balto. DATE OF BURIAL, Mar. 27, 1917.

20-UNDERTAKER Mrs. Robt. A. Elliott & Co ADDRESS 506 East St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

115 D 3687

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hosp. ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Warfield

Residence in Baltimore: No. 2137 Mt. Holley St. St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, Oct. 16, 1836 (Month) (Day) (Year)

7-AGE, 80 yrs. 5 mos. 8 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Robert H. Garrett

11-BIRTHPLACE OF FATHER (State or Country) Baltimore

12-MAIDEN NAME OF MOTHER Elizabeth Coyle

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Irene Warfield Daughter

(Address) 2137 Mt Holley St

15- MAR 26 1917 ROBERT E. KRAUTER

Filed....., 191.. Burial Permit Issued..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 24 1917, to Mar 24 1917, that I saw h.. alive on Mar. 24 1917, and that death occurred, on the date stated above, at 11.15 p.m.

The CAUSE OF DEATH* was as follows:

General peritonitis (due to ruptured Duct - bladder)

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ....yrs. ....mos. 1 ds.

(Signed) J. A. Lawder M. D.

3-24-, 191.7 (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State 80 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 2137 Mt. Holley St.

Former or usual residence 2137 Mt. Holley St.

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge — DATE OF BURIAL, Mar. 27., 191.7.

20-UNDERTAKER Geo. J. Smith — ADDRESS 700 W Fayette St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PAPER; WITH ENGRAVING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3688

CERTIFICATE OF DEATH.

91 D 3688

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Tony Arpin

Residence in Baltimore: No. 407 S. Exeter St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct 24, 1914.
(Month) (Day) (Year)

7-AGE, 2 yrs. 5 mos. 2 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Anthony Arpin

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Angelina Corpi

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anthony Arpin

(Address) 407 S. Exeter St.

15-

Filed MAR 26 1917 ROBERT B. KRAUTER

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20 1917, to March 24 1917, that I saw h[illegible] alive on March 24 1917, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Acute Pulmonary Oedema

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) W. Fouché M. D.

3/25, 1917. (Address) St. Jos. Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? don't know

Former or usual residence 407 S. Exeter St.

19-PLACE OF BURIAL OR REMOVAL, St. Vincent

DATE OF BURIAL, Mar. 27, 1917.

20-UNDERTAKER Wendell Tippet & Son

ADDRESS 330 S. Bond St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Michael Fressner

3689

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

37 D 3689

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 2 ST.: ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Fresner

(Residence in Baltimore: No. 412 So. Chester St.; 37 yrs. 8 mos. 15 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: July 10, 1879 (Month) (Day) (Year)

7-AGE: 37 yrs. 8 mos. 15 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Stationary fireman
(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: John Fressner

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Magdalen Gebhart

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Magdalen Zebelein

(Address) 412 S. Chester St.

15-

Filed MAR 26 1917, 191 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 25, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 191 7, to, March 25 191 7, that I saw h.. alive on March 24 191 7 and that death occurred, on the date stated above, at 11.50 a. m.

The CAUSE OF DEATH* was as follows:

Acute arsenical poisoning (Accident)

(Duration) ..... yrs. ..... mos. 17 ds.

Contributory (SECONDARY) Cerebro spinal syphilis

(Duration) 1 yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

March 25, 191 7 [Address] Johns Hopkins Hosp.

* State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. 2 mos 3 ds. In the State 37 yrs. 8 mos 15 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 412 So. Chester St.

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Mar. 28 1917

20-UNDERTAKER: Wendell Lippel Bro — ADDRESS: 330 S. Bond St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 3690

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45 D 3690

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2531 W. Fayette St. ST. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mrs. Mary Cunnahe Green

(Residence in Baltimore: No. 2531 W Fayette St St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
female	white	Widowed

6 DATE OF BIRTH Sept 22, 1868 (Month) (Day) (Year)

7 AGE 48 yrs. 6 mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Michael Schriber

11 BIRTHPLACE OF FATHER (State or country) Germany.

12 MAIDEN NAME OF MOTHER Theresa Weigeke

13 BIRTHPLACE OF MOTHER (State or country) Germany.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harriet McQuaden

(Address) 2531 W Fayette St.

15 Filed MAR 26 1917 ROBERT R. KRAUTER Registrar

Burial

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 25, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 17, 1916, to Mar 25 1917, that I saw h[er] alive on Mar 20, 1917, and that death occurred, on the date stated above, at 1.20 Am.
The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency
(Clinical 2nd Operation in Dec 1916)

(Duration) yrs. 1 mos. ds

Contributory (SECONDARY) Visceral Carcinoma

(Duration) 1 yrs. mos. ds.

(Signed) Boaz Petroschuk M. D.

Mar 25, 1917 (Address) 2438 Maryland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death	yrs.	mos.	ds.	In the State	yrs.	mos.	ds.
Where was disease contracted, if not at place of death?								
Former or usual residence								

19 PLACE OF BURIAL OR REMOVAL Loudon Park Cem — DATE OF BURIAL March 27, 1917

20 UNDERTAKER Jos Joerdens Son — ADDRESS 217 S. Pac

FILMED BY ETY ARCHIVES

Spec.—8-24-14—M. & T.—2000 Bks.

D 3691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 ✓ D 3691

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Penitentiary, ST.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles E. Ballard.

(Residence in Baltimore: No. 400 E. 22½ St.: ..... yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black.	Widower

6-DATE OF BIRTH, November – 18.., 1823
(Month) (Day) (Year)

7-AGE, 43 yrs. 4 mos. 5 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Driver
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Joshua Ballard.

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Georgiana Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H. Hayward

(Address) Maryland Penitentiary

15- MAR 26 1917 Filed....., 191.... ROBERT R. KRAUSE Registrar.

Burial Permit Office Morgue.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March – 23.., 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March – 9 – 1917, to March – 23 1917, that I saw him alive on March – 23 1917, and that death occurred, on the date stated above, at 4.30 P.m.

The CAUSE OF DEATH* was as follows:

.....

.....

Edema of Larynx

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Syphilitic Ulceration of Larynx

..... (Duration) ..... yrs. ..... mos. 14 ds.

(Signed) E. Williams F. Barnett M. D.

3/24, 1917 (Address) Md. Penitentiary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 11 yrs. 9 mos. 22 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 400 22½ Street.

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Mar 25, 1917

20-UNDERTAKER John H. Adams — ADDRESS 533 W Dolphin

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3692

CERTIFICATE OF DEATH.

89 D 3692

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 N. Eden ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Davenport

(Residence in Baltimore: No. 709 N. Eden St.; 1 yrs., 9 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col a. [illegible]

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, June 15. (Month) (Day) 1913 (Year)

7-AGE, 1 yrs. 9 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John H. Davenport

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Delia Woodard

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Delia Davenport

(Address) 709 N. Eden St

15-

Filed MAR 26 1917 ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 21 1917, to March 24, 1917, that I saw her alive on March 24, 1917, and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH* was as follows:

Capillary Bronchitis

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(Duration) ? yrs. 2 mos. ..... ds.

(Signed) [illegible] M. D.

3/26/, 191 7 (Address) 1520 Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Albany Cem. DATE OF BURIAL, Mar. 26, 191 7

20-UNDERTAKER Harry A. Vodery ADDRESS 1725 Orleans

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3693

CERTIFICATE OF DEATH.

92 D 3693

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 N. Bond St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H Anderson

(Residence in Baltimore: No. 1119 N. Bond St.; 28 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, February (Month) 1st (Day), 1873 (Year)

7-AGE, 44 yrs. 1 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Painter
(b) General nature of industry, business, or establishment in which employed (or employer) House

9-BIRTHPLACE, (State or Country), Harrisburg Pa

PARENTS.

10-NAME OF FATHER, William H. Anderson

11-BIRTHPLACE OF FATHER (State or Country), Waynsboro Pa

12-MAIDEN NAME OF MOTHER Sarah V. Hill

13-BIRTHPLACE OF MOTHER (State or Country), St Thomas Franklin Co Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Agnes M Anderson

(Address) 1119 N. Bond St

15- Filed MAR 26 1917, 191.... ROBERT B. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 19 191 7 to March 24 191 7, that I saw h alive on March 191 7, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Acute Dil
Int Tract (Duration) 2 Days
CONTRIBUTORY (Secondary) Lobar Pneumonia
(Duration) yrs. mos. ds.

(Signed) J. H. M. D. Schumacher M. D.

March 27 191 7 (Address) 1120 W Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, March 27, 1917.

20-UNDERTAKER George Schilling & Sons — ADDRESS 1126 E Monument St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 3694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79

D 3694

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1426 N. Bond St.: 8 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Linda Herkenhoff

(Residence in Baltimore: No. 1426 N. Bond, St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Jan 8, 1863 (Month) (Day) (Year)

7 AGE: 54 yrs. 2 mos. 17 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Wm Herkenhoff

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Henrietta Lorffler

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs J Mann

(Address) 1506 N. Broadway

15.

Filed MAR 26 1917, 19.. ROBERT B. KRAUTER Burial Permit ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Mar. 25, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 10, 1917, to Mar. 25, 1917, that I saw h[illegible] alive on Mar. 24, 1917, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

(Duration) 2 yrs. mos. ds

Contributory (SECONDARY): Pulmonary Edema

(Duration) ~~x~~ yrs. mos. 3 ds.

(Signed) J. Lu Mongan M. D.

Mar 25, 1917 (Address) 1246 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. | In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery | DATE OF BURIAL: March 27, 1917

20 UNDERTAKER: Henry Lutz | ADDRESS: 1007 N. Bond St

Spec.—6-24-14—M. & T.—2000 Blks.

D 3695

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 3695
REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 132 N. Potomac ST.; 6 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dr Amelia Thomas
(Residence in Baltimore: No. 132 N. Potomac St.; 54 yrs. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female
4-COLOR OR RACE: White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widowed
6-DATE OF BIRTH, ... (Month) ..... (Day) 1850 (Year)
7-AGE, 67 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?
8-OCCUPATION: (a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
9-BIRTHPLACE, (State or Country): Ind.

PARENTS.
10-NAME OF FATHER: Cornelius Howard
11-BIRTHPLACE OF FATHER (State or Country): Ind.
12-MAIDEN NAME OF MOTHER: Margaret Handley
13-BIRTHPLACE OF MOTHER (State or Country): Ind.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Catherine Howard
(Address) 132 N. Potomac St.

15- Filed MAR 26 1917, 191... ROBERT R. KRAUSE
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 17 (Day), 191... (Year)
17- I HEREBY CERTIFY, That I attended deceased from 2/6/17 191, to 3/25/17 191, that I saw h[illegible] alive on 3/25/17 191, and that death occurred, on the date stated above, at 11 30 m.
The CAUSE OF DEATH* was as follows:
Mitral Regurgitation
..... (Duration) ..... yrs. 6 mos. ..... ds.
CONTRIBUTORY (Secondary) Cerebral Hemorrhage
..... (Duration) ..... yrs. 1 mos. ..... ds.
(Signed) Frederick R. Bruegman M. D.
3/25/17, 191... (Address) 714 S. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn
DATE OF BURIAL, Mar. 27, 191.7.
20-UNDERTAKER J. J. Moran
ADDRESS 1002 E. Balto. St.

D 3696

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospl ST.: 5 WARD) 175 D 3696 REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Archie Michener

(Residence in Baltimore: No. 306 Forest St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Divorced

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 44 yrs. ..... mos. ..... ds. adult

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Teamster
(b) General nature of industry, business, or establishment in which employed (or employer): Coal

9-BIRTHPLACE, (State or Country), unknown

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Doe

(Address) .....

15- MAR 26 1917 191 Filed ..... ROBERT R. KRAUSE Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said decedent came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract. Vertebrae Cerv. Fell in trying to board Unidentified Rys. (Duration) Yrs. Hrs. Min. ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. J. Riley M. D.
(Coroner.)

March 26, 1917. (Address) 1035 E Fay

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 306 Forest St.

19-PLACE OF BURIAL OR REMOVAL: Laurel Cem. DATE OF BURIAL, March 27, 1917.

20-UNDERTAKER: Robert Brothers ADDRESS Calhoun

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 3697

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

40 D 3697

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2740 Mosher St ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Cyprus Benjamin Corkeran

(Residence in Baltimore: No. 2740 Mosher St St. 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6 DATE OF BIRTH April (Month) 2 (Day) 1850 (Year)

7 AGE 66 yrs. 11 mos. 24 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Bricklayer
(b) General nature of industry, business, or establishment in which employed (or employer) Haywood & Bartlett

9 BIRTHPLACE (State or country) Dorchester Co Md

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (State or country) Not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert Brooks & Son

(Address) Calhoun & Hollins Sts

15 ROBERT B. KRAUTER

Filed MAR 26 1917 Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March (Month) 24 (Day) 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 15th, 1916, to March 24th 1917, that I saw him alive on March 24th, 1917, and that death occurred, on the date stated above, at 8 15 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach
Clinical Diagnosis

(Duration) 1 yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Henry B Kolb M. D.

March 24th, 1917 (Address) 1203 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL BALTIMORE CEM. DATE OF BURIAL 3-27-1917

20 UNDERTAKER Robert Brooks & Son ADDRESS S. E. Cor Calhoun & Hollins

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3698 81 D 3698

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 N. Fremont St.; 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Bride

(Residence in Baltimore: No. 617 N Fremont St.; .....yrs., ...mos. .....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, July (Month) 16 (Day), 1832 (Year)

7-AGE 84 yrs. 8 mos. 8 ds.

If LESS than 1 day, ...hrs. or .....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Daniel Bride

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Hannorah McCarty

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. D. Tarro

(Address) 1777 N Caroline St City

15-MAR 26 1917 ROBERT R. KRAUSE

Filed....., 191.... Burial Permit No. .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 24 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from March 23 1917, to March 24 1917, that I saw h[illegible] alive on March 23 1917, and that death occurred, on the date stated above, at 7 0 m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

(Duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Georges L. Druant M. D.

3/25, 191.. (Address) 722 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	March 27 1917
20-UNDERTAKER	ADDRESS
W. J. Johnson & Son	Penna. Ave.

D 3699

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 3699

152

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2235 Druid Hill Ave St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Wesley

(Residence in Baltimore: No. 2235 Druid Hill ave St.; ..... yrs. ..... mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: March 22 (Month) (Day) 1917 (Year)

7-AGE ..... yrs. ..... mos. 3 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): 2235 Druid Hill ave

PARENTS

10-NAME OF FATHER: Napoleon Wesley

11-BIRTHPLACE OF FATHER (State or country): Balto

12-MAIDEN NAME OF MOTHER: Edmonia Adams

13-BIRTHPLACE OF MOTHER (State or country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Napoleon Wesley per Felix B. Pye

(Address) 2230 Druid Hill ave

15-

Filed: MAR 26 1917 ROBERT R. KRAMER REGISTRAR

Burial Permit Gi...

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 22, 1917, to, March 25 1917, that I saw h.. ex. alive on March 25 1917, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Asphyxia
Pellidra

..... (Duration) ..... yrs ..... mos. 3 ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed), A. H. Carmichael M. D.

March 25, 1917. [Address] 2757 Wilmot Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Saint Peters Cemetery — DATE OF BURIAL 3-26-1917

20-UNDERTAKER Felix B. Pye ADDRESS 1022 E. Mulberry St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

D 3700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 D 3700

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2112 Oak st ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Charles Darrell

(Residence in Baltimore: No. 2112 Oak st St.; 4 yrs., 9 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Widowed

6-DATE OF BIRTH, Nov 10th (Month) (Day), 1838 (Year)

7-AGE, 78 yrs. 4 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired
(b) General nature of industry, business, or establishment in which employed (or employer) merchant 14 years

9-BIRTHPLACE, (State or Country), Island of Bermuda

PARENTS.

10-NAME OF FATHER, John Harvey Darrell

11-BIRTHPLACE OF FATHER (State or Country), Bermuda

12-MAIDEN NAME OF MOTHER Mary Hurst

13-BIRTHPLACE OF MOTHER (State or Country), Bermuda

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Cavendish Darrell

(Address) 1109 N. Eutaw st

15-

Filed MAR 26 1917, 191.... ROBERT B. KRAUTER, Registrar.

Burial Permit 01011

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 25th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 15th 191 7 to March 25th 191 7, that I saw h[illegible] alive on March 25th 191 7, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

General Paralysis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) yrs. mos. ds.

(Signed) Cecil Lee Leonard M. D.

3-26, 191 7. (Address) 122 W. 23 St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem — DATE OF BURIAL, 3-27, 1917.

20-UNDERTAKER H. W. Jenkins & Sons Co — ADDRESS Orchard & McCulloh sts

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Smerina

D 3701 HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3701

CERTIFICATE OF DEATH.

REGISTERED No. C 15

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 720 N. Collington ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Smerina

(Residence in Baltimore: No. 720 N. Collington Ave St.; ...yrs.. ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 26, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. ...mos. 1 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country) Baltimore

PARENTS.

10-NAME OF FATHER, Anton Smerina

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Jessie Prell

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anton Smerina

(Address) 720 N. Collington

15- Filed MAR 26 1917, 191... ROBERT R. KRAUSER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 26, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 26 1917, to March 26 1917, that I saw her alive on March 26 1917, and that death occurred, on the date stated above, at ...m.

The CAUSE OF DEATH* was as follows:

Bronchial Broncho Pneumonia

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) H. Kyser M. D.

..., 191... (Address) 2008 Ashland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Paul's Cem — DATE OF BURIAL, Mar 28th, 1917

20-UNDERTAKER Geo M. Frick — ADDRESS 811 Mad Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Smrcina

D 3702

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3702

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 730 N Collington ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Smrcina

(Residence in Baltimore: No. 730 N Collington Ave St.; ....yrs....mos....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March 26, 1917
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Anton Smrcina

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Josia Prsll

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anton Smrcina

(Address) 730 N Collington

15-Filed MAR 26 1917, 191... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH March 26, 1917.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 26 1917, to March 26 1917, that I saw h.. alive on March 26 1917 and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary).....

(Duration)....yrs....mos....ds.

(Signed) W. J. Kramer M. D.

March 27, 1917. (Address) 730 N. Collington Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Paul's Cem.	Mar. 28, 1917.
20-UNDERTAKER	ADDRESS
Geo. M. Funk	811 N Wolfe

Lt Lenher

Spec.—8-24-14—M. & T.—2000 Bks.

D 3703

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3703

CERTIFICATE OF DEATH.

78

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1002 E. 20th St. St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma L. Cook

(Residence in Baltimore: No. 1002 E. 20th St St.; 51 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White.	Married

6-DATE OF BIRTH, ? (Month) ? (Day) 1865 (Year)

7-AGE, 51 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): -

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, Henry Loeffler.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Doerthea Kuhn.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ernest L. Cook

(Address) 1002 E. 20th St.

15- MAR 26 1917 Filed....., 191... HARRY O. ABELL
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, MAR 25 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from JUN 22 1913, to March 24 1917, that I saw HER alive on March 24 1917, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Acute Dilated Heart

(Duration) X yrs. X mos. 20 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) 3 yrs. 9 mos. ds.

(Signed) E.K. Dreker M. D.

MAR 25 1917, 191... (Address) 928 E. Northan Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, 3/27, 191...

20-UNDERTAKER Wellesley Cook — ADDRESS 602 E North Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—100 Blks.

D 3704

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D 3704

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 N. Port ST. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna P. Birdenbach

(Residence in Baltimore: No. 508 N. Port St St.: 70 yrs.. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Widow

6-DATE OF BIRTH: Aug. (Month) 6 (Day), 1831 (Year)

7-AGE: 85 yrs. 7 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) August Birdenbach

(Address) 508 N. Port St

15- Filed MAR 26 1917 191.... HARRY C. ANDREWS Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH March 24, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 21 191.., to Mch 24 1917, that I saw h.. alive on Mch 24 191.., and that death occurred, on the date stated above, at 10:45 m.

The CAUSE OF DEATH* was as follows:

Respiration Failure

(Duration) 3 yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Senile Debility

(Duration) 3 yrs. mos. 3 ds.

(Signed) Alan B Penman M. D.

March 25, 191.. (Address) 718 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	March 27, 191..
20-UNDERTAKER	**ADDRESS**
Christian Miller	2554 Gilmor St

D 3705 HEALTH DEPARTMENT---CITY OF BALTIMORE D 3705

42

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 Sharp St.; 22 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Millie Gibson

(Residence in Baltimore: No. 310 Sharp St.; \ yrs. \ mos. \ ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: April 26 1873 (Month) (Day) (Year)

7-AGE: 43 yrs. 10 mos. 26 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): +

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Chas. Mankey

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Millie Parker

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm H Gibson

(Address) 310 Sharp St

15- Filed MAR 26 1917 191... HARRY [illegible] Deputy Health Officer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 24 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1, 1917, to, Mch 24 1917, that I saw h[illegible] alive on Mch 23 1917, and that death occurred, on the date stated above, at 11P m.

The CAUSE OF DEATH* was as follows:

(Liver Uterus and Intestines)

(Clinical and Radium)

General Carcinomata

(Duration) 1 yrs. 6 mos. ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

326 1917 [Address] [illegible]

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Church Creek — DATE OF BURIAL: March 27 1917

20-UNDERTAKER: Dorchester Co. Md — ADDRESS: [illegible]

L. L. Brown & Son 104 W. Montgomery

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

D 3706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 3706

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 Brantley Ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret A. Evans

(Residence in Baltimore: No. 1017 Brantley Ave St.: 18 yrs., 9 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, June 4, 1851 (Month) (Day) (Year)

7-AGE, 65 yrs. 9 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... +

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Edward Mister

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Sarah Mease

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... James Townsend.....

(Address)..... 1017 Brantley Ave

15- Filed MAR 26 1917, 191.... HARRY O. ANDERSON Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 31 1917, to March 24 1917, that I saw her alive on March 24 1917, and that death occurred, on the date stated above, at 5.45 p. m.

The CAUSE OF DEATH* was as follows:

Pulmo Pneumonia

(No history) (Duration) ? yrs. ? mos. 14 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(Duration) ? yrs. 1 mos. 1 ds.

(Signed) E. D. Ellis M. D.

Mch 26, 1917. (Address) 9 N. Lighter

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn — DATE OF BURIAL, Mar. 27 1917.

20-UNDERTAKER Geo W Little — ADDRESS 531 N Fremont Ave

N. B.—Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-23-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3707.

CERTIFICATE OF DEATH.

79

D 3707.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 N. Broadway ST.; 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William A. Wright

(Residence in Baltimore: No. 1411 N. Broadway St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH. Oct. (Month) 17 (Day), 1854 (Year)

7-AGE, 62 yrs. 5 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter (House)
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Wm L. Wright

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Unknow

13-BIRTHPLACE OF MOTHER (State or Country) Unknow

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. Beatrix Bryan

(Address) 1411 N. Broadway

15- Filed MAR 26 1917, 191.... HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 26, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 24 1917, to Mar. 26 1917, that I saw him alive on Mar 26 1917, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 2 yrs. \ mos. \ ds.

CONTRIBUTORY (Secondary) \ \ \

(Duration) \ yrs. \ mos. \ ds.

(Signed) Edgar P. Bancroft M. D.

March 26, 191.7 (Address) 1601 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Mch. 27., 1917.

20-UNDERTAKER Wm E. Black — ADDRESS 927 N. Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3708 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 3708

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkin Hospital ST.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Goodales

(Residence in Baltimore: No. 3 days in Hospital St.; yrs., mos., da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Autumn, (Month) 1 (Day) (Year)

7-AGE, 45 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Geo Grubbs.

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Susan Schwartz

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Fuller

(Address) Johns Hopkins Hospital.

15- MAR 26 1917 Filed....., 191.....

HARRY C. ANDREWS Clerk Burial Permit Officer Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 26, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 24, 191 7, to Mar 26 191 7, that I saw h in alive on Mar 26 191 7, and that death occurred, on the date stated above, at 6 10 p. m.

THE CAUSE OF DEATH* was as follows:

Otitis Media - R.
Mast. Empyema - Stomach
Acute Splenomeditis - R.
(Duration) ? yrs. mos. da.

CONTRIBUTORY (Secondary) Meningitis - Post Operative
(Duration) yrs. mos. 2 da.

(Signed) P. Fuller M. D.

Mar 26 191 7 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Isoone, Va.

19-PLACE OF BURIAL OR REMOVAL, Highview Va. DATE OF BURIAL, March 26, 1917.

20-UNDERTAKER Albert C Fuller ADDRESS 221 N Broady

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

3709

CERTIFICATE OF DEATH.

170 D 3709

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 S. Gilmore ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Paradzyk

(Residence in Baltimore: No. 413 S. Gilmore St. St.; ..... yrs. ..... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, ... Jan (Month) 27 (Day), 1845 (Year)

7-AGE, 71 yrs. 2 mos. 3 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None +
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Wilke

11-BIRTHPLACE OF FATHER (State or Country): France

12-MAIDEN NAME OF MOTHER: not known

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gustav Paradzyk

(Address) 413 S. Gilmore

15-MAR 27 1917 ROBERT R. KRAUTER, Registrar.

Filed ....., 191.. Burial Permit No. .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24 (Month) (Day), 1917 (Year).

17-I HEREBY CERTIFY, That I attended deceased from March 20 1917, to March 24 1917, that I saw her alive on March 24 1917, and that death occurred, on the date stated above, at 5.45 P m.

The CAUSE OF DEATH* was as follows:

..... Nephritis

..... Chronic Interstitial

..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Uremia

..... (Duration) ..... yrs. 1 mos. 1 ds.

(Signed) ..... M. D.

March 24, 1917. (Address) 1735 Hollins Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill DATE OF BURIAL, March 27, 191.7

20-UNDERTAKER Harry H. Witzke ADDRESS 1521 N. Lombard

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

D 3710

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

D 3710

168

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 2926 Elliott ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elenora Murry

(Residence in Baltimore: No. 2926 Elliott St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Dont know (Month), (Day), 1841. (Year)

7-AGE, 76 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Hubert Murry.

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER, Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Conroy

(Address) 2926 Elliott St

15-FILED MAR 27 1917, 191 ROBERT B. KRAUTH Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH March 24 (Month) (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Asphyxia by illuminating gas

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Henry Page Dandy M. D. (Coroner)

March 27 1917 (Address) 712 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Mar 27 1917

20-UNDERTAKER John A Moran — ADDRESS Bank & Conn Sts.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3711

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

45 D 3711

CITY OF BALTIMORE: (No. 2303 Avalon Ave ST.; 12 WARD) REGISTERED NO. C

2-FULL NAME Frederick Roeder

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 2303 Avalon Ave St.; Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, April 7th, 1870 (Month) (Day) (Year)

7-AGE, 46 yrs. 11 mos. 18 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Draftsman
(b) General nature of industry, business, or establishment in which employed (or employer): Jno. Fellers & Co.

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, August Roeder.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Pauline Gerhardt

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louise C. Roeder

(Address) 2303 Avalon Ave

15- Filed MAR 27 1917, 191.. ROBERT E. KRAUSE Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 25th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 191 7, to March 25 191 7, that I saw h im alive on March 25 191 7, and that death occurred, on the date stated above, at 5 55 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

Microscopic Exam.

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cachexia

(Duration) yrs. 1 mos. ds.

(Signed) A. J. Bowers M. D.

Mar 25, 191 7 (Address) 1904 E. Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cremated Loudon Park DATE OF BURIAL, March 28, 191 7

20-UNDERTAKER Mr. & Mrs. John H. Fenby ADDRESS 301 N. Fayette St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3712

CERTIFICATE OF DEATH.

120 D 3712

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1418 W. Mulberry ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Stitcher

(Resident in Baltimore: No. 1418 W. Mulberry St.; 64 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, April 6th, 1853
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
79 yrs. 11 mos. 18 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Restaurant

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Geo. Stitcher

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amelia Stitcher

(Address) 1418 W. Mulberry St

15- FILED MAR 27 1917 191.... ROBERT R. KRAUSER Register.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 13 1917, to March 23 1917, that I saw h.. alive on March 23 1917, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) 0 yrs. mos. 3 ds.

(Signed) John B. Owen M. D.

March 24 1917. (Address) Fairmount Ave & Potomac St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cemetery | DATE OF BURIAL, March 27th, 1917

20-UNDERTAKER: Chas. Mrs. John H. Deufel | ADDRESS: 611 W. Fayette St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3713

CERTIFICATE OF DEATH.

92 D 3713

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 Carroll ST. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Colored Hunt

(Residence in Baltimore: No. 610 Carroll St. 5 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Mail

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ....., 1 (Day) ..... (Year)

7-AGE, 5 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balt city

PARENTS.

10-NAME OF FATHER, Charles Jones

11-BIRTHPLACE OF FATHER (State or Country), Balt city

12-MAIDEN NAME OF MOTHER Clara Brown

13-BIRTHPLACE OF MOTHER (State or Country), Balt city

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clara Harris

(Address) 410 Cornes St

15-

Filed MAR 27 1917 191.....

ROBERT R. KRAUTHE

Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 25, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from [illegible] 25 1917, to March 25 1917, that I saw h[illegible] alive on March 24 1917, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

..... (Duration) ....yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Anasarca

..... (Duration) ....yrs. 3 mos. ds.

(Signed) [illegible] M. D.

March 27 1917 (Address) 712 S. Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, March 27, 191...

20-UNDERTAKER Wm H Hooper

ADDRESS 602 Pitt St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3714

CERTIFICATE OF DEATH.

28 ✓ D 3714

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 645 Josephine ST.; 4 WARD)
REGISTERED No. C

2-FULL NAME Ellen Morton

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 645 Josephine St.; 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec. 20, 1901
(Month) (Day) (Year)

7-AGE, 15 yrs. 3 mos. 5 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Ord. Occupations

9-BIRTHPLACE, (State or Country), Balt city

PARENTS.

10-NAME OF FATHER, Richard Morton

11-BIRTHPLACE OF FATHER (State or Country), Richmond Va

12-MAIDEN NAME OF MOTHER, Rose Coalter

13-BIRTHPLACE OF MOTHER (State or Country), Washington D C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose Coalter

(Address) 645 Josephine St

15- Filed MAR 27 1917, 191 ROBERT B. KRAUSE, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 25, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 22 1917, to 24 — 1917, that I saw her alive on March 22 1917, and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) 2B

(Duration) yrs. 1 mos. 3 ds.

(Signed) Dr. G. W. Kennard M. D.

March 26, 1917. (Address) 708 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, March 27, 1917

20-UNDERTAKER Geo H Hooper — ADDRESS 609 Little Rock

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 3715

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 3715

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy Hospital ST.: 4 WARD)
2-FULL NAME Denis Cliff
(Residence in Baltimore: No. 33 St. Helena St. St. Helena Balto. St.; yrs., mos. ds.)
or. Fifth Ave and Monumental Rd.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

REGISTERED No. C

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single
6-DATE OF BIRTH, ... March (Month) ..... 1 (Day) ..... (Year)
7-AGE, 39 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.
8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... General
9-BIRTHPLACE, (State or Country), Va.

PARENTS.
10-NAME OF FATHER, Thos J. Cliff
11-BIRTHPLACE OF FATHER (State or Country), Va.
12-MAIDEN NAME OF MOTHER M. Hyson,
13-BIRTHPLACE OF MOTHER (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) ..... Thos. J. Cliff
(Address) ..... North Pt. Rd.

15- MAR 27 1917 ROBERT R. KRAUTER
Filed ....., 191... Registrar.
Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) ..... 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquest ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... Inquest ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Fract. Skull .....
..... Struck by Car, Canton Railway .....
..... near Dundalk, Baltimore Co. Md. .....
(Duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. J. Riley
(Coroner.) ..... M. D.
Md., 191.7 (Address) 1637 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. 2 hrs. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? ..... Near Dundalk .....
Former or usual residence ..... Balto. Co. Md. .....

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery
DATE OF BURIAL, MAR 27 1917, 19...
20-UNDERTAKER ARMSTRONG-DENNY CO.
ADDRESS 715 Light St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-2-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3716

CERTIFICATE OF DEATH.

28

D 3716

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 905 Hanover ST.: 23 WARD: 4

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Annie K Golf

(Residence in Baltimore: No. 905 Hanover St.: 29 yrs., 3 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, Dec 9, 1887 (Month) (Day) (Year)

7-AGE, 29 yrs. 3 mos. 16 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm H. Sheckels

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Eliza A Lusby

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Sheckels (Sister)

(Address) 1915 Hanover st

15 Filed MAR 27 1917, 191.... ROBERT B. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 25, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 1916, to March 25 1917, that I saw h[illegible] alive on March 25 1917, and that death occurred, on the date stated above, at 3.30 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos. 2 ds.

(Signed) J T O'Donnell M. D.

March 26 1917. (Address) 1028 Mott St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill

DATE OF BURIAL, MAR 27 1917

20-UNDERTAKER ARMSTRONG-DENNY CO.

ADDRESS 715 Light St

N.B.—Care and correct information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3717

CERTIFICATE OF DEATH.

66 D 3717

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2427 Maryland Ave ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Elizabeth Embrod

(Residence in Baltimore: No. 2427 Maryland Ave St.; ..... yrs., ... mos. ..... ds.)

N. B.—Entire information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widow

6-DATE OF BIRTH, 12 day of November, 1828
(Month) (Day) (Year)

7-AGE, 88 yrs. 4 mos. 12 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lower wife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Chas. H. Einbrod

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. K. Buckler

(Address) 2427 Maryland Ave.

15- MAR 27 1917, 191.. ROBERT R. KRAUSE Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 24, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 21 1917, to March 24 1917, that I saw h[illegible] alive on March 24 1917, and that death occurred, on the date stated above, at 11:20 P.M. m.

The CAUSE OF DEATH* was as follows:

Pneumonia of age
Paralysis of left side, 4 days
last 4 days (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Paralysis left side
..... (Duration) One yrs. ..... mos. ..... ds.

(Signed) Geo H Baimes M. D.

Mar 26, 1917. (Address) 2142 W Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Baltimore

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Mar. 27, 1917.

20-UNDERTAKER Wm J Lickenbrock

ADDRESS North Ave

D 3718

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH

92 D 3718

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1725 Carlisle Place ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marion Spencer

(Residence in Baltimore: No. 1725 Carlisle Place St.; ..... yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female | 4-COLOR OR RACE: Colored | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Feb. (Month) 17 (Day), 1916 (Year)

7-AGE: 1 yrs. 1 mos. 9 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore City

PARENTS

10-NAME OF FATHER: William Spencer

11-BIRTHPLACE OF FATHER (State or country): Va.

12-MAIDEN NAME OF MOTHER: Lilly May Hardy

13-BIRTHPLACE OF MOTHER (State or country): Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lilly May Hardy

(Address) 1725 Carlisle Place

15 Filed MAR 27 1917 ..... 19.. ROBERT R. KRAUTH Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 25, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 24, 1917, to, ... 191..., that I saw h.. alive on March 24 1917, and that death occurred, on the date stated above, at 2 a.m. The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) 1 yrs 1 mos 9 ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs ..... mos ..... ds.

(Signed), Edgar V. Bankert M. D.

March 26 1917 [Address] 1601 N. Broadway

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Asbury Cem. | DATE OF BURIAL: March 27 1917

20-UNDERTAKER: Wm J. & Locke | ADDRESS: 1302 Jefferson

Spec.—8-24-14—M. & T.—2000 Bks.

Edward Dental

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3719

CERTIFICATE OF DEATH.

X 125 D 3719

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hosp ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Dental

(Residence in Baltimore: No. 3224 Fairmount Ave St.; ....yrs,....mos....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, ...Unknown...., 1..... (Month) (Day) (Year)

7-AGE, 58 yrs.....mos.....da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....Dent Assistant....
(b) General nature of industry, business, or establishment in which employed (or employer) ....Unknown....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, ?Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER ?Unknown

13-BIRTHPLACE OF MOTHER (State or Country), ?Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ....[illegible]....

(Address) ....John Hopkins Hospital....

15- ROBERT R. KRAUTER
Filed MAR 27 1917 191. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...March 24, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 1917, to Mar 24 1917, that I saw h[illegible] alive on Mar 24 1917, and that death occurred, on the date stated above, at 3 55 m.

The CAUSE OF DEATH* was as follows: a

Tetanus following a
(Antecedent causes: Morbid conditions, if any, giving rise to the above cause, stating the underlying cause last.)

.....(Duration).....yrs.....mos....5...da.

CONTRIBUTORY (Secondary) Abscesses of Abdominal Wall due to Sewing Extraction

.....(Duration).....yrs....2....mos.....da.

(Signed) ....[illegible] M. D.

Mar 24, 191.7 (Address) ....John Hopkins Hosp....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. 4 da. In the State ....yrs....mos....da.

Where was disease contracted, if not at place of death? ....

Former or usual residence 3222 Fairmount Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Balto Cem	Mar. 27, 1917.
20-UNDERTAKER John Herwig, C	ADDRESS 2005 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3720

CERTIFICATE OF DEATH.

28

D 3720

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 417 N Carey ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Percy Mrs Williams

(Residence in Baltimore: No. 417 N Carey, St.; 5 yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan (Month) 1 (Day), 1884 (Year)

7-AGE, 33 yrs. 2 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Insurance inspector
(b) General nature of industry, business, or establishment in which employed (or employer): Clerk

9-BIRTHPLACE, (State or Country), Ohio

PARENTS.

10-NAME OF FATHER, Geo W. Williams

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Eva Williams

(Address) 417 N Carey St.

15- MAR 27 1917 Filed....., 191.. ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 24 1916, to March 29 1917, that I saw h.m alive on March 191.., and that death occurred, on the date stated above, at 3 45 P.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) 4 yrs. 5 mos. 16 ds.

CONTRIBUTORY (Secondary) Insanity

(Duration) .... yrs. 5 mos. 10 ds.

(Signed) [illegible] M. D.

March 30 1917. (Address) 708 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Washington D C

DATE OF BURIAL, March 27 1917

20-UNDERTAKER John Hervis & Co

ADDRESS 2008 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3721

CERTIFICATE OF DEATH.

17 D 3721

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 Aisquith St ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gittel Fiertel

(Residence in Baltimore: No. 127 Aisquith St St.: 25 yrs.. mos.. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Married

6-DATE OF BIRTH, Unknown (Month), 1 (Day), ... (Year)

7-AGE,	If LESS than 1 day,
61 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Lewis

(Address) 1411 E Balt

15- Filed MAR 27 1917 191.. ROBERT R. KRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 26, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 191 7, to March 26 191 7, that I saw her alive on March 26 191 7, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. 3 mos. ds.

(Signed) H. J. Baylus M. D.

March 26, 191 7. (Address) 212 Saratoga

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Rosedale	3-27-17, 191.7
20-UNDERTAKER Jack Lewis	ADDRESS 1411 E Balt

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3722

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3722

CERTIFICATE OF DEATH.

92

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1531 E. Baltimore St. ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Milton Solomon

(Residence in Baltimore: No. 1531 E. Balto St. St.; 1 yrs., 6 mos. 27 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Single

6-DATE OF BIRTH, Aug (Month) 30 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 6 mos. 27 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balt. Md

PARENTS.

10-NAME OF FATHER. Meyer Solomon

11-BIRTHPLACE OF FATHER (State or Country). Rommania

12-MAIDEN NAME OF MOTHER Esther Eisenberg

13-BIRTHPLACE OF MOTHER (State or Country). Rommania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Solomon

(Address) 1531 E Baltost

15- Filed MAR 27 1917 191.... ROBERT R. KRAUTH Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15 1917, to March 26 1917, that I saw him alive on March 26 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar.

(Duration).....yrs.....mos. 11 ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Theron Ryan Custer M. D.

March 27 191 7 (Address) No. 10 E. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Hebrew Rodelph	3/27, 191 7
20-UNDERTAKER	ADDRESS
Jack Lewis	1411 E Baltost

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3723

CERTIFICATE OF DEATH.

170 D 3723

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 203 E. North ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Herring

(Residence in Baltimore: No. 203 E North Ave St.; life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widower

6-DATE OF BIRTH, June (Month) (Day), 1838 (Year)

7-AGE, 82 yrs. 9 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work retired
(b) General nature of industry, business, or establishment in which employed (or employer) Adams Ex Agt

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, David Herring

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Herring

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas Herring

(Address) 203 E North Ave

15- Filed MAR 27 1917, 191 ROBERT B. KRAUTH Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 26th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 28 1916, to March 25 1917, that I saw h[illegible] alive on March 25 1917, and that death occurred, on the date stated above, at 3.15 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Chronic
Hemiplegia Paralysis
(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Chas. H. Libby M. D.

March 26., 1917. (Address) 1113 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, 3-28-1917

20-UNDERTAKER Graham & Frank — ADDRESS 723 Park Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3724

CERTIFICATE OF DEATH.

120 D 3724

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2106 Boone ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Hood

(Residence in Baltimore: No. 2106 Boone St St.; 30 yrs., mos. da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widow

6-DATE OF BIRTH, July 22nd, 1840
(Month) (Day) (Year)

7-AGE, 76 yrs. 8 mos. 4 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none.
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country) unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Hood

(Address) 2106 Boone St

15- MAR 27 1917 Filed, 191. ROBERT R. KRAUSS Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 26th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 1916, to Mar. 26 1917, that I saw her alive on Mar 26 1917, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) 1 yrs. mos. 1 ds.

(Signed) J. M. Letemyer M. D.

Mar. 26, 1917. (Address) 1275 North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, March 28, 1917.

20-UNDERTAKER, London F. Walker — ADDRESS 723 Whatever

Spec.—8-24-14—M. & T.—2000 Bks.

D 3725

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3725

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Cullison

(Residence in Baltimore: No. 3714 Mt Pleasant Ave St.; Balto Co. Md. yrs. 9 mos. 9 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Sing

6-DATE OF BIRTH, June 16th (Month) (Day), 1916 (Year)

7-AGE, yrs. 9 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Co. Md.

PARENTS.

10-NAME OF FATHER, Maurice Cullison

11-BIRTHPLACE OF FATHER (State or Country), St Marys Co. Md.

12-MAIDEN NAME OF MOTHER Mabel A. Tisdale

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp.

Filed MAR 27 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 25 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from March 22 1917, to March 25 1917, that I saw h[illegible]alive on March 25 1917, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Indigestion & gastro-intestinal

(Duration) 0 yrs. 0 mos. 6 ds.

CONTRIBUTORY (Secondary) None

(Duration) 0 yrs. 0 mos. 0 ds.

(Signed) D. E. W. Smith M. D.

March 25 191... (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, if deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 3714 Mt. Pleasant Ave

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn; DATE OF BURIAL, March 27, 1917.

20-UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Wolfe

FEE TY

K. S. A.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3726

CERTIFICATE OF DEATH.

120 D 3726

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1517 W. Lafayette Ave; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John. F. Harner

(Residence in Baltimore: No. 1517 W. Lafayette Ave; 35 yrs., 6 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Wht

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widower

6-DATE OF BIRTH: Sept 18, 1857
(Month) (Day) (Year)

7-AGE: 59 yrs. 6 mos. 8 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Manager
(b) General nature of industry, business, or establishment in which employed (or employer): Patapsco Lonake

9-BIRTHPLACE, (State or Country): Carroll Co Md.

PARENTS.

10-NAME OF FATHER: A. S. Harner

11-BIRTHPLACE OF FATHER (State or Country): Carroll Co. Md.

12-MAIDEN NAME OF MOTHER: Anna L. Hitschew

13-BIRTHPLACE OF MOTHER (State or Country): Carroll Co Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Miss Harner (Sister)

(Address): 1517 W. Lafayette Ave

15-MAR 27 1917. ROBERT R. KRAUTER

Filed....., 191.... Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: March 26, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1916, to Mar 26th 1917, that I saw him alive on Mar 25th 1917, and that death occurred, on the date stated above, at 2.45 A m.

The CAUSE OF DEATH* was as follows:

Brights Disease

(Duration) About 5 yrs

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) A. F. Hill M. D.

March 27th, 1917. (Address) 1001 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cemetery

DATE OF BURIAL: March 29, 191..

20-UNDERTAKER: Wm A Pohde, Son.

ADDRESS: 730 Penna Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

KODAK

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 3727

CERTIFICATE OF DEATH.

28 D 3727

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 815 Sterling st St.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Holmes

(Residence in Baltimore: No. 815 Sterling st St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	col	single

6-DATE OF BIRTH, June 20 1876, 1 (Month) (Day) (Year)

7-AGE, 40 yrs. 9 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Laborer General.

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, William Holmes

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Alice Brice

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice B Holmes

(Address) 815 Sterling st

15- MAR 27 1917 ROBERT R. KRAUSE

Filed ..... 191.. Burial Permit Issued. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 24 1917, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuburculosis

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) C. Knox Cuelen M. D.

Mar 25 1917, 191... (Address) (Coroner) NE Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of denth.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	March 27 1917
20-UNDERTAKER	ADDRESS
Charles B Jones	235 Pine St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3728 **CERTIFICATE OF DEATH.** 120 D 3728

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna Hughes

(Residence in Baltimore: No. 120 Buchanan St. Hamberg St.; ....yrs.. ....mos. ....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Nov. 7, 1897 (Month) (Day) (Year)

7-AGE, 19 yrs. 4 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Domestic
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Jas Hughes

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Etta Withers

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp.

(Address) Calvert St.

15- FILED MAR 27 1917 191.... ROBERT R. KRAUTER Registrar. Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 23, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 9 1917, to Mar 23 1917, that I saw h[illegible] alive on Mar 23 1917, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward P. Smith M. D.

Mar 23 191.7. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 14 ds. In the State 20 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 120 Buchanan St

Former or usual residence 120 Buchanan St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health.

Per. Wm. S. WOODHALL

55-4

D 3729

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3729

CERTIFICATE OF DEATH.

5 28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1142 Thompson st ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Wilson

Residence in Baltimore: No. 1142 Thompson st St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
female	col	single

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 42 yrs. mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work H W
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Chas Wilson

11-BIRTHPLACE OF FATHER (State or Country), M D

12-MAIDEN NAME OF MOTHER Mary

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Elizabeth Gardner
(Address) 142 Colvin st

15-
Filed MAR 27 1917 191.....
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Mar 20 1917 ....., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuburculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Wm. Gantz M. D.
(Coroner.)
....., 191... (Address) N. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death 10 yrs. mos. ds. In the State 42 yrs. mos. ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

Commissioner Health.

morgue

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3730 **CERTIFICATE OF DEATH.** 15 D 3730

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Easton

(Residence in Baltimore: No. Hebrew Hospital St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. March 18, 1917
(Month) (Day) (Year)

7-AGE. 5 minutes
....yrs....mos....ds.

If LESS than 1 day, ...hrs. or 5 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto, Md,

PARENTS.

10-NAME OF FATHER. John M Easton

11-BIRTHPLACE OF FATHER, (State or Country). Md

12-MAIDEN NAME OF MOTHER. Birdie Reregay

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15. MAR 27 1917 ROBERT R. KRAUSE

Filed....., 191.... Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 18, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 18 1917, to Mar. 18, 1917, that I saw her alive on Mar. 18 1917, and that death occurred, on the date stated above, at 12 30 A m.

The CAUSE OF DEATH* was as follows:

Prematurity (6 mo. foetus)
Lived about 5 min.

(Duration)....yrs....mos....ds.

CONTRIBUTORY.....
(Secondary)

(Duration)....yrs....mos....ds.

(Signed) H. W. Voss M. D.

Mar. 18, 1917. (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 5 min ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? none

Former or usual residence none

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

MAR 26 19 UNIVERSITY OF MARYLAND

Commissioner Health

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3731

CERTIFICATE OF DEATH.

15 D 3731

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maternity Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raphael Brizdee

(Residence in Baltimore: No. Maternity Hospital St.: ...yrs...mos...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH: 3 (Month) 24 (Day), 1917 (Year)

7-AGE: ...yrs...mos...ds. If LESS than 1 day, 17 hrs. or 20 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Raphael Alexander

11-BIRTHPLACE OF FATHER (State or Country): Hawaii Island

12-MAIDEN NAME OF MOTHER: Irene Brizdee

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ROBERT R. KRAUTER

(Address) ...

15- Filed MAR 27 1917 191... Burial Permit Issued Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. (Month) 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3 24 1917, to 3 26 1917, that I saw h[illegible] alive on 3 26 1917, and that death occurred, on the date stated above, at 1:30 p.m.

The CAUSE OF DEATH* was as follows:

Laryngeal Atelectasis

(Duration) ...yrs...mos...ds.

CONTRIBUTORY (Secondary) Prolonged Labor

(Duration) ...yrs...mos...ds.

(Signed) J. C. Watkins M. D.

Mar 26, 1917 (Address) Maternity Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs...mos...ds. In the State ...yrs...mos...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, MAR 28, 1917

20-UNDERTAKER ADDRESS

Commissioner Health

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 3732

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2-FULL NAME Unknown Colored Man

(Residence in Baltimore: No. ? St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) ?

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, About 30 yrs ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- Filed MAR 27 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Obtained

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 11, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 9 1917, to Mar 11 1917, that I saw him alive on Mar 11 1917, and that death occurred, on the date stated above, at 9.00 P.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Meningitis

..... (Duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward L. Dennis M. D.

Mar 13, 1917. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ? ds. In the State ? yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence ?

19-PLACE OF BURIAL OR REMOVAL, ... DATE OF BURIAL, MAR 28 1917

20-UNDERTAKER ..... ADDRESS

Commissioner Health.

Per. Wm. R. WOODALL

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND

556

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3733

CERTIFICATE OF DEATH.

120 D 3733

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 N. Bruce ST.; 15 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachel Clark

(Residence in Baltimore: No. 1705 N. Bruce St.; 30 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Not known, 1862.
(Month) (Day) (Year)

7-AGE, 54 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9-BIRTHPLACE, (State or Country). West River Md.

PARENTS.

10-NAME OF FATHER, John Hamilton

11-BIRTHPLACE OF FATHER (State or Country). West River Md.

12-MAIDEN NAME OF MOTHER Catherine Hopkins

13-BIRTHPLACE OF MOTHER (State or Country). West River Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Taylor

(Address) 1705 N. Bruce St.

15- MAR 27 1917 ROBERT R. TRAUTH
Filed ....., 191.. Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 24, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 31 1917, to Mar. 24 1917, that I saw her alive on Mar. 22- 1917, and that death occurred, on the date stated above, at 1-10 P m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas. L. Mc Cauley M. D.

Mar. 24, 1917 (Address) 906 2 St. Balto.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, MAR 28 1917

20-UNDERTAKER JAMES H. DENNIS

ADDRESS 1303 PRESTMAN ST

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Sarah Carroll.

D 3734

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 ✓

REGISTERED No. C D 3734

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 330 Druid St. ST. 22 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Carroll

(Residence in Baltimore: No. 330 Druid st. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): widow

6-DATE OF BIRTH: unknown (Month), 1 (Day), (Year)

7-AGE: 70 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R. Smothers

(Address) 1405 Pressman

MAR 27 1917 Filed, 191

ROBERT R. KRAUTER REGISTRAR

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 25, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March, 1917, to Mar 25 1917, that I saw h[illegible] alive on Mar 24, 1917, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Chronic Nephritis

(Duration) yrs. 2 mos. ds

Contributory (SECONDARY)

(Duration) yrs. 2 mos. ds.

(Signed) F. H. Smith M. D.

Mar 26, 191[illegible] (Address) 520 Kennard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: MAR 28 1917

20-UNDERTAKER: JAMES H. DENNIS

ADDRESS: 1303 PRESTMAN

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3735

CERTIFICATE OF DEATH.

91 D 3735

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 547 Mosher St. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Pierson

(Residence in Baltimore: No. 547 Mosher St St.; ....yrs., ...mos. ....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
male	colored	single

6-DATE OF BIRTH, Sept 6, (Month) (Day) 1916 (Year)

7-AGE, ...yrs. 6 mos. 20 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Harry Pierson

11-BIRTHPLACE OF FATHER (State or Country), South Carolina

12-MAIDEN NAME OF MOTHER Nettie Beasley

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Pierson

(Address) 547 Mosher St

15-MAR 27 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 26, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 25 1917, to March 26 1917, that I saw h[illegible] alive on Mar 26 1917, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Bronchus

No history (Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY. Exhaustion (Secondary)

(Duration) 6 yrs. ....mos. ....ds.

(Signed) Edgar A. Chandler M. D.

Mar 27, 191... (Address) 1504 E Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn

DATE OF BURIAL, MAR 27 1917

20-UNDERTAKER JAMES H. DENNIS

ADDRESS 1303 PRESTMAN ST.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3736

CERTIFICATE OF DEATH.

37 D 3736

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 Mc Henry ST.; 21 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James E. Emerson

(Residence in Baltimore: No. 713 Mc Henry St.; 57 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Dec. (Month) 6 (Day), 1860 (Year)

7-AGE,	If LESS than 1 day,
56 yrs. 3 mos. 19 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Foreman in
(b) General nature of industry, business, or establishment in which employed (or employer): Factory

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Edwin Emerson

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mary L. Dixson

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George W. Emerson

(Address) 713 Mc Henry st.

15- MAR 27 1917 ROBERT R. KRAUTER

Filed ....., 191.... Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 27 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended, deceased from March 24 1917, to March 27 1917, that I saw him alive on " " 1917, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Cirrhosis

(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) P. Harry Mohr M. D.

March 27 1917. (Address) 1308 W. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	March 28, 1917

20-UNDERTAKER	ADDRESS
Wm. Cook	5126 North Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3737

64 D 3737

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2421 Hudson Place WARD) 17 REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha J. Whitaker

(Residence in Baltimore: No. 2421 Hudson Place St.; 5 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem.

4-COLOR ~~OR RACE~~. Colrd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Sept. 5, 1854 (Month) (Day) (Year)

7-AGE, 62 yrs. 6 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Work
(b) General nature of industry, business, or establishment in which employed (or employer)..... Private Family

9-BIRTHPLACE, (State or Country), Carroll Co Md

PARENTS.

10-NAME OF FATHER, Evan Dorsey

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Maria Dorsey

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Hannie Meekins

(Address)..2208 Mace St.

15. MAR 27 1917

Filed....., 191.....ROBERT R. KRAUSS Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch. 25, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 6 1917, to Mch 25 1917, that I saw her alive on Mch 25 1917, and that death occurred, on the date stated above, at 8.40 P m.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) ..... yrs. ..... mos. 19 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Mch 26 1917. (Address) 1 W. 25th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, White Rock Cemetery Md. DATE OF BURIAL, Mch. 28, 1917.

20-UNDERTAKER William Cook ADDRESS 503 E. North

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3738

120 D 3738

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 606 E 27th St. ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Thomas Lyston

(Residence in Baltimore: No. 606 E 27th St. St.; ....yrs. ....mos. ....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, April 2nd, 1838
(Month) (Day) (Year)

7-AGE, 78 yrs. 11 mos. 28 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, Patrick Lyston

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine Feeney

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Lyston

(Address) 606 E 27th St.

15- Filed MAR 27 1917, 191.... ROBERT R. KRAUTER
Burial Permit Register

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 26th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 20th 1917, to March 26th 1917, that I saw h-i alive on March 26th 1917, and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Chronic Bronchitis

(Duration) 1 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Geo. A. Fungaroli M.D.

March 26, 1917. (Address) 3557 Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?....

Former or usual residence....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, March 28, 1917

20-UNDERTAKER C. A. Wiedefeld & Bro — ADDRESS Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

D 3739

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3739

CERTIFICATE OF DEATH.

92

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 2147 Hanover ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Teresa Sachs

(Residence in Baltimore: No. 2147 Hanover St.; 47 yrs., ... mos. 4 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March (Month) 21 (Day), 1870 (Year)

7-AGE, 47 yrs. ..... mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Balto, Md.

PARENTS.

10-NAME OF FATHER, Conrad Colmus

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Agatha Essenwanger

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Sachs

(Address) 2147 Hanover St.

15- MAR 27 1917

Filed....., 191.....

ROBERT B. KRAUTER

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 22 1917, to Nov 25 1917, that I saw h.. alive on Nov. 25 1917, and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

Septic Pneumonia

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Streptococcus

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) ..... M. D.

Nov. 26, 1917. (Address) 1228 St Paul

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, March 27 1917

20-UNDERTAKER M. J. Flynn ADDRESS 1432 Light St.

D 3740

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1920 D 3740

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 Lowman St. WARD 24)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Campbell

(Residence in Baltimore: No. 1415 Lowman St. St.; 40 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: — (Month) ....., ... (Day), 1855 (Year)

7-AGE: 62 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: domestic
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE (State or country): Pennsylvania

PARENTS

10-NAME OF FATHER: Michael Kain

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Bridget Ratican

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry Campbell

(Address) 1415 Lowman St.

15-MAR 27 1917

Filed ....., 191.....

ROBERT R. KRAUSE

Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 23, 1917, to, March 25 1917, that I saw h.. alive on March 24 1917, and that death occurred, on the date stated above, at 10.45 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

unknown (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) G. H. Linston M. D.

Mar 26 1917 [Address] 301 E Cross St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cem. DATE OF BURIAL: March 28, 1917

20-UNDERTAKER: M. D. Flynn ADDRESS: 1422 Light St

Spec.—8-24-14—M. & T.—2000 Blks.

D 3741

HEALTH DEPARTMENT—CITY OF BALTIMORE

172 D 3741

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hahnemann General Hospital REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Treadway Mallalieu

(Residence in Baltimore: No. 1810 Linden Ave St.; 86 yrs, 8 mos. 7 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, July 20, 1830 (Month) (Day) (Year)

7-AGE, 86 yrs. 8 mos. 7 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Carroll Co., Maryland

PARENTS.

10-NAME OF FATHER, James Treadway

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Mallalieu

(Address) 1810 Linden Ave

15-

MAR 27 1917 191.... ROBERT F. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 10 1917, to March 27 1917, that I saw her alive on March 26 1917, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia

Accidentally fell June Last

(Duration) ..... yrs. ..... mos. 5 da.

CONTRIBUTORY (Secondary) Fracture head of femur

(Duration) ..... yrs. ..... mos. 7 da.

(Signed) S. D. Stansbury M. D.

March 27, 1917. (Address) 922 W. Mount

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 da. In the State 87 yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? 1810 Linden Ave

Former or usual residence Same

19-PLACE OF BURIAL OR REMOVAL, London Park. DATE OF BURIAL, Mar 30., 1917.

20-UNDERTAKER M. Fahey & Sons ADDRESS 806 Lafayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

17

D 3742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

165 D 3742

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Md. General Hospital ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie McCrohon

Residence in Baltimore: No. 211 N. Madison St.; yrs., 6 mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1865 (Year)

7-AGE, 52 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). England

PARENTS.

10-NAME OF FATHER. Mr Pearson

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Miss Gutridge

13-BIRTHPLACE OF MOTHER (State or Country). England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr B J Leconte

(Address) Washington D.C.

15- Filed MAR 27 1917 ROBERT R. KRAUER Registrar. Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch. 25, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Poison by Bichloride Mercury

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Contusion of Face

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Mullowney M. D.
(Coroner.)

Mch 27, 1917 (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Annapolis Md. DATE OF BURIAL, Mch 27, 1917

20-UNDERTAKER Joseph B Cook ADDRESS 1003 N Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should state important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—6 24 16—M. & T.—2000 Bks.

D 3743

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

109 D 3743

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1529 W. Balto St. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret M. Croghan

(Residence in Baltimore: No. 1529 W. Balto St. St.: Lifetime yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan 26, 1917
(Month) (Day) (Year)

7-AGE, ... yrs. 2 mos. 1 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER. Jos. B. Croghan

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER Anna M. Collins

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos B. Croghan

(Address) 1529 W. Balto St.

15- Filed MAR 27 1917 ROBERT R. KRAUTH Register

Burial Permit issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 27, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 26 1917, to Mar 27 1917, that I saw h[er] alive on Mar 26 1917, and that death occurred, on the date stated above, at 1 a.m.

The CAUSE OF DEATH* was as follows:

Toxaemia

(Duration) .... yrs. .... mos. 1 ds.

CONTRIBUTORY (Secondary) Intussusception (Bowel)

(Duration) .... yrs. .... mos. 1 ds.

(Signed) Howard Kahn M. D.

Mar 27, 1917. (Address) 3027 N. Calvert St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, St. Vincents Cem. DATE OF BURIAL, Mar 28, 1917

20-UNDERTAKER Chas E. Foust & Son ADDRESS 1180 W. Fayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9 D 3744

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 N. Glover ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Raymond Rouse

(Residence in Baltimore: No. 623 N. Glover St.; 3 yrs. 16 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write this word.)
Male	White	Single

6-DATE OF BIRTH, December 10, 1916 (Month) (Day) (Year)

7-AGE, — yrs. 3 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Randolph N. Rouse

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Jeannette Kilgour

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Randolph N. Rouse

(Address) 623 N. Glover St

15- Filed MAR 27 1917 ROBERT R. KRAUSE Registrar.

Burial Permit 01577

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 26 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 25th 1917, to March 26th 1917, that I saw h[illegible] alive on March 25th 1917, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary) Cystitis

(Duration) ....yrs. ....mos. 1 ds.

(Signed) D. A. Stone M. D.

March 27th 1917 (Address) 1501 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Carmel Cemetery	March 27, 1917

20-UNDERTAKER	ADDRESS
Christian Miller	2334 Jefferson St

D 3745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150 D 3745
REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 894 Baltimore St.: 18 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)
2-FULL NAME Lillian May Dickel
(Residence in Baltimore: No. 8944 W Baltimore St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Feby 9, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 17 ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.
10-NAME OF FATHER, Samuel J Dickel
11-BIRTHPLACE OF FATHER (State or Country), Balto Md
12-MAIDEN NAME OF MOTHER Julia A Feldmacher
13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Saml Dickel
(Address) 8944 W Balto St

15-
Filed MAR 27 1917 [illegible] R. KRAUTER Registrar.
Burial Permit Blank

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 26, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ~~her~~ death on the day stated above.

The "CAUSE OF DEATH" was as follows:

~~Abort~~ Congenital Cardiac Malformation

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) Albert D. Driscoll M. D.
March 27, 1917. (Coroner) (Address) 912 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL,
Western Cemetery	March 27 1917.
20-UNDERTAKER	ADDRESS
Chas A. Gerber	Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3746

CERTIFICATE OF DEATH.

152 D 3746

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Fried.

(Residence in Baltimore: No. Hebrew Hospital St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Mar. (Month) 24 (Day), 1917 (Year)

7-AGE, ... yrs. ..... mos. 4 ds.

If LESS than 1 day, ... hrs. or 30 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Hebrew Hospital Balto. Md.

PARENTS.

10-NAME OF FATHER, Jacob Fried

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Lena Dameson

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Fried

(Address) 230 S. Carolina St.

15- Filed MAR 27 1917 ROBERT B. KRAUTER, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 24 1917, to Mar. 27, 1917, that I saw her alive on Mar. 27 1917, and that death occurred, on the date stated above, at 5.00 A m.

The CAUSE OF DEATH* was as follows:

Atelectasis

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) none

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) N. M. Vogel M. D.

Mar. 27, 1917 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. 4 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Hebrew Hospital

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale DATE OF BURIAL, Mar. 27, 1917

20-UNDERTAKER Jack Levin ADDRESS 1441 E. Balto.

CAUSE OF DEATH: In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 3747

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1026 S. Charles ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice McGraw

(Residence in Baltimore: No. 1026 S. Charles St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, Oct 4, 1861 (Month) (Day) (Year)

7-AGE, 55 yrs. 5 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) at home

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Mr. Sherry

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Sadie McGraw

(Address) 1026 S. Charles St.

15- Filed MAR 27 1917, 191... HARRY C. ANDREWS Special Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mon. 26th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 24 1917 to Mar 25 1917, that I saw h[illegible] alive on Mar. 24th 1917, and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Grippe Pneumonia (Lobar)

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Lagrippe

(Duration) ... yrs. ... mos. 10 ds.

(Signed) H. Lee Stevenson M. D.

Mar. 27, 1917. (Address) 1328 E. Chase

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Matthews Cemetery DATE OF BURIAL, Mar 28. 1917

20-UNDERTAKER F. A. Frame ADDRESS 703 Hanover

Be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 3748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 D 3748

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 143 W. Lafayette St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel C. Williams

(Residence in Baltimore: No. 143 W. Lafayette Ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Widowed

6-DATE OF BIRTH May (Month) 27th (Day) 1848 (Year)

7-AGE 68 yrs. 9 mos. 26 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Gas Co.

9-BIRTHPLACE (State or country) Maryland.

PARENTS

10-NAME OF FATHER Henry Williams

11-BIRTHPLACE OF FATHER (State or country) Maryland.

12-MAIDEN NAME OF MOTHER Priscilla E. Chew

13-BIRTHPLACE OF MOTHER (State or country) Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry D. Fleming

(Address) 143 W. Lafayette Ave

15- MAR 27 1917 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 25th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 18th, 1917, to March 24th 1917, that I saw h.... alive on March 24th 1917, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia
(None)

(Duration) yrs mos 1 ds (Influenza)

Contributory (SECONDARY) Arteri-Sclerosis, Hemiplegia

(Duration) 2 yrs mos ds.

(Signed), E. H. Van Ness M. D.

March 26th 191.. [Address] 1 W. Pleasant

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Druid Ridge — DATE OF BURIAL March 25. 1917

20-UNDERTAKER E. M. Mitchell & Co — ADDRESS 1805 W. Fayette

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3749

CERTIFICATE OF DEATH.

92 D 3749

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2244 Wilkens ave St., 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Henry Randle

(Residence in Baltimore: No. 2244 Wilkens Ave St.; 15 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec 20, 1852 (Month) (Day) (Year)

7-AGE, 64 yrs. 5 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Lumber yard Bro

9-BIRTHPLACE, (State or Country). Baltimore County Md

PARENTS.

10-NAME OF FATHER, Richard Randle

11-BIRTHPLACE OF FATHER (State or Country) Balto County Md

12-MAIDEN NAME OF MOTHER Mary Arnold

13-BIRTHPLACE OF MOTHER (State or Country). Balto Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Richard Randle

(Address) 2244 Wilkens Ave

15- Filed MAR 27 1917, 191.... HENRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 26, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 19th 1917, to Mar 26th 1917, that I saw h.. alive on Mar 26th 1917, and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

Coma

(Duration) ... yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ... yrs. — mos. 5 ds.

(Signed) Wm. L. G. Blair M. D.

Mar 26, 1917 (Address) 110 S. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, March 29 1917

20-UNDERTAKER George L. Schwab & Bro — ADDRESS 2101 Fredrick Ave

Should certificate of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3750 HEALTH DEPARTMENT—CITY OF BALTIMORE 156 D 3750

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1614 Edmondson Ave St.; 16 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas Hunter Weston

(Residence in Baltimore: No. 1614 Edmondson Ave St.; ..... yrs. ..... mos. Left ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) S

6-DATE OF BIRTH, Sept 13 th, 1914
(Month) (Day) (Year)

7-AGE, 2 yrs. 6 mos. 10 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particulsr kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Chas B. Weston

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Mary Wontsley.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas B. Weston

(Address) 1614 Edmondson Ave

15-

Filed MAR 27 1917, 191... HARRY C. ANDREWS Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 26 th, 1917.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 24 1917 to March 26 1917, that I saw him alive on March 25 th 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Congenital
Hydrocephalus ?
.....
Autopsy (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
.....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Ethel Montgomery M. D.

March 27 1917. (Address) 5301 Fullerton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Garden Park — DATE OF BURIAL, March 28, 1917

20-UNDERTAKER Geo J Smith — ADDRESS 1000 Fayette St

over

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3751 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ 170 D 3751

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2233 Christian ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Heim

(Residence in Baltimore: No. 2233 Christian St.; 35 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Married

6-DATE OF BIRTH, Oct (Month) 12 (Day), 1847 (Year)

7-AGE,	If LESS than 1 day,
69 yrs. 5 mos. 14 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Christina Heim

(Address) 2233 Christian St.

15- Filed MAR 27 1917, 191..... HARRY C. ANDREWS Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 31 191 7, to Mar 26 191 7, that I saw h.m alive on Mar 26 191 7, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. E. Neumeyer M. D.

Mar 27 191 7 (Address) 2011 N Gilmor St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western	Mch 29, 191 7
20-UNDERTAKER Wm. Cook	ADDRESS 503 E North Ave.

Cem.

Space must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3752

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3752

CERTIFICATE OF DEATH.

64

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2411 N Preston ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie C. Snow

(Residence in Baltimore: No. 2411 N Preston St.; ...yrs., ...mos., ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, April 9, 1828
(Month) (Day) (Year)

7-AGE, 88 yrs. 11 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Frederick Md

PARENTS.

10-NAME OF FATHER, Fredick Conradt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Eunis Morgan

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Annie Snow

(Address) 2411 N. Preston

15-

MAR 27 1917

Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 27, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 20 1917, to Mar 27 1917, that I saw her alive on Mar 26 1917, and that death occurred, on the date stated above, at 8:15 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) ...yrs. ...mos. 7 ds.

CONTRIBUTORY (Secondary).....

(Duration) ...yrs. ...mos. ...ds.

(Signed) H. C. Pettelain M. D.

Mar 27, 1917 (Address) 817 Hamilton Ter.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death...yrs...mos...ds. In the State...yrs...mos...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
London Park	Mch 29, 1917.
20-UNDERTAKER	ADDRESS
Wm. Cook	502 E North Ave

Please write in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 3753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 3753

REGISTERED No. C 150

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1807 Lorman ST.; 15 WARD)
2-FULL NAME no name (Baby McGowan)
(Residence in Baltimore: No. 1807 Lorman St.; yrs., mos. da.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male
4-COLOR OR RACE, Col
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single
6-DATE OF BIRTH, Feb. 25, 1917
(Month) (Day) (Year)
7-AGE, ...yrs. ....mos. 2 da.
If LESS than 1 day, ...hrs. or ....min.?
8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.
10-NAME OF FATHER, Unknown
11-BIRTHPLACE OF FATHER (State or Country), Unknown
12-MAIDEN NAME OF MOTHER Emma McGowan
13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Ida Gowns
(Address) 1807 Lorman St

15-
Filed MAR 27 1917, 191...
HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 27, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an August (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Pneumonia Double
Broncho
(Duration) yrs. mos. 2 da.
CONTRIBUTORY (Secondary) Prematurity
(Duration) yrs. mos. da.
(Signed) [illegible] M. D.
(Coroner.)
Mar 28, 1917. (Address) 814 Druid

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.
Where was disease contracted, if not at place of death? None
Former or usual residence None

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Zion	Mar 28 1917
20-UNDERTAKER	ADDRESS
Edward Ringgold	1763 N Carey

N.B.—CAUSE OF DEATH should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3754

CERTIFICATE OF DEATH.

151 D 3754

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Snyder.

(Residence in Baltimore: No. Hebrew Hospital St.; ..... yrs., mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Single

6-DATE OF BIRTH, 3 (Month) 12 (Day), 1917 (Year)

7-AGE,	If LESS than 1 day,
.....yrs.....mos. 16 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Hebrew Hospital

PARENTS.

10-NAME OF FATHER, Max. Snyder

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Jennie Kparber

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Seiss

(Address) 1411 East Balto.

15- Filed MAR 27 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-12- 1917, to 3-27- 1917, that I saw h[illegible] alive on 3-27- 1917, and that death occurred, on the date stated above, at 7.00 A. m.

The CAUSE OF DEATH* was as follows:

Acute Inanition

..... (Duration) ..... yrs. ..... mos. 16 ds.

CONTRIBUTORY (Secondary) None

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) N. M. Voss M. D.

3-27-, 191.7 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 16 ds. In the State ..... yrs. ..... mos. 16 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Hebrew Hospital

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt. Carmel

DATE OF BURIAL, 3-27-, 191.7

20-UNDERTAKER Jack Seiss

ADDRESS 1411 East Balto

important. See instructions on back of certificate.

D 3755

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 ✓ D 3755

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 522 Dolphin ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anne May Watkins

(Residence in Baltimore: No. 522 Dolphin St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: (Month) May 25 (Day), 1902 (Year)

7-AGE: 15 yrs. mos. 1 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION (a) Trade, profession or particular kind of work: Schoolgirl (b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Edward B Watkins

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Jessie M Patterson

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ed B Watkins

(Address) 522 Dolphin St

15- Filed MAR 27 1917 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 20, 1917, to, March 26 1917, that I saw h[er] alive on March 26 1917, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) yrs 5 mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) H E M Caid M. D.

3/27, 191 7 [Address] 2005 Druid Hill Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cem Co DATE OF BURIAL: 3/29 191 7

20-UNDERTAKER: Samuel T Crowley ADDRESS: 578 W Baltimore

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 3756

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3756

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp ST.; W WARD)

REGISTERED No. C 92

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Kozub.

(Residence in Baltimore: No. University Hospital ST.; — yrs., — mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown (Month), (Day), 1870. (Year)

7-AGE.	If LESS than 1 day,
47 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia.

PARENTS.

10-NAME OF FATHER. Alexander Kozub.

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hosp. Data.

(Address) Green & Lombard St.

15. Filed MAR 27 1917 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-24 1917, to 3-27 1917, that I saw h/m alive on 3-27 1917, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) ... yrs. ... mos. 1 ds.

(Signed) C. Kerfschneider M. D.

3-27, 191.. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 3 ds. In the State 14 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? former residence

Former or usual residence 12 Locust St. Curtis Bay

19-PLACE OF BURIAL OR REMOVAL Holy Cross Cem. Co. DATE OF BURIAL, Mar. 30, 191.7

20-UNDERTAKER Frank Crashon ADDRESS 1906 Ashland Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3757

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 D 3757

REGISTERED NO. C.....

1-PLACE OF DEATH Md. General Hospital

CITY OF BALTIMORE: (No. Fayette Ave Madison ST.) 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Dora A. Bowen

(Residence in Baltimore: No. 1629 N. Caroline St.: 57 yrs. ..... mos. ..... da.) at intervals

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January (Month) 19th (Day) 1860 (Year)

7-AGE, 57 yrs. 2 mos. 9 da.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none +
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Edward L. Childress

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Mary J Brown

13-BIRTHPLACE OF MOTHER (State or Country), Washington D C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Bell Canby

(Address) St Dennis Balto Co Md

15- Filed MAR 27 1917, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 16 1917. to March 26 1917, that I saw h er alive on March 26 1917., and that death occurred, on the date stated above, at 7 00 P m.

The CAUSE OF DEATH* was as follows:

Hepatitis Gotoemia

(Duration) ... yrs. ... mos. 10 da.

CONTRIBUTORY (Secondary) Enteritis Acute Hepatitis

(Duration) ... yrs. ... mos. ... da.

(Signed) J. A. Sutherland M. D.

..., 191... (Address) Md. Gen. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 10 da. In the State Life yrs. ... mos. ... da.

Where was disease contracted, if not at place of death? —

Former or usual residence 1629 N. Caroline St

19-PLACE OF BURIAL OR REMOVAL, Arlington Cemetery Va — DATE OF BURIAL, March 29, 1917.

20-UNDERTAKER George Schilling & Sons — ADDRESS 1126 E Monument St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 3758

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1021 W. Lanvale ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Weber Ruehl

(Residence in Baltimore: No. 1021 W. Lanvale St.; 49 yrs., 6 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Divorced

6-DATE OF BIRTH, September (Month) 18th (Day), 1867 (Year)

7-AGE, 49 yrs. 6 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Theodore Weber

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Henrietta Rechsteiner

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henrietta Weber

(Address) 1021 W Lanvale st

15 Filed MAR 27 1917, 191.....

HARRY C. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 27th (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from September 6th 1916, to March 26th 1917, that I saw h[illegible] alive on March 26th 1917, and that death occurred, on the date stated above, at 3.a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

.....

.....

.....unknown (Duration)...yrs...mos...ds.

CONTRIBUTORY (Secondary)

..... (Duration)...yrs...mos...ds.

(Signed) Charles Gelb M. D.

March 27, 1917. (Address) 1111 W. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, March 29 1917.

20-UNDERTAKER George Schilling & Sons

ADDRESS 1126 E Monument

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154 D 3759

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 E Chase ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Angelene Logue

(Residence in Baltimore: No. 1821 E Chase St.; ..... yrs., 7 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, July (Month) 1st (Day), 1821. (Year)

7-AGE, 95 yrs. 8 mos. 25 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country), Carroll Co Md

PARENTS.

10-NAME OF FATHER, John Glass

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Margaret Waldman

(Address) 1821 E Chase st

15- Filed MAR 27 1917, 191..... HARRY C. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 26 (Month) (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1916, to March 25 1917, that I saw h[illegible] alive on March 25 1917, and that death occurred, on the date stated above, at 9.30 p m.

The CAUSE OF DEATH* was as follows:

I. Tuberculosis of Larynx

Weakness due to old age

(Duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senility

(Duration) ? yrs. ..... mos. ..... ds.

(Signed) Thomas L. Timmis M. D.

March 27th, 1917. (Address) 1126 N. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel Cemetery	March 29 1917.
20-UNDERTAKER	**ADDRESS**
George Schilling & Sons	1126 E Monument

important. See instructions on back of certificate.

FILE

Spec.—8-24-14—M. & T.—2000 Bks.

D 3760 HEALTH DEPARTMENT—CITY OF BALTIMORE D 3760

CERTIFICATE OF DEATH. 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 933 N. Luzerne ST.; 1 WARD)

2-FULL NAME Grace E. Schwinn.

(Residence in Baltimore: No. 2608 E. Preston St.; 1 yrs., mos., ds.)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, August (Month) 10 (Day), 1878. (Year)

7-AGE, 38 yrs. 7 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) Housekeeper

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, James Murphy

11-BIRTHPLACE OF FATHER (State or Country), West India Isle

12-MAIDEN NAME OF MOTHER Gertrude E. Martin

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. M. Murphy

(Address) 534 N. Carrollton Ave

15-

Filed MAR 27 1917 191.... HARRY J. ANDREWS Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 29 1916, to March 27 1917, that I saw her alive on May 27 1917, and that death occurred, on the date stated above, at 5.20 m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(Duration) 1 yrs. mos. ds.

(Signed) J. M. Dorsett M. D.

Mar. 27, 1917. (Address) 621 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore

DATE OF BURIAL, March 30 1917.

20-UNDERTAKER H. Sander & Sons

ADDRESS 1210 E. Lee St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3761

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3761

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1710 Cairo St ST.: 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cornelius D Mason

(Residence in Baltimore: No. 1710 Cairo St.; yrs. mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: March 22nd, 1917 (Month) (Day) (Year)

7-AGE: — yrs. — mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: Raymond Mason

11-BIRTHPLACE OF FATHER (State or Country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Blanch Clark

13-BIRTHPLACE OF MOTHER (State or Country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Geo Jones

(Address): 1710 Cairo St

15- MAR 28 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 26th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 26 1917, to March 26 1917, that I saw h[illegible] alive on March 26 1917, and that death occurred, on the date stated above, at 11:8 m.

The CAUSE OF DEATH* was as follows:

Congenital Debility

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Robt. N. Montana M. D.

March 29, 1917 (Address) 3301 Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemtery — DATE OF BURIAL, March 28, 1917.

20-UNDERTAKER: Geo H Hafer — ADDRESS: 609 E Lafayette

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3762

CERTIFICATE OF DEATH.

28 D 3762

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 S. Dallas ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lilly Holland

(Residence in Baltimore: No. 218 S. Dallas St. St.; ..yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, March 24, 1863 (Month) (Day) (Year)

7-AGE, 54 yrs. - mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... Pd Occupation

9-BIRTHPLACE, (State or Country), Howard Co. Maryland

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Dickson

(Address) 218 S. Dallas St.

15-MAR 28 1917 ROBERT R. KRAUTER

Filed....., 191.... Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 26, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 24 1917, to March 26 1917, that I saw h[illegible] alive on March 24 1917, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Richard L. Dorsey M. D.

March 26 1917 (Address) 1514 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury — DATE OF BURIAL, March 28 1917.

20-UNDERTAKER John W Henderson — ADDRESS 411 N Caroline

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Rose Ceccio

D 3763

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 3763

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 E. Hamburg ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Ceccio

(Residence in Baltimore: No. 10 E. Hamburg St.; 3 yrs., 7 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, August (Month) 17 (Day), 1913. (Year)

7-AGE,	If LESS than 1 day,
3 yrs. 7 mos. 10 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Santo Ceccio

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Concetina Scarletta

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Scarletta

(Address) 10 E Hamburg St

15- Filed MAR 28 1917, 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 2 1917, to Mar 27 1917, that I saw her alive on Mar 27 1917, and that death occurred, on the date stated above, at 1.10 p.m.

The CAUSE OF DEATH* was as follows:

1 Mitral Regurgitation due to Acute Endocardial Mechanism 1/3

(Duration) 1/2 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 2 ds.

(Signed) M. Kelly for Duckett M. D.

Mar 27, 191.7. (Address) Mar. L. Institute

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, NEW CATHEDRAL. DATE OF BURIAL, MAR 28 1917.

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—1000 Bks.

Mary E. Kelley.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3764

CERTIFICATE OF DEATH.

64 D 3761

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 656 W. Mulberry ST.; 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Kelley.

(Residence in Baltimore: No. 656 W Mulberry St.; 46 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Widow

6-DATE OF BIRTH, ... (Month) ..... (Day), 1852 (Year)

7-AGE, 65 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), D. C.

PARENTS.

10-NAME OF FATHER, John W. Chew

11-BIRTHPLACE OF FATHER (State or Country), D C

12-MAIDEN NAME OF MOTHER Matilda Carroll

13-BIRTHPLACE OF MOTHER (State or Country), D. C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida Carroll

(Address) 656 W Mulberry St

15- MAR 28 1917 Filed....., 191.... ROBERT R. KRAUTER Clerk.

Burial Permit Required.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 28, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 16 1917, to March 28 1917, that I saw h— alive on March 28 1917, and that death occurred, on the date stated above, at 6-1 m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ....yrs. ....mos. 12 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. F. Mellin M. D.

....., 191.. (Address) 620 W North

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL. March 28 1917

20-UNDERTAKER John H Goudner ADDRESS 142 Custer St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3765

CERTIFICATE OF DEATH.

REGISTERED NO. C D 3765

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 918 St Barnabas Ch ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Richardson

(Residence in Baltimore: No. 918 St Barnabas Ch St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colord

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1865 (Year)

7-AGE, 52 yrs. mos. ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): Pvt. Family

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eugene Richardson

(Address) 526 Greenmount Ave

15-Filed MAR 28 1917 191... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 26 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 23 1917, to Mar 26 1917, that I saw her alive on Mar 25 1917, and that death occurred, on the date stated above, at 2300 m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Anemia

(Duration) yrs. 1 mos. ds.

(Signed) William E Burton M. D.

Mar 26, 1917 (Address) 462 Dolphin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, March 28 1917

20-UNDERTAKER Daniel Easton — ADDRESS 916 Lemmon ave

important. See instructions on back of certificate.

D 3766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 3766

1 PLACE OF DEATH — REGISTERED No. C 2079

CITY OF BALTIMORE (No. 2566 W Baltimore St. WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Johanna Schafer

(Residence in Baltimore: No. 2566 W. Baltimore St.; 30 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: September, 1844 (Month) (Day) (Year)

7 AGE: 73 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: Don't know

11 BIRTHPLACE OF FATHER (State or country): Don't know

12 MAIDEN NAME OF MOTHER: Don't know

13 BIRTHPLACE OF MOTHER (State or country): Don't know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles J Schafer

(Address) 2566 W Baltimore

15 Filed MAR 28 1917 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 25, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 27 Nov. 1916 to 25 March 1917. that I saw her alive on 24 March 1917. and that death occurred, on the date stated above, at 5.50 a.m.

The CAUSE OF DEATH* was as follows:

Organic disease of Heart & Kidneys

(Duration) 1 yrs. mos. ds

Contributory (SECONDARY) General debility

(Duration) yrs. 6 mos. ds.

(Signed) J. H. McFarland M. D.

March 27, 1917 (Address) 1827 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Woodlawn Cem. DATE OF BURIAL: March 28, 1917

20 UNDERTAKER: Daniel Easton ADDRESS 916 Penna ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Isaac Goode.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3767

CERTIFICATE OF DEATH.

D 3767

1-PLACE OF DEATH
(CITY OF BALTIMORE: (No.) 3228 Talbott St.; 12 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Goode

(Residence in Baltimore: No. 3228 Talbott St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, 3 (Month) 25 (Day), 1917 (Year)

7-AGE, ...yrs. ....mos. 2 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thomas Goode

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Martha Crump

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Garland Thrush

(Address) 1534 O. H. Ave

15-FILED MAR 28 1917, 191.... ROBERT R. KRAUTHER Registrar

Burial Permit 0.654

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 26 1917, to Mch 27 1917, that I saw h[illegible] alive on Mch 27 191, and that death occurred, on the date stated above, at 11½ m.

The CAUSE OF DEATH* was as follows:

Congenital debility

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) P. Garland Thrush M. D.

Mch. 28, 1917. (Address) 1534 O. H. Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery. DATE OF BURIAL, Mar 28, 1917.

20-UNDERTAKER Mrs. R. A. Elliott ADDRESS 506 East St.

important. See instructions on back of certificate.

D 3768

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 3768

REGISTERED No. C 113

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1933 Jefferson ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Yaeger

(Residence in Baltimore: No. 1933 Jefferson St.; 65 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word)
Male	White	Married

6-DATE OF BIRTH: Oct (Month) 9 (Day) 1851 (Year)

7-AGE: 65 yrs. 4 mos. 25 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Merchant Commission (Grain)
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore.

PARENTS

10-NAME OF FATHER: Henry Yaeger

11-BIRTHPLACE OF FATHER (State or country): Germany.

12-MAIDEN NAME OF MOTHER: Doris Schaffer

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hannah Yaeger

(Address) 1733 Jefferson

15- Filed MAR 28 1917 ROBERT R. KRAUTER Burial Permit issued REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 25 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ~~May 5~~, 1914, to, March 25, 1917, that I saw ~~him~~ alive on March 25, 1917, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of the Liver

(Duration) Three (3) yrs. — mos. — ds.

Contributory (SECONDARY) Infection

(Duration) — yrs. Six (6) mos. — ds.

(Signed) John Harris M. D.

March 25, 1917. [Address] 2402 Orleans st

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Oak Lawn Cemetery

DATE OF BURIAL: Mar 29 1917

20-UNDERTAKER: John Herwig & Co

ADDRESS: 2005 Orleans

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3769

CERTIFICATE OF DEATH.

79 D 3769

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 676 S Hecker St.; 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Zolch

(Residence in Baltimore: No. 676 Hecker St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ...Nov...., 12, 1838
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
78 yrs. 6 mos. 13 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wheelwright
(b) General nature of industry, business, or establishment in which employed (or employer): retired 40 yrs

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Mont Knox

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mont Knox

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosa Zolch

(Address) 676 S Hecker St.

15-
Filed MAR 28 1917 191....
ROBERT R. KRAUTER
Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 26, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 18 March 191?, to 25 March 191?, that I saw him alive on 25 March 191?, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

Congestion of Lungs & Pneumonia

..... (Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Incontinuous Intestines

..... (Duration) ....yrs. ....mos. 10 ds.

(Signed) Wm. T. McClintock M. D.

3 27, 1917. (Address) 1721 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel Cem	Mar 28, 1917
20-UNDERTAKER John Herwig & Co	ADDRESS 900 Eutaw

Important. See instructions on back of certificate.

D 3770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37 D 3770

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospitl ST. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas Quarengesser

(Residence in Baltimore: No. Youngs Court Address Emlenmann St.; yrs., mos. ds.)

Found in

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
male	White	Single

6-DATE OF BIRTH, April (Month) 16 (Day) 1878 (Year)

7-AGE, 38 yrs. 11 mos. 10 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Louis Quarengesser

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Barbara Scheffenzuger

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Quarengesser

(Address) 1639 Old York Ave

15- Filed MAR 28 1917 191 ROBERT R. KRAUTER Registrar

Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 25 1917 (Month) (Day) (Year) 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Syphilis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) 0 yrs. mos. ds.

(Signed) (Coroner)

Mar 27 1917, 191... (Address) N. E. Disr

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel Cemetery	March 27 191...
20-UNDERTAKER	ADDRESS
John Herring & Co	200 Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Cora A. Sisk

HEALTH DEPARTMENT—CITY OF BALTIMORE

3771

45 D 3771

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 Madison Ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1R.)

2-FULL NAME Cora Albert Sisk

(Residence in Baltimore: No. 1612 Madison Ave St.; 62 yrs., 0 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, March 6, 1855 (Month) (Day) (Year)

7-AGE, 62 yrs. 0 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Maryland

PARENTS.

10-NAME OF FATHER, Cornelius Shawn

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Isabella Albert

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert W Sisk

(Address) 1633 Madison Ave

15- Filed MAR 28 1917, 191.. ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1916, to 3-27 1917, that I saw h alive on 3-26 1917, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Malignant Tumor of Breast 3 years

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) H. T. Barnett M. D.

3/27, 191.. (Address) 1621 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cem. DATE OF BURIAL, March 29, 191.7

20-UNDERTAKER McLean & Jones ADDRESS 833 Linden Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D-3772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 3772

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Muir

(Residence in Baltimore: No. 26 N Luzerne ave St.; 16 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, March 13th (Month) (Day), 1885 (Year)

7-AGE, 31 yrs. 11 mos. 12 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Traveling Salesman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John E. Muir

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Maria Landon

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Wm E. Muir

(Address) N. N. Luzerne Av.

15- MAR 28 1917 ROBERT R. KRAUTER
Filed ....., 191.... Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 25, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 11 1917, to March 25 1917, that I saw him alive on March 25 1917, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

Hypertrophic rheum of Liver (Duration) 15 yrs. mos. ds.

(Signed) James McLenon M. D.

Mar 25 191 7 (Address) 7 W E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS):
At place of death yrs. mos. 14 ds. In the State 64 yrs. mos. ds.

Where was disease contracted, if not at place of death? 26 N Luzerne ave

Former or usual residence 26 N Luzerne ave

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, Mar 28, 191 7

20-UNDERTAKER John A Moran — ADDRESS Bank & Ann Sts

important. See instructions on back of certificate.

D 3773

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3773

CERTIFICATE OF DEATH.

175

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy Hospital St. 14 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carmelina Jones
(Residence in Baltimore: No. 2227 Division St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colm

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 28 yrs. mos. ds.
If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Gen. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER. J. Jones

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Susan Brown

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Emma Jones
(Address) 2227 Division

15- MAR 28 1917 Filed....., 191.... ROBERT R. KRAUTER
Burial Permit Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch 26, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.. death on the day stated above.
The CAUSE OF DEATH* was as follows:
Fract. Vertebrae.
Ruptured Spinal Cord
(Duration) yrs. mos. ds.
CONTRIBUTORY.....
(Secondary)
(Duration) yrs. mos. ds.
(Signed) W. S. Paley (Coroner) M. D.
Mch 28, 1917 (Address) Coroner

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Ruth Ave & Fountain Place
Former or usual residence 2227 Division St.

19-PLACE OF BURIAL OR REMOVAL Greenlick Cem Va DATE OF BURIAL, March 30 1917

20-UNDERTAKER Samuel Housley ADDRESS 5 Bloxsom St

N. B.—Every [illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 3774

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3774

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Protestant Infirmary REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1514 Division ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Lydia Vanneman

(Residence in Baltimore: No. 2702 Mosher St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Married

6-DATE OF BIRTH, June (Month) 3 (Day), 1860 (Year)

7-AGE, 56 yrs. 9 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joseph Stephens

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Philena Lee

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Record.

(Address).....

15- MAR 28 1917 Filed....., 191... ROBERT R. KRAUTER Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 23 1917, to March 27 1917, that I saw her alive on March 27 1917, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration)....yrs....mos. 8 ds.

CONTRIBUTORY (Secondary) none

(Duration)....yrs....mos....ds.

(Signed) T. F. Kieffer M. D.

Mar. 27, 1917. (Address) 1514 Division St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 4 ds. In the State 56 yrs. 9 mos. 24 ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 2702 Mosher St. Balto. Md.

19-PLACE OF BURIAL OR REMOVAL: Pikesville Jewish Cem. DATE OF BURIAL: March 28 1917.

20-UNDERTAKER: E. B. Harle ADDRESS 116 E. Preston St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37 D 3775

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME North Hampton

(Residence in Baltimore: No. 1422 Prestman St St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, February 13, 1890
(Month) (Day) (Year)

7-AGE, 27 yrs. 1 mos. 11 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Alabama

PARENTS.

10-NAME OF FATHER, Wade Hampton

11-BIRTHPLACE OF FATHER (State or Country), Ala

12-MAIDEN NAME OF MOTHER Lou

13-BIRTHPLACE OF MOTHER (State or Country), Ala

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G. Smith

(Address) Johns Hopkins Hospital

15- MAR 28 1917 1917 ROBERT R. KRAUTER Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 19 1917, to March 23 1917, that I saw him alive on March 23 1917, and that death occurred, on the date stated above, at 2 45 a. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Aortitis with
assist. arteriosclerosis

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Lung infarct

(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) C. H. Mayo M. D.

March 23, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1422 Prestman St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, MAR 28 1917

20-UNDERTAKER JAMES H. DENNIS

ADDRESS 1303 PRESTMAN ST.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3776

CERTIFICATE OF DEATH.

170 D 3776

REGISTERED NO. C.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1928 Hollins ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Granville M. Carter

Residence in Baltimore: No. 1928 Hollins St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Oct 12, 1854 (Month) (Day) (Year)

7-AGE 62 yrs. 5 mos. 14 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) Horse

9-BIRTHPLACE, (State or Country) Pa Berkley Springs

PARENTS.

10-NAME OF FATHER. Thos H. Carter

11-BIRTHPLACE OF FATHER (State or Country) Pa Berkley Springs

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Emma Carter

(Address) 1928 Hollins St.

15. Filed MAR 28 1917 191.. ROBERT B. KRAUTER Registrar

Burial Permit Given

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 26, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1 1917, to March 26 1917, that I saw h.. alive on March 25 1917, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Edema of Lungs

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) ....yrs. ....mos. ....ds.

(Signed) Walter A Eat M. D.

3-28, 191.. (Address) Fairmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, Mar 28 191..

20-UNDERTAKER Robert B Barkley ADDRESS 1928 Hollins St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3777 **CERTIFICATE OF DEATH.** 152 3777

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 913 N Russell ST. 21 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Kolb

(Residence in Baltimore: No. 913 N Russell St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, March 26, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ——
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, Steve Kolb

11-BIRTHPLACE OF FATHER (State or Country), Russia Poland

12-MAIDEN NAME OF MOTHER Antonia Bedrowski

13-BIRTHPLACE OF MOTHER (State or Country), Russia Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Steve Kolb
(Address) 913 Russell St

15-
Filed MAR 28 1917, 191.... ROBERT R. KRAUTER, Registrar
Burial Permit No....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 26, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....191...., to ....191....,
that I saw h.... alive on ....191....,
and that death occurred, on the date stated above, at ....m.
The CAUSE OF DEATH* was as follows:

Cranio cerebral Contusion Fracture

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. J. Reavell M. D.
March 26, 1917 (Address) 1208 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

MAR 27 1917
Commissioner Health

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3778 HEALTH DEPARTMENT—CITY OF BALTIMORE D 3778

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland General Hospital REGISTERED NO. C 170

CITY OF BALTIMORE: (No. Madison & Eutaw St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carter Warrington

(Residence in Baltimore: No. 710 E. Chase Street St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, ...January...., 1.....
(Month) (Day) (Year)

7-AGE, 59 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....Laborer.....
(b) General nature of industry, business, or establishment in which employed (or employer).....General.....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown.

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sammy Smith

(Address) 718 W. Mulberry St.

15-

Filed MAR 28 1917 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 26, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-12 1917, to 3-26 1917, that I saw h. in alive on 3-26 1917, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Uraemic Coma

..... (Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Parenchymatous Nephritis

..... (Duration) ....yrs. ....mos. 15 ds.

(Signed) George A. Bevan M. D.

....., M.... (Address) Md. Gen. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 14 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 710 E Chase St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, March 28 1917.

20-UNDERTAKER Charles B. Jones — ADDRESS 2357 N. Pine St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3779

CERTIFICATE OF DEATH.

D. 3779

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2907 Eastern Ave. ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Catharine Zimmerman

(Residence in Baltimore: No. 2907 Eastern Ave, St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, December (Month) 26 (Day), 1904 (Year)

7-AGE, 12 yrs. 3 mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At School
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Charles J. Zimmerman

11-BIRTHPLACE OF FATHER (State or Country). Baltimore, Md.

12-MAIDEN NAME OF MOTHER Anna M. Weinel

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna M. Zimmerman

(Address) 2907 Eastern Ave.

15-

Filed MAR 28 1917 191.. ROBERT R. KRAUSE Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-19- 191 7, to 3-26- 191 7, that I saw her alive on 3-26- 191 7, and that death occurred, on the date stated above, at 3.30 p m.

The CAUSE OF DEATH* was as follows:

Acute Rheumatic Endocarditis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Acute (Streptococcus) Rheumatism

(Duration) yrs. mos. 10 ds.

(Signed) J. Albert Mueller M. D.

3/27, 191 7. (Address) 2739 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Carmel Cemetery	Mch. 30, 1917

20-UNDERTAKER Zirkler & Zirkler ADDRESS 1739 E/EagerSt

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3780 ✓ 120 D 3780

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 So. Augusta Ave ST.: 120 WARD)

2-FULL NAME Robert E. Fredrick

(Residence in Baltimore: No. 309 So. Augusta Ave. St.: 35 yrs., ... mos. ..... ds.)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE,~~ MARRIED, WIDOWED, ~~OR DIVORCED~~ (Write the word.) Widower

6-DATE OF BIRTH, Mar 28, 1852 (Month) (Day) (Year)

7-AGE, 65 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Home.

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Robt. Fredrick.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Cath. Fredrick.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Steiner

(Address) 309 So. Augusta Ave.

15- Filed MAR 28 1917, 191.... ROBERT B. KRAUTH Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 27, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 11/25 1916, to Mar. 27 1917, that I saw him alive on Mar. 26 1917, and that death occurred, on the date stated above, at 7:20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Philip B. Towles, M. D.

Mar 28, 1917. (Address) 143 a William St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cemetery — DATE OF BURIAL, March 30, 1917.

20-UNDERTAKER John J Cowan — ADDRESS 901 Hollins St

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 3781

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D 3781

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1006 N Calhoun ST.; 16 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Turner

Residence in Baltimore: No. 1006 N. Calhoun St.; 52 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col.	Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1865 (Year)

7-AGE, 52 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fireman
(b) General nature of industry, business, or establishment in which employed (or employer): Steamboat

9-BIRTHPLACE, (State or Country), Md. U. S.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ralph Turner

(Address) 1006 N Calhoun St

15- Filed MAR 28 1917 ROBERT R. KRAUTHER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 24 1917, to Mar 25 1917, that I saw him alive on Mar 25 1917, and that death occurred, on the date stated above, at 11 p m.

The CAUSE OF DEATH* was as follows:

Ac. Lobar Pneumonia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Lobrope

(Duration) yrs. mos. 10 ds.

(Signed) Edward Short M. D.

Mar 26, 1917. (Address) 1812 Druid Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, March 28, 1917

20-UNDERTAKER Sam. H. Cross & Son ADDRESS 1400 Mosher St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 3782

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4006 Park Heights Ave ST.; 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura V Irwin

(Residence in Baltimore: No. 4006 Park Heights St. Life yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH. Dec 22, 1838
(Month) (Day) (Year)

7-AGE, 78 yrs. 3 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, A. E. Wheeler

11-BIRTHPLACE OF FATHER (State or Country), Don't Know

12-MAIDEN NAME OF MOTHER Ann Curtis

13-BIRTHPLACE OF MOTHER (State or Country), Ohio

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Ethan Irwin

(Address) 4006 Park Heights

15-MAR 28 1917 ROBERT E. KRAUSE

Filed....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 5 1917, to March 27 1917, that I saw h.e alive on March 27 1917, and that death occurred, on the date stated above, at 1130 m.

The CAUSE OF DEATH* was as follows:

Dilatation heart.
Capillary Bronchitis
Cystitis Bilateral

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Partial Paralysis respiratory Center

(Duration) yrs. mos. ds.

(Signed) Thos Jones M. D.

3-28, 1917. (Address) 2801 Rayner

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, 3/31, 1917

20-UNDERTAKER William Cook

ADDRESS 5076 North

Important. See instructions on back of certificate.

C 7 Jones North + Fulton 11 o'clock.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3783

D 3783

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Sq. Hospital

REGISTERED No. C 1579

CITY OF BALTIMORE: (No. Fayette & Calhoun ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Jas W. Kilbride

(Residence in Baltimore: No. 2225 W. North Ave St.; ... yrs., ... mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Unknown (Month) (Day), 1849 (Year)

7-AGE. 68 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE. (State or Country), Ireland

PARENTS.

10-NAME OF FATHER. Patrick Kilbride.

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A. Mc Hardy

(Address) 2225 W. North Ave.

15-MAR 28 1917 ROBERT R. KRAUTER

Filed ..., 191... Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 26., 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 25 1917, to March 26 1917, that I saw him alive on March 26 1917, and that death occurred, on the date stated above, at 12:30 P.m.

The CAUSE OF DEATH* was as follows:

Congestion pneumonia

... (Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Mitral insufficiency

+ Coronary Sclerosis (Duration) ... yrs. 6 mos. ... ds.

(Signed) L. L. Marrant M. D.

March 27 191.7. (Address) Franklin Sq. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 29 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 2225 North Ave

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Cross Cemetery	Mch. 30., 191.7.

20-UNDERTAKER	ADDRESS
William Cook	5025 North Ave.

IMPORTANT. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3784 ✓ D 3781

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 19 St. Elizabeth Home St.; WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Jackson

Residence in Baltimore: No. 20 St. Paul St (6 yrs. 1 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	colored	

6-DATE OF BIRTH ..... May (Month) 4 (Day), 1910 (Year)

7-AGE, 6 yrs. 10 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- MAR 28 1917 Filed....., 191... ROBERT R. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 10 1917, to Mar 25 1917, that I saw h[illegible] alive on Mar 24 1917, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Epidemic Parotitis (Mumps)

(Duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) [illegible] M. D.

Mar 26, 1917 (Address) 1610 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. 6 mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

MAR 27 1917

DEPARTMENT OF HEALTH, CITY OF BALTIMORE, Commissioner of Health, Per. Wm. S. HOWELL.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

134 D 3785

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vivian Clark

(Residence in Baltimore: No. 1229 Druid Hill Ave St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH, ..., 1898
(Month) (Day) (Year)

7-AGE, 19 yrs. ....mos. ....ds.
If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: William Capsuli

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Mini Wheli

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. J. Kelly

(Address) Johns Hopkins Hosp

15- MAR 28 1917 ROBERT B. KRAUTZ
Filed....., 191.... City Register Deputy Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 25, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20 1917, to March 25 1917, that I saw h[illegible] alive on March 25 1917, and that death occurred, on the date stated above, at 12 16 m.

The CAUSE OF DEATH* was as follows:
Neurotic Vomiting of Pregnancy
about
(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Inanition
(Duration) ....yrs. ....mos. ....ds.

(Signed) John G Gunnison M. D.
March 25 1917 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 0 ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death? 2
Former or usual residence 1229 Druid Hill Ave.

19-PLACE OF BURIAL OR REMOVAL, Lemmel Cemetery — DATE OF BURIAL, March 28, 1917.

20-UNDERTAKER John A. Bishop — ADDRESS 111 Dolphin

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3786

CERTIFICATE OF DEATH.

28 D 3786

REGISTERED No. C.....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 Gold ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME Henry Thomas

Residence in Baltimore: No. 505 Gold St.; 24 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX. Male

4—COLOR OR RACE, Colored

5—SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6—DATE OF BIRTH, April 15, 1857
(Month) (Day) (Year)

7—AGE, 59 yrs. 11 mos. 12 ds.

If LESS than 1 day, ... hrs. or .... min.

8—OCCUPATION:
(a) Trade, profession, or particular kind of work: Butler
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9—BIRTHPLACE, (State or Country), Maryland

PARENTS.

10—NAME OF FATHER, Unknown

11—BIRTHPLACE OF FATHER (State or Country), Maryland

12—MAIDEN NAME OF MOTHER Elizabeth Thomas

13—BIRTHPLACE OF MOTHER (State or Country), Maryland.

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ellen Thomas

(Address) 505 Gold Street

15— MAR 28 1917 ROBERT R. KRAUTER
Filed ....., 191.....
Burial Permit Issued

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, March 27, 1917
(Month) (Day) (Year)

17— I HEREBY CERTIFY, That I attended deceased from Mch 12 1917, to Mch 27 1917, that I saw h[illegible] alive on March 26 1917, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

.....

Pulmonary Tuberculosis. 1.

(Duration) yrs. 6 mos. ? ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation.

(Duration) 25 yrs. ..... mos. ..... ds.

(Signed) W. H. Wright M. D.

Mch 27, 1917. (Address) 1209 Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19—PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Mar. 29. 1917.

20—UNDERTAKER George H. Holland — ADDRESS 517 Robert St.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 3787

CERTIFICATE OF DEATH.

175 D 3787

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital ST. 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Allen Fields

(Residence in Baltimore: No. 528 N Eden st St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word.)
male	col	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE,	If LESS than 1 day,
60 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Lumber Yard

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John Fields

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rebecca Fields

(Address) 528 N Eden at

15- MAR 28 1917 ROBERT R. KRAUTER
Filed....., 191.... Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Mar. 26. 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism struck by street car. Accident

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) ..... (Coroner.) M. D.

Mar 27 1917 191... (Address) N. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State 5 yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Lexington Nr. Eden St.

Former or usual residence 528 N. Eden St.

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, Mar 29 1917

20-UNDERTAKER Chas. E. Bailey — ADDRESS 1421 Jefferson

Spec.—8-24-14—M. & T.—2000 Bks.

D 3788

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3788

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Church Home & Infirmary WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr James H Fraley

(Residence in Baltimore: No. 1841 W Fayette St St. 31 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July (Month) 11 (Day), 1849 (Year)

7-AGE, 67 yrs. 8 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Supt. Fidelity Trust Bldg
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Frederick Co. Md

PARENTS.

10-NAME OF FATHER. Soloman Fraley

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. Howard Fraley

(Address) 1830 W. Fayette St

15- Filed MAR 28 1917, 191... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15 1917, to March 26 1917, that I saw h[illegible] alive on March 26 1917, and that death occurred, on the date stated above, at 9.30 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pylorus
(Post operative)

..... (Duration) unknown ds.

CONTRIBUTORY (Secondary) none

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) C. M. Harmon M. D.

3/26, 1917 (Address) Church Home & Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 12 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 1841 W. Fayette St

19-PLACE OF BURIAL OR REMOVAL. Lewistown Frederick Co Md. DATE OF BURIAL. March 29, 1917

20-UNDERTAKER Chas G. Black ADDRESS 1201 N Mulberry St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 3789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 D 3789

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 265 McCurley ST.; 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emily Jane Penn

Residence in Baltimore: No. 265 McCurley St. (St.: 76 yrs. — mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Mar 20th, 1841 (Month) (Day) (Year)

7-AGE, 76 yrs. — mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, William McGregor

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Isabel Smith

13-BIRTHPLACE OF MOTHER (State or Country), Washington D. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William G. Penn

(Address) 265 McCurley St.

MAR 28 1917 Filed..... 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 191 7, to March 27 1917, that I saw h alive on March 26 1917, and that death occurred, on the date stated above, at 1 m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach
(Clinical Diagnosis)
(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion
(Duration) yrs. mos. ds.

(Signed) Henry Stern M. D.

March 27 1917. (Address) 508 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, March 29 1917.

20-UNDERTAKER William M. Gawthrop — ADDRESS 1624 Mt Royal Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3790

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3790

CERTIFICATE OF DEATH.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew aged Home St.; 5 Ward)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME Etta Levy

(Residence in Baltimore: No. 111 Aisquith St St.; 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX. Female

4—COLOR OR RACE, White

5—SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6—DATE OF BIRTH, Unknown (Month) (Day) 1 (Year)

7—AGE, 53 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8—OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9—BIRTHPLACE, (State or Country), Russia

PARENTS.

10—NAME OF FATHER, Unknown

11—BIRTHPLACE OF FATHER (State or Country), Russia

12—MAIDEN NAME OF MOTHER Unknown

13—BIRTHPLACE OF MOTHER (State or Country), Russia

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Levy

(Address) 1411 E Baltimore St

15—

Filed MAR 28 1917 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, March 28, 1917 (Month) (Day) (Year)

17—I HEREBY CERTIFY, That I attended deceased from Feb. 15 1917, to March 28 1917, that I saw her alive on March 28 1917, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Cancer of Gall Bladder (Clinical)

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Inflamation of gall bladder

(Duration) 1 yrs. mos. ds.

(Signed) M. J. Taylor M. D.

March 29 191 (Address) 211 Aisquith St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 21 ds. In the State 11 yrs. mos. ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 1627 Jefferson St

19—PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel

DATE OF BURIAL, 3/28, 1917

20—UNDERTAKER Jack Levy

ADDRESS 1411 E Baltimore St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3791

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3791

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1551 N. Ellwood Ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan Griffin

(Residence in Baltimore: No. 1551 N. Ellwood Ave St.; 50 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, April 11, 1850
(Month) (Day) (Year)

7-AGE, 66 yrs. 11 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thomas Griffin

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Amelia Watson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rebecca Griffin

(Address) 1551 N. Ellwood Ave

15- Filed MAR 28 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 10 1917, to Mar 27 1917, that I saw h er alive on Mar 27 1917, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation

(Duration) yrs. mos. ds.

CONTRIBUTORY (secondary) Myocarditis

(Duration) 1 yrs. mos. ds.

(Signed) B Mueller M. D.

Mar 28 1917. (Address) 100 N. Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	March 29, 1917
20-UNDERTAKER Robt J Turner	ADDRESS 1412 Broadway

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & C.—2000 Bks.

D 3792

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 ✓ D 3792

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2442 Eagar Place ST.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Kalb.

(Residence in Baltimore: No. 2442 Eagar Place St.; 30 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, March 28, 1867.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
49 yrs. 11 mos. 27 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stock Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): American Can Co.

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Elizabeth Kalb

(Address) 2442 Eagar Place

15- Filed MAR 28 1917, 191.. HARRY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 17 1917, to March 27 1917, that I saw h[illegible] alive on ..... 191..., and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis + Cystitis

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Edward [illegible] M. D.

3/27, 191.7. (Address) 413 N Washington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebs Redeemer	Mar. 30., 191.7.
20-UNDERTAKER	**ADDRESS**
Robt J Turner	1112 Broadway

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3793

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3793

CERTIFICATE OF DEATH.

× 30

1-PLACE OF DEATH Md. Gen. Hospital.

CITY OF BALTIMORE: (No. Linden Ave & Madison ST.; 11 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Patterson

(Residence in Baltimore: No. Md General Hospital St.; yrs. mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1875 (Year)

7-AGE, 42 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer): Steel Works

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Md Gen'l Genl Hosp

(Address) Linden Ave

15- MAR 28 1917 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 15 1917, to Mar 23 1917, that I saw him alive on Mar 23 1917, and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Suppurative Meningitis

(Duration) yrs. mos. 8 ds.

(Signed) G. A. Bawglen M. D.

3-23, 1917. (Address) Md. Gen. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 8 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Sparrows Point

Former or usual residence Sparrows Point

19-PLACE OF BURIAL OR REMOVAL, Jennings Ordinary Md. DATE OF BURIAL, Mar 28, 191.7

20-UNDERTAKER Joseph Rook ADDRESS 1003 W. Balto St.

Important. See instructions on back of certificate.

FILMED
SOCIETY

D 3794

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 V

D 3794

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE (No. 943 S. Sharp ST. 23 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Sarah Bailey

(Residence in Baltimore: No. 943 S. Sharp St. St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
female	Colored	widow

6-DATE OF BIRTH: Sept 15, 1846 (Month) (Day) (Year)

7-AGE: 47 yrs. 6 mos. 12 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 877

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Cornelius Marbey

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Lucy Smith

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Isabella Rino

(Address) 943 S. Sharp St.

15. Filed MAR 28 1917 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 27 (Month) (Day), 191 7 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby, 191 7, to, March 27 191 7, that I saw h[illegible] alive on March 26, 191 7, and that death occurred, on the date stated above, at 7:30 P. m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Apoplexy

(Duration) ..... yrs. 5 mos. ..... ds

Contributory (SECONDARY)

(Duration) ..... yrs. 5 mos. ..... ds.

(Signed), H. L. Smith, M. D.

March 28, 191 7 (Address) 5th Branch St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Furnace Branch Away — DATE OF BURIAL: March 29, 1917

20-UNDERTAKER: L. S. Broudaw & Son — ADDRESS: 1514 W. Montgomery St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

COPY

16
D 3795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Registered No. C 64 D 3795

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1521 McCulloh St. 14 WARD)

2-FULL NAME Mary F. Laughlin.

(Residence if Baltimore: No. 1521 McCulloh St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fmale

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March (Month) (Day) 1874 (Year)

7-AGE. 32 yrs. 11 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Nurse
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Wm A Laughlin

11-BIRTHPLACE OF FATHER (State or Country). Va.

12-MAIDEN NAME OF MOTHER Mary Coffroll

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno A Laughlin

(Address) 1521 McCulloh

15- Filed MAR 28 1917, 191 HARRY C. ANDREWS Registrar. Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 28, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. Feldmann M. D.
(Coroner.)

March 28, 1917. (Address) 2 E Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Woodstock Va DATE OF BURIAL, 3/29, 191 7

20-UNDERTAKER Graham F. Walker ADDRESS 923 W Lafayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3796

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3796

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 23 S. Linwood Ave. ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta Amelia Feige.

(Residence in Baltimore: No. 23 S. Linwood Ave. St.; 62 yrs.. mos.. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow,

6-DATE OF BIRTH, May 22nd., 1854. (Month) (Day) (Year)

7-AGE, 62 yrs. 10 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. Louisa Toczkowsky.
(Address) 23 S. Linwood Ave.

15- MAR 28 1917
Filed....., 191.... HARRY C. ANDREWS
Registrar.
Burial Permit Issued

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27th., 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 9, 1917, to March 26, 1917, that I saw her alive on March 26, 1917, and that death occurred, on the date stated above, at 7.25A, m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) C yrs. mos. ds.

(Signed) Robert J. Green M. D.

March 27, 1917. (Address) 120½ Augusta St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Mar. 30., 1917.

20-UNDERTAKER Chas. H. Evans & Son ADDRESS 118 W. Mt. Royal Ave.

B 3797 HEALTH DEPARTMENT—CITY OF BALTIMORE B 3797

CERTIFICATE OF DEATH. Registered No. C 79

1-PLACE OF DEATH 711

CITY OF BALTIMORE (No. 711 N. Vincent St.; 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna S Kipley

(Residence in Baltimore: No. 704 N. Vincent St.; 24 yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, ... (Month) ..... (Day) ..... (Year): Feb 25 1894

7-AGE, 23 yrs. 1 mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer): Nurse

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER, Robt. Shipley

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Ann Smith

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister

(Address) 1031 Sarah Ann St

15-

MAR 28 1917 (Registrar.) HARRY C. ANDREWS 191.... Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis of the Lungs

Moral Insanity (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(Duration) yrs. mos. ds.

(Signed) C. Heuisler M. D. (Coroner.)

March 27, 1917 (Address) 519 N. Howard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, March 28 1917

20-UNDERTAKER Clarence E. Wright — ADDRESS 1536 Mary

Spec.—5-19-13—M. & T.—500 Bks.

D 3798 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 3798

CERTIFICATE OF DEATH. 10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1277 Battery Av ST.; 24 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kate Lambert

(Residence in Baltimore: No. 1277 Battery Av St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) widow

6-DATE OF BIRTH, 12 (Month) 19 (Day), 1844 (Year)

7-AGE. 72 yrs. 3 mos. 9 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country) Balto City

PARENTS.

10-NAME OF FATHER, Wm Dougherty

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Sophia Bramow

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John W Lambert

(Address) 1277 Battery Av

15-

Filed MAR 28 1917 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 28 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jany 29 1917, to March 28 1917, that I saw her alive on March 28 1917, and that death occurred, on the date stated above, at 8.30a m.

The CAUSE OF DEATH* was as follows:

Coma

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal Toxemia following Lagrippe

(Duration) yrs. mos. ds.

Signed L. J. Symington M. D.

1918 121 (Address) 1028 E Fort Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Louden Park. DATE OF BURIAL, 3-30-, 1917

20-UNDERTAKER E. J. Fanning ADDRESS 1460 Battery Av

Important. See instructions on back of certificate.

D 3799

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 3799

1-PLACE OF DEATH

REGISTERED NO. C 79

CITY OF BALTIMORE (No. 1452 Covington St. ST. 24 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Christina Steinbrink.

(Residence in Baltimore: No. 1452 Covington St. 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow.

6-DATE OF BIRTH: February 13th. 1839 (Month) (Day) / (Year)

7-AGE: 78 yrs. 1 mos. 15 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany.

PARENTS

10-NAME OF FATHER: Do not know.

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Do not know.

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): John Stein.(Son)
(Address): 1452 Covington St.

15 Filed MAR 28 1917 HARRY C. ANDREWS Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 28th. 1917. (Month) (Day), 191 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1st 1917, 191, to March 28, 1917, 191, that I saw her alive on March 27th., 1917, and that death occurred, on the date stated above, at 10 A m.
The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart

(Duration) yrs. 1 mos. ds

Contributory (SECONDARY) Exhaustion (Duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M.D.
March. 28, 1917 (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemtery — DATE OF BURIAL: 3-30-1917

20-UNDERTAKER: E. J. Fanning — ADDRESS: 1460 Battey Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3800 HEALTH DEPARTMENT—CITY OF BALTIMORE 64 D 3800

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 433 W 23rd street ST.; 17 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis albert mcElwaine

(Residence in Baltimore: No. 433 W. 23rd St St.; Life yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-~~SINGLE, MARRIED, WIDOWED, or DIVORCED,~~ (Write the word.) widowed

6-DATE OF BIRTH, Nov 29 (Month) (Day), 1836 (Year)

7-AGE, 61 yrs. 3 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Boiler maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Levin mcelwaine

11-BIRTHPLACE OF FATHER (State or Country), Somerset Co.

12-MAIDEN NAME OF MOTHER mary E Bateman

13-BIRTHPLACE OF MOTHER (State or Country), cecil Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H B Lhmcat

(Address) 433 Whitridge av

15- MAR 28 1917 Filed, 191 HARRY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH March 27, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 24 1917, to Mch 27 1917, that I saw h[illegible] alive on Mch 27 1917, and that death occurred, on the date stated above, at 9.05 P m.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Cerebral Haemorrhage (Duration) yrs. mos. indefinite ds.

(Signed) L A Bloodgood M. D.

Mch 27 1917. (Address) 112 W. 25 St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park — DATE OF BURIAL. Mch 30, 1917

20-UNDERTAKER um. Cook — ADDRESS 502 E North ave

IMPORTANT: See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 3801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 ✓ D 3801

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 788 N. Mulberry St. (St.; 17 (Ward)) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clemmens Hess

(Residence in Baltimore: No.) 788 N. Mulberry St. (St.; 77 yrs., 11 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 28, 1839
(Month) (Day) (Year)

7-AGE, 77 yrs. 11 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Machinist.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harvie Hess

(Address) 788 N Mulberry St

15-
Filed MAR 28 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27th, 1917.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from February 13th, 1917, to March 27th, 1917, that I saw h[illegible] alive on March 26th, 1917, and that death occurred, on the date stated above, at 3.30 A. m.

The CAUSE OF DEATH* was as follows:

La Grippe

Senility

(Duration) yrs. 1 mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Robt J. Merry M.D. M. D.

March 27th, 1917. (Address) 510 N. Fremont Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, March 29, 1917.

20-UNDERTAKER Geo W Little — ADDRESS 531 Fremont Ave

Important. See instructions on back of certificate.

D 3802

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 ✓ D 3802

REGISTERED No. C

1-PLACE OF DEATH

City of BALTIMORE (No. 124 West 24th St. 12th WARD)

2-FULL NAME George A Knable (Knable)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Residence in Baltimore: No. 124 West 24th St.

(If not in Baltimore give length of residence in this State: 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: March (Month) 25 (Day), 1844 (Year)

7-AGE: 73 yrs. 3 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): P.R.R.

9-BIRTHPLACE (State or country): Pa

PARENTS

10-NAME OF FATHER: Jacob Knable

11-BIRTHPLACE OF FATHER (State or country): Pa

12-MAIDEN NAME OF MOTHER: Sarah Wigle

13-BIRTHPLACE OF MOTHER (State or country): Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George A Knable

(Address) 2435 Maryland Ave

15- Filed MAR 28 1917, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 28 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 4, 1916, to March 28 1917 that I saw h[illegible] alive on March 28, 1917 and that death occurred, on the date stated above, at 4.00 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 1 yrs. mos. ds

Contributory (SECONDARY) Hypertrophied prostate (Cystitis) (Nephritis)

(Duration) yrs. 6 mos. ds.

(Signed) George A Knable M.D.

March 28, 1917 (Address) 2435 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet — DATE OF BURIAL: March 30, 1917

20-UNDERTAKER: Robt. S. Little — ADDRESS: 531 N Fremont Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 3803 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 3803

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1504 N Wolf st ST.: 8 WARD) REGISTERED No. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Sherwood

Residence in Baltimore: No. 1504 N Wolf st

St.: 54 yrs., 5 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
female	wnite	Married

6-DATE OF BIRTH, Oct 6 1862, 1
(Month) (Day) (Year)

7-AGE, 54 yrs. 5 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....HW.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John Yost

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Katherine Glouber

13-BIRTHPLACE OF MOTHER (State or Country), Ger,any

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Sherwood

(Address) 1504 N Wolf at

15- Filed MAR 28 1917, 191... HARRY C. ANDREWS
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 27 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [signature] M. D.
(Coroner.)
Mar27 1917 191... (Address) N. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Western — DATE OF BURIAL, Mar 30 1917

20-UNDERTAKER Geo W Little — ADDRESS 531 N Fremont Av

If the space provided for any item is insufficient, the information may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3804

CERTIFICATE OF DEATH.

151 D 3804

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 544 Mosher ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte Harris

Residence in Baltimore: No. 544 Mosher St.; ....yrs.,....mos.....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH. March 10th, 1917
(Month) (Day) (Year)

7-AGE. ....yrs. ....mos. 17 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). E38th. Norfolk Va.

PARENTS.

10-NAME OF FATHER. Chas. E. Harris

11-BIRTHPLACE OF FATHER (State or Country). Va.

12-MAIDEN NAME OF MOTHER Dorothy Evans

13-BIRTHPLACE OF MOTHER (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. E. Harris

(Address) 544 Mosher St.

15- Filed MAR 29 1917, 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 27th, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 24th 191 7, to March 27th 191 7, that I saw h.... alive on March 24th 191 7 and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) ....yrs. ....mos. ....ds.

(Signed) A. L. Ellis M. D.

March 29, 1917. (Address) 522 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Auburn Cem. DATE OF BURIAL. March 29, 1917

20-UNDERTAKER. Samuel Hemsley ADDRESS 5 B'st Baltimore

Information to be furnished on back of certificate.

D 3805

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

74 D 3805

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 730 Linden Ave St. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Knox

(Residence in Baltimore: No. 730 Linden Ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Unknown (Month) (Day), 1849 (Year)

7-AGE: 68 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General.

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr James Reed

(Address) 930 Linden Ave

15- Filed MAR 29 1917 ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 3, 1917, to, March 27 1917, that I saw him alive on March 26 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Cardio-vascular Disease

(Duration) 1 yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed), H S M Earl M. D.

3/27, 1917 [Address] 1005 Druid Hill Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem DATE OF BURIAL: Mar 29 191

20-UNDERTAKER: Samuel Hawsley ADDRESS: 578 Baltimore

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3806

CERTIFICATE OF DEATH.

28 D 3806

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital (WARD)

2-FULL NAME Gertrude Sears.

(Residence in Baltimore: No. 508 St Paul St. St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ....., 1 ..... (Day) (Year)

7-AGE. 34 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Cook
(b) General nature of industry, business, or establishment in which employed (or employer). Cook Restaurant

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, John Sears

11-BIRTHPLACE OF FATHER (State or Country). Va.

12-MAIDEN NAME OF MOTHER gertrude emperson

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bertha Sears

(Address) 508 st paul st

15-

Filed MAR 29 1917 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 26, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10 1917, to March 26 1917, that I saw h alive on March 26 1917, and that death occurred, on the date stated above, at 3 30 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonis

(Duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Myocarditis Chronic

(Duration) yrs. mos. 1 ds.

(Signed) Henry Muskel M. D.

March 26, 1917 (Address) 1 55 E. Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 16 ds. In the State yrs. mos. 16 ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 508 St Paul St.

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cemetery

DATE OF BURIAL. March 30, 1917.

20-UNDERTAKER Felix B. Pye

ADDRESS 1026 E. Mulberry.

Important. See instructions on back of certificate.

D 3807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

186 D 3807

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John T Brown

(Residence in Baltimore: No. 1311 N Calhoun st St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word.)
male	col	married

6-DATE OF BIRTH, Mar 27 1884, 1
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
33 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John Brown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs GBrown

(Address) 1311 N Calhoun st

15- Filed MAR 29 1917 191 ROBERT R. KRAUTER
Burial Permit Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 25 1917, 191
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism R R Ties fell on him at canton pier of M & M Co accident. (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) [signature] (Coroner.) M. D.

Mar 28 1917 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State 39 yrs. mos. ds.

Where was disease contracted, if not at place of death? injured at canton piers

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, 3-29-, 1917

20-UNDERTAKER Felix B. Pye — ADDRESS 102 E Fulton St

PLACE OF DEATH to be filled in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—St. & P.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3808

CERTIFICATE OF DEATH.

79 ✓ D 3808

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1146 Scott St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary G. Schlag.

Residence in Baltimore: No. 1146 Scott St. (St.; 47 yrs., 11 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, April 10th, 1869 (Month) (Day) (Year)

7-AGE, 47 yrs. 11 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Duties
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, George Spaemer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Henriette Sparrenberger

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J. Schlag

(Address) 1146 Scott St

15-MAR 29 1917 Filed....., 191.... ROBERT R. KRAUTER Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 26th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 6 1916, to March 26 1917, that I saw h[illegible] alive on March 26 1917, and that death occurred, on the date stated above, at 10 [illegible] m.

The CAUSE OF DEATH* was as follows:

Carcinoma Breast

(Duration) 5 yrs. 20 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edw. G. [illegible] M. D.

....., 191... (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: March 29th, 191.7

20-UNDERTAKER: Mr. & Mrs. John H. Deufel — ADDRESS: [illegible]

Important. See instructions on back of certificate.

D 3809

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3809

CERTIFICATE OF DEATH.

80

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 229 N Carlton ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Booker

(Residence in Baltimore: No. 1121 Parish alley St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 36 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Tailor
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Press clothes

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Andrew Booker

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Annie Booker

(Address) 1121 N. Parish

15- Filed MAR 29 1917, 191... ROBERT R. KRAUSE Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to L[illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

..... (Duration) ..... yrs. ..... mos. 3 hrs

CONTRIBUTORY (Secondary) Coronary Sclerosis

..... (Duration) ..... yrs. 6 mos. ..... ds.

(Signed) James M Ruxton M. D. (Coroner.)

March 27 1917 (Address) 1006 Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	March 30, 1917
20-UNDERTAKER	ADDRESS
Edward Ringgold	463 N Gay St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3810

CERTIFICATE OF DEATH.

40 X D 3810

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital. Bal 14th St.; WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Margaret Riley.

(Residence in Baltimore: No. 3201 Hudson Street. St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (Write the word.) widowed

6-DATE OF BIRTH July 19, 1859 (Month) (Day) (Year)

7-AGE, 57 yrs. 8 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Philadelphia. Pa.

PARENTS.

10-NAME OF FATHER, William McCabe.

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Mary Keatly

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Thasgaret A Cole

(Address) 3201 Hudson St.

15- Filed MAR 29 1917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH March 27, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10 1917, to March 27 1917, that I saw her alive on March 27 1917, and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolus.

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Stomach

Operation (Duration) ? yrs. 7 mos. ds.

(Signed) Charles L. Warner M. D.

3/27., 1917. (Address) Women's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. mos. 17 ds. In the State 40 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 3201 Hudson St. City.

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem. DATE OF BURIAL, March 31., 1917.

20-UNDERTAKER L. Sander Son ADDRESS 1710 Eleet St

August G. Lindvall

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3811

CERTIFICATE OF DEATH.

120 D 3811

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 8) St Josephs Hospital ST.: 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2-FULL NAME August Geo Lindvall

(Residence in Baltimore: No. 612 S Broadway St.; 18 yrs., mon. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... September ....., 1 .....
(Month) (Day) (Year)

7-AGE, ... 45 .....yrs. .....mos. .....da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Musician

9-BIRTHPLACE, (State or Country), Sweden

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country). Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Trader

(Address) 612 S. Broadway

15- Filed MAR 29 1917, 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... mar 28 1917 ....., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Naphritis

..... (Duration).....yrs.....mos.....da.

CONTRIBUTORY (Secondary) .....

..... (Duration).....yrs.....mos.....da.

(Signed) ..... M. D.
(Coroner.)

Mch 29 1917 (Address) NE Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 7 da. In the State 18 yrs.....mos.....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence 612 S. Broadway

19-PLACE OF BURIAL OR REMOVAL, Evangelical Gen. | DATE OF BURIAL, March 31. 1917

20-UNDERTAKER H. Sander Sons | ADDRESS 1710 Read St

Important. See instructions on back of certificate.

D 3812

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 D 3812

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2585 W. Baltimore ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Damijonaitis

(Residence in Baltimore: No. 2585 W. Baltimore St.; 25 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: November (Month) ..., 1870 (Year)

7-AGE: 47 yrs. — mos. — ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): Strouse Bros.

9-BIRTHPLACE (State or country): Lithuania

PARENTS

10-NAME OF FATHER: Benedictas Domijonaitis

11-BIRTHPLACE OF FATHER (State or country): Lithuania

12-MAIDEN NAME OF MOTHER: Elizabeth Anna Kemeikiute

13-BIRTHPLACE OF MOTHER (State or country): Lithuania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Kablis

(Address) 2585 W. Balto St.

15-

Filed MAR 29 1917 ROBERT R. KRAUTER Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1916, to, March 27 1917, that I saw h.im alive on March 27 1917, and that death occurred, on the date stated above, at 9 00 m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) ... yrs 4 mos ... ds.

Contributory (SECONDARY) Chronic Interstitial Nephritis

(Duration) ... yrs 4 mos ... ds.

(Signed) John B. Heladowsky M. D.

March 28 1917 [Address] 679 Columbia Av

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2585 W Baltimore St

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer

DATE OF BURIAL: 30 March 1917

20-UNDERTAKER: John Zebliauskas

ADDRESS: 425 S. Bond St

TION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3813

CERTIFICATE OF DEATH.

154 D 3813

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1634 N Durham st ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Burkes

(Residence in Baltimore: No. 1634 N Durham st St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) widow

6-DATE OF BIRTH, ... April 10 1835, 1 .....
(Month) (Day) (Year)

7-AGE, 81 yrs. 11 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... H W
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Adolr Kress

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) I634 N Durhan st

(Address) Adolph Kress

15-
Filed MAR 29 1917 191..... ROBERT R. KRAUTER
Registrar.
Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Mar. 27 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Wm. Luckey M. D.
(Coroner.)

Mar 28 1917 191... (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Trinity Cem — DATE OF BURIAL, Mar 30 1917

20-UNDERTAKER E Schloman & Son — ADDRESS 1039 Hanover

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 3814

HEALTH DEPARTMENT—CITY OF BALTIMORE. ✓

CERTIFICATE OF DEATH.

92 D 3814

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 Warner ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Kell

(Residence in Baltimore: No. 905 Warner St.; 5 yrs.. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colord

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) mard

6-DATE OF BIRTH. Unknown (Month) (Day), 1912 (Year)

7-AGE. 45- yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Labor
(b) General nature of industry, business, or establishment in which employed (or employer). day

9-BIRTHPLACE, (State or Country), Calvert Co Md

PARENTS.

10-NAME OF FATHER, Basel Kell

11-BIRTHPLACE OF FATHER (State or Country). Calvert Co Md

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Walter Kell

(Address). 905 Warner St

15- MAR 29 1917 Filed....., 191. ROBERT R. KRAUTER Registrar. Burial Permit

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 11 1917, to March 27 1917, that I saw h— alive on March 24 1917, and that death occurred, on the date stated above, at 9 a.m. p.m.

The CAUSE OF DEATH* was as follows: Pneumonia Lob.

(Duration) yrs. 1 mos. 16 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) yrs. 1 mos. 6 ds.

(Signed). C. H. Thornton M. D.

March 29 191.7 (Address) 714 E. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn — DATE OF BURIAL, March 4 191.7.

20-UNDERTAKER John H. Owens — ADDRESS 538 Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

George W. Lounge.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 3815 — 92 — D 3815

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1323 Holbrook St ST.; 9th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Augustus Lounge

(Residence in Baltimore: No. 1323 Holbrook St St.: 18 yrs., 7 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: March July 31 17, 1898 (Month) (Day) (Year)

7-AGE: 18 yrs. 7 mos. 24 ds. — If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Pipe fitters helper
(b) General nature of industry, business, or establishment in which employed (or employer): Pub. Service Corp. (Gas Dept)

9-BIRTHPLACE, (State or Country): Baltimore, Md

PARENTS.

10-NAME OF FATHER: G. M. Lounge

11-BIRTHPLACE OF FATHER (State or Country): Augusta, Ga.

12-MAIDEN NAME OF MOTHER: Annie B Freshline

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. L. Mullen

(Address) 221 N. Liberty St.

15- Filed MAR 29 1917 191..... ROBERT R. KRAUTER Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: March 27, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 31 1917, to March 27 1917, that I saw him alive on Daily during illness 1917, and that death occurred, on the date stated above, at 6A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(Duration).....yrs.....mos.....ds.

(Signed) Wm. L. Mullen M. D.

March 27, 1917 (Address) 221 N. Liberty St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: March 30, 1917.

20-UNDERTAKER: E & B Hasle — ADDRESS: 116 E Lexington

Important.—See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3816

CERTIFICATE OF DEATH.

37 D 3816

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 404 S. Chapel ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanislaw Marcisyzwski

Residence in Baltimore: No. 404 S. Chapel St.; ... yrs., ... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, March 27, 1917. (Month) (Day) (Year)

7-AGE, ... yrs. ... mos. 1 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... None
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country), 404 S. Chapel

PARENTS.

10-NAME OF FATHER, Frank Marcisyzwski

11-BIRTHPLACE OF FATHER (State or Country). Russia Poland

12-MAIDEN NAME OF MOTHER Stanislaw Kowalczyk

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. S. Lenkevich

(Address) 2218 S. Broadway

15- MAR 29 1917 Filed ..... 191.. ROBERT R. KRAUTHE Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 28, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 28 1917, to March 28 1917, that I saw him alive on March 28 1917, and that death occurred, on the date stated above, at 7.45 p.m.

The CAUSE OF DEATH* was as follows:

Gunshot wound of head

(Duration) ... yrs. ... mos. 1 ... ds.

CONTRIBUTORY. — (Secondary)

... (Duration) ... yrs. ... mos. ... ds.

(Signed) Chas. S. Lenkevich M. D.

March 28 1917. (Address) 2218 S. Broadway.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. 1 ds.

Where was disease contracted, if not at place of death? 404 S. Chapel

Former or usual residence Same

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, Mar 29, 1917

20-UNDERTAKER Baad & Fiedkow

ADDRESS 422 N. Bond

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 3817

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 526 Scott n ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian A. Fritz

(Residence in Baltimore: No. 526 Scott n St.; 18 yrs. 7 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, August 1, 1898
(Month) (Day) (Year)

7-AGE, 18 yrs. 7 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Philip Fritz

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Lotta Weber

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Philip Fritz

(Address) 526 Scott n

15 MAR 29 1917 Filed....., 191.... ROBERT R. KRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27, 1917
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from July 14 1916, to March 27 1917, that I saw h— alive on March 26 1917, and that death occurred, on the date stated above, at 12 05 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration).....yrs. 9 mos.....ds.

CONTRIBUTORY..... Chronic
(Secondary)

..... (Duration).....yrs.....mos. 10 ds.

(Signed)..... M. D.

....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, March 29 1917.

20-UNDERTAKER Jos Juerdens Son ADDRESS 217 S. Paca

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3818 **CERTIFICATE OF DEATH.** 37 D 3818

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Parker.

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. Bl.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Sing.

6-DATE OF BIRTH, Mar 19, 1917
(Month) (Day) (Year)

7-AGE, — — —
..... yrs. ..... mos. ..... ds.

If LESS than 1 day, 9 hrs. or 30 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None.
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Elmer Wood.

11-BIRTHPLACE OF FATHER (State or Country), N. Y.

12-MAIDEN NAME OF MOTHER Beatrice Parker.

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Beatrice Parker.

(Address) 1363 Wolfe St

15-

Filed MAR 29 1917, 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 20, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 19 1917, to Mar 20 1917, that I saw h.. alive on Mar 19 1917, and that death occurred, on the date stated above, at 24 m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward Smith M. D.

Mar 29, 1917. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 3819

CERTIFICATE OF DEATH.

28 D 3819

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1631 Pierce ST.; 19 WARD)

2-FULL NAME James E. Matthews

(Residence in Baltimore: No. 1631 Pierce st St.; ..... yrs. ..... mos. ..... ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day), 1 (Year)

7-AGE, 42 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Day
(b) General nature of industry, business, or establishment in which employed (or employer). Laborer

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Bosil Matthews

11-BIRTHPLACE OF FATHER (State or Country). Balt Md

12-MAIDEN NAME OF MOTHER Isabell Johnson

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louisa L. Matthews

(Address) 410 N. Mount st

15-

Filed MAR 29 1917 191.....

ROBERT R. KRAUTH
Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 27 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 1st 1917, to March 27 1917, that I saw h.. alive on March 27 1917, and that death occurred, on the date stated above, at 1.05 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Hudson M. D.

3/28, 191.7 (Address) 117 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn. DATE OF BURIAL, March 29, 1917

20-UNDERTAKER A. Jones ADDRESS 207 S. Stricker st

Important: See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3820

CERTIFICATE OF DEATH.

61 D 3820

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1318 Bruce ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Hall

(Residence in Baltimore: No. 1318 Bruce St. St.; 6 yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Male	Col.	Single

6-DATE OF BIRTH, Jan 16 (Month) (Day), 1911 (Year)

7-AGE,	If LESS than 1 day,
6 yrs. 2 mos. 11 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, William Hall

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Annie Tongue

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Tongue

(Address) 1318 Bruce St

15. Filed MAR 29 1917, 191..... ROBERT R. KRAUTER Registrar.

Burial Permit 61671

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27 (Month) (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 25 1917, to March 27 1917, that I saw h[illegible] alive on March 26 1917, and that death occurred, on the date stated above, at 6A p.m.

The CAUSE OF DEATH* was as follows:

Epidemic Cerebro Spinal Meningitis

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Wm. N. Wright M. D.

March 27, 191.7 (Address) 1209 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, MAR 29 1917

20-UNDERTAKER JAMES H. DENNIS ADDRESS 1303 PRESTMAN ST.

Important. See instructions on back of certificate.

D 3821

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 ✓ D 3821

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1615 Jefferson St.: 6 WARD)

2-FULL NAME Lawrence Curry

(Residence in Baltimore: No. 1615 Jefferson St.: ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Jan (Month) ..... (Day), 1917 (Year)

7-AGE: 0 yrs. 2 mos. ... ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE (State or country): Balto Co.

PARENTS

10-NAME OF FATHER: Howard Curry.

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Lottie Anderson.

13-BIRTHPLACE OF MOTHER (State or country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lottie Curry

(Address) 1608 Jefferson St.

15. Filed MAR 29 1917 19.. ROBERT R. KRAUTH Registrar of Burial Permits

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 27 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 27, 1917, to Mar 27 1917, that I saw h.. alive on March 27, 1917, and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH* was as follows:

Marasmus
(Could not determine any other cause)

(Duration) ... yrs. 1 mos. ... ds

Contributory (SECONDARY) Poverty fed or nursed

(Duration) ... yrs. ... mos. ... ds.

(Signed) E. Edmund Fisher M. D.

Mar 28, 1917 (Address) 1612 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. | In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Asbury Cemetery | DATE OF BURIAL: 3/29, 1917

20-UNDERTAKER: Chas. H. Johnson | ADDRESS: 407 N. Caroline St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3822

CERTIFICATE OF DEATH.

79 D 3822

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1544 Boyle St. 24 WARD)
REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George M. Caskey
(Residence in Baltimore: No. 1544 Boyle St.; 41 yrs., 3 mos. 15 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec 12, 1875
(Month) (Day) (Year)

7-AGE, 41 yrs. 3 mos. 15 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER, Joseph Caskey

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Uykun

13-BIRTHPLACE OF MOTHER (State or Country), Uykun

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Joseph Caskey
(Address) 1544 Boyle

15- MAR 29 1917 Filed....., 191... ROBERT B. KRAUTER Registrar.
Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 27, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 20 1917, to Mar 27 1917, that I saw h[illegible] alive on Mar 26 1917, and that death occurred, on the date stated above, at 7A m.

The CAUSE OF DEATH* was as follows:
Mitral Insufficiency
Instant
(Duration) ....yrs. ....mos. ....da.
CONTRIBUTORY (Secondary) Acute Dilatation
Heart
(Duration) ....yrs. ....mos. 1 da.

(Signed) R. L. Campbell M. D.
Mar 27, 1917 (Address) 1644 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, March 30, 1917.

20-UNDERTAKER Mrs. J. E. Evans & Sons ADDRESS 1420 E. Ohio

Spec.—8-24-14—M. & T.—3000 Blks.

D 3823

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

120 D 3823

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 Brentwood Ave ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriett A. Tulley

(Residence in Baltimore: No. 1011 Brentwood Ave. St.; 5 yrs., 9 mos., ds.)

done

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, ~ January, 1 (Month) (Day) (Year)

7-AGE, 76 yrs. ~ mos. ~ ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Harford Co. Md.

PARENTS.

10-NAME OF FATHER, Robert Knight

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Henry F. Tulley

(Address) 1011 Brentwood Ave

15-

Filed MAR 29 1917, 191.... ROBERT B. KRAUTH Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 26 1917, to Mar 27 1917, that I saw her alive on Mar 27 1917, and that death occurred, on the date stated above, at 8-15 P. m.

The CAUSE OF DEATH* was as follows:

a Colon. Neoplasm.
Secondary Debility
Endocarditis

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac failure

(Duration) yrs. mos. 7 ds.

(Signed) Gustav H. Wolf M. D.

Mar. 28, 1917. (Address) 1210 Guilford Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	March 30, 1917.
20-UNDERTAKER Henry Horn Son	ADDRESS 1301 E Eager St

Spec. 8-24-14—M. & T.—2000 Bks.

Isabell Tamros

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3821

CERTIFICATE OF DEATH.

109 D 3824

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Inf. St.; 13 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Isabell Tamros

(Residence in Baltimore: No. 11 801 Mennington Ave St.; 43 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	married

6-DATE OF BIRTH, Unknown (Month) (Day), 1873 (Year)

7-AGE, 43 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Samuel Slotzinsky

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Sadie Abram

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Tamros

(Address) 1441 Eutaw St

15- MAR 29 1917 ROBERT R. KRAUTER

Filed ....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 28 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 14 1917, to March 28 1917, that I saw h[illegible] alive on March 28 1917, and that death occurred, on the date stated above, at 10:45 a.m.

The CAUSE OF DEATH* was as follows: Incarcerated Hernia
Intestinal Obstruction
(Operation) (Left Inguinal)
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Arteriosclerosis
(Duration) ..... yrs. ..... mos. 6 ds.

(Signed) H. H. Peter M. D.

Mar 29, 1917. (Address) Church Home

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 16 ds. In the State 23 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 31 S. Carey St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Washington Co	3/29, 191..
20-UNDERTAKER Jack Levin	ADDRESS 1441 Eutaw St

Important: See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 3825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 3825

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 N Port ST.; 7 WARD)

2-FULL NAME Charlotte C. Hasselbarth

(Residence in Baltimore: No. 510 N. Port St.; ....yrs....mos....ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, August (Month) 13 (Day), 1881 (Year)

7-AGE, 35 yrs. 7 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, August Horr

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Anna C. Nagel

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Hasselbarth

(Address) 510 N. Port St

15- Filed MAR 29 1917, 191... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 4th 1917, to March 25 1917, that I saw h.e alive on March 25th 1917, and that death occurred, on the date stated above, at 2:30 p. m.

The CAUSE OF DEATH* was as follows:

(a) Cancer

(b) .....

(c) .....

(Duration) ....yrs. 1 mos. 21 ds.

CONTRIBUTORY (Secondary) Phthisis Pulmonalis

Duration (Duration) ....yrs. 6 mos. 1 ds.

(Signed) J. Robert Miller M. D.

March 29, 1917. (Address) 2239 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Oak Lawn Cemetery

DATE OF BURIAL, March 30, 191.7

20-UNDERTAKER Christian Miller 2334 Eastern Ave

ADDRESS

D 3826

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

D 3826

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 708 W. Barre st. ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Lydia Sparenberg

(Residence in Baltimore: No. 708 W. Barre st. St.; 12 yrs. mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH: Mch. (Month) 7th. (Day), 1905. (Year)

7-AGE: 12 yrs. 20 mos. ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: William Sparenberg

11-BIRTHPLACE OF FATHER (State or country): Balto. Md.

12-MAIDEN NAME OF MOTHER: Wilhemina Voltz

13-BIRTHPLACE OF MOTHER (State or country): Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William Sparenberg

(Address) 708 W. Barre st.

15- Filed MAR 29 1917 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mch. 27/17. (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1/16. ,191 , to, Mch. 27/17. 191 , that I saw her alive on Mch. 27/17 191 , and that death occurred, on the date stated above, at 2.20 P.M.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus.

(Duration) 2 yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Henry Haadschuster M. D.

Mch. 28/17. 191 [Address] 933 Hanover st.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem.	March 30 191 7
20-UNDERTAKER	ADDRESS
M. L. Flynn	142 S. Light St.

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 3827.

HEALTH DEPARTMENT—CITY OF BALTIMORE

40 D 3827.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hahnemann General Hospital ST. 16 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis R. Norris

(Residence in Baltimore: No. 808 Woodley St. St.; 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	married

6-DATE OF BIRTH, June (Month) 21 (Day), 1853 (Year)

7-AGE, 63 yrs. 9 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... clerk
(b) General nature of industry, business, or establishment in which employed (or employer)..... Insurance

9-BIRTHPLACE, (State or Country), Delta Pa

PARENTS.

10-NAME OF FATHER, Benj Norris

11-BIRTHPLACE OF FATHER (State or Country), Penn

12-MAIDEN NAME OF MOTHER Anna Bleck

13-BIRTHPLACE OF MOTHER (State or Country), Penn

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Norris

(Address) 808 Woodley St

15- Filed MAR 29 1917 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 28 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from ....191...., to March 27 1917, that I saw h-m alive on ....191...., and that death occurred, on the date stated above, at .... m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Clinical) ..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) Marion W. Hood M. D.

....., 191... (Address) 808 Woodley St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos. 6 ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death? 808 Woodley St

Former or usual residence 808 Woodley St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cem.	Mch 30, 1917.
20-UNDERTAKER Harry W. Ehlen	ADDRESS 1942 W. North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 3828

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3828

CERTIFICATE OF DEATH.

30

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 830 S. Paca ST.; 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Krause.

(Residence in Baltimore: No. 830 S. Paca St.; 2 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Dec. 6 (Month), (Day), 1914 (Year)

7-AGE, 2 yrs. 3 mos. 23 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William E. Krause

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Decker

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William E. Krause

(Address) 830 S. Paca St.

15- Filed MAR 29 1917, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 29 (Month), (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 26 191 7, to Mar. 29 191 7, that I saw h[illegible] alive on Mar 28 191 7, and that death occurred, on the date stated above, at 8.45 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Meningitis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D. Wiley Hoag M. D.

Mar 29, 191 7 (Address) 829 S. Paca St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cem	April / 191 7
20-UNDERTAKER William Cook	ADDRESS 502 E North Ave

Spec.—8-24-16—M. & T.—2000 Blks.

D 3829

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3829

CERTIFICATE OF DEATH.

40

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 Ashland ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vestire L. Giovines

(Residence in Baltimore: No. 1620 Ashland ave St.; 53 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Aug 13, 1845
(Month) (Day) (Year)

7-AGE, 71 yrs. 7 mos. 16 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): +

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Elisha Andrews

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Annie Wheatley

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm L Giovines

(Address) 1620 Ashland ave

15- Filed MAR 29 1917, 191 HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 29, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 17 1917, to Mar 29 1917, that I saw h[er] alive on Mar 29 1917, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach
(Clinical Diagnosis)

(Duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Chas B. Taylor M. D.

Mar 29, 1917. (Address) 8 E. Saratoga

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	April 1 1917.
20-UNDERTAKER Fickler & Fickler	ADDRESS 1739 E. Eager

Spec.—8-24-14—M. & T.—2000 Bks.

D 3830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

D 3830

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 11 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Johnson

(Residence in Baltimore: No. 510 Tyson St St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, August 25, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 11 mos. 4 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Samuel Johnson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Florence Davis

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Smith

(Address) Johns Hopkins Hospital

15- MAR 29 1917 Filed....., 191..... HARRY C. MOORE'S Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 29, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20 1917, to March 29 1917, that I saw h alive on March 29 1917, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Rachitis & tetany

..... (Duration) 1 yrs. 11 mos. 4 ds.

(Signed) ..... M. D.

March 29 1917 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 9 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 510 Tyson St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, March 30 1917

20-UNDERTAKER, Charles B. Jones — ADDRESS 230 Pine

Important: See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3831

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3831

CERTIFICATE OF DEATH.

REGISTERED NO. C 150

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 N. Woodyear ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Gunnell

(Residence in Baltimore: No. 1121 N. Woodyear St.; — yrs. — mos. 9 hrs. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Infant

6-DATE OF BIRTH, Mar. 28, 1917.
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds.

If LESS than 1 day, 9 hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Balto. City Md.

PARENTS.

10-NAME OF FATHER, George Gunnell

11-BIRTHPLACE OF FATHER (State or Country), Balto. City Md.

12-MAIDEN NAME OF MOTHER Pearl Gorell

13-BIRTHPLACE OF MOTHER (State or Country), Balto. City Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Gunnell

(Address) 1121 N. Woodyear St.

15-

Filed MAR 29 1917 191.... HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 28, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 28- 1917, to Mar. 28- 1917, that I saw h... alive on Mar. 28- 1917, and that death occurred, on the date stated above, at 11-9 m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Blind baby) Failure to respond to Resuscitation 9 hours

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) Chas. L. McCarthy M. D.

Mar. 28, 1917 (Address) 906 N. Stricker

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Ht Peter's

DATE OF BURIAL, Mar 30, 1917.

20-UNDERTAKER Hammond Loughran & Hayman

ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

D 3832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

84 D 3832

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 Abbot St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vaclav Zitnik

(Residence in Baltimore: No. 1621 Abbot St.; 26 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1 .....
(Month) (Day) (Year)

7-AGE, 78 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Jiant Zitnik

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Theresa Sonkup

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marie Zitnik

(Address) 1621 Abbot St

15- MAR 29 1917

Filed ....., 191.... HARRY J. ANDREWS
Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 29th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 26 1917, to Mar 29, 1917, that I saw him alive on Mar 27th 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis
and Old age

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas B. Lucas M. D.

Mar 27, 1917. (Address) 831 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, April 2 1917

20-UNDERTAKER Frank Brack Son — ADDRESS 1706 Eastlake

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3833 — 28 ✓ — D 3833

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 801 N Bradford ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rayman Petras

(Residence in Baltimore: No. 801 N Bradford St.; 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Not Known (Month) ....., 1 (Day) ..... (Year)

7-AGE,	If LESS than 1 day,
23 yrs. ..... mos. ..... ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Glass Blower
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, John Petras

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Emma Sperling

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Petras

(Address) 801 N Bradford St

15-

Filed....., 191.....

MAR 29 1917
HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 28, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 13 1917, to March 27 1917, that I saw him alive on March 27 1917, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Edema of Lungs

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) J. L. Kunzelman M. D.

March 28, 1917. (Address) 604 N. Patterson Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Oak Hill	March 30, 1917.
20-UNDERTAKER	ADDRESS
Frank Frach & Son	1711 Eastern Ave

D 3834

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 D 3834

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 521 W. Saratoga ST. 4 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME James E. Matthews

(Residence in Baltimore: No. 521 W. Saratoga St.; yrs. 3 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Col

5 ~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~ (Write the word): widowed

6 DATE OF BIRTH: April (?) (?), about 1856 (Month) (Day) (Year)

7 AGE: about 55 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9 BIRTHPLACE (State or country): Frederick Co., Md.

PARENTS

10 NAME OF FATHER: not known

11 BIRTHPLACE OF FATHER (State or country): not known

12 MAIDEN NAME OF MOTHER: Charity Williams

13 BIRTHPLACE OF MOTHER (State or country): Frederick Co. Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Willie Howard

(Address) 521 W. Saratoga St

15 Filed MAR 30 1917 ROBERT B. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 27, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 7th, 1917, to, Mar. 28th 1917, that I saw him alive on March 28th, 1917, and that death occurred, on the date stated above, at 11.40 P m. The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) 1 yrs. mos. ds

Contributory (SECONDARY): Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) E. B. Farnell M. D.

March 28, 1917. (Address) Greene & Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: March 31 1917

20 UNDERTAKER: Daniel Easter — ADDRESS: 916 Penna

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 3835

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 ✓ D 3835

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1835 Penn Av ST. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Christopher Kammerer

(Residence in Baltimore: No. 1835 Penna Ave St.: yrs. mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH: March (Month) 13 (Day), 1917 (Year)

7-AGE: ..... yrs. ..... mos. 13 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): City

PARENTS

10-NAME OF FATHER: Christopher Kammerer

11-BIRTHPLACE OF FATHER (State or country): Schwarzenbach-wald Bavaria, Germy

12-MAIDEN NAME OF MOTHER: Margaret Sophia Strehler

13-BIRTHPLACE OF MOTHER (State or country): Bavaria, Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Christopher Kammerer

(Address) 1835 Penna ave

15 MAR 30 1917 Filed ..... 191 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 29 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 15, 1917, to March 29, 1917, that I saw him alive on March 28, 1917, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ..... yrs. ..... mos. 13 ds

Contributory (SECONDARY) Marasmus

(Duration) ..... yrs. ..... mos. 13 ds.

(Signed) J. L. Hooper M. D.

March 29, 1917 (Address) 917 W Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death	..... yrs.	..... mos.	..... ds.	In the State	..... yrs.	..... mos.	..... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Westlin Cem — DATE OF BURIAL: March 29 1917

20-UNDERTAKER: David Easton — ADDRESS 916 Bernard

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 3836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

164 ✓ D 3836

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2802 E Balto ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond L Viands

(Residence in Baltimore: No. 2802 E Balto St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 25 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Machinist Helper
(b) General nature of industry, business, or establishment in which employed (or employer) Steel Plant

9-BIRTHPLACE, (State or Country). Va

PARENTS.

10-NAME OF FATHER. Charles Viands

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Luella Sine

13-BIRTHPLACE OF MOTHER (State or Country). N. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs ..... Sentmyer

(Address) 2802 E Balto St

15- MAR 30 1917 ROBERT R. KRAUTER

Filed....., 191.... Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 28, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 26 1917, to March 28 1917, that I saw h im alive on March 28 1917, and that death occurred, on the date stated above, at 10:30 P m.

The CAUSE OF DEATH* was as follows:

Ptomaine Poisoning

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Pneumonia (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edwin A Tod M. D.

Mar 29 1917 (Address) 733 S Ellwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Elkton Va — DATE OF BURIAL, Mar 31, 1917

20-UNDERTAKER Albert E Stuller — ADDRESS 221 N Brady

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 3837

CERTIFICATE OF DEATH.

28 B 3837

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 Bay st. ST.; 13 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Everett E. Johnson.

(Residence in Baltimore: No. 713 Bay st. St.; 1 yrs. 3 mos. 1 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec 27 (Month) (Day), 1915 (Year)

7-AGE, 1 yrs. 3 mos. 1 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Baltimore City Md.

PARENTS.

10-NAME OF FATHER, Everett E. Johnson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Ellen E. Harris

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Everett E. Johnson

(Address) 713 Bay st

15-Filed MAR 30 1917, 191.... ROBERT R. KRAUTER Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 28, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 26 1917, to March 28 1917, that I saw h alive on March 28 1917, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(Duration) yrs. mos. 3 da.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis unknown

(Duration) yrs. mos. da.

(Signed) C. J. Damer M. D.

3-29, 191 7. (Address) 820 W 33 st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Marys Humphreys | DATE OF BURIAL, 3/30, 191 7.

20-UNDERTAKER Shumours & Son | ADDRESS 217 Eastern ave

Spec.—6-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3838

CERTIFICATE OF DEATH.

42 D 3838

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 N. 10th Walbrook ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Bauer

(Residence in Baltimore: No. 1523 N. 10th St.; Life: yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. W. Light

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Apr. 2, 1858.
(Month) (Day) (Year)

7-AGE, 59 yrs. 11 mos. 25 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Michael Hyland

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Sarah Welsh

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna B. Lane

(Address) 1523 N. 10th St.

15-

Filed MAR 30 1917 191.. ROBERT R. KRAUTER Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 4 1917, to March 27 1917, that I saw h- alive on March 27 1917, and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus
(Cattelogued)

(Duration) 1½ yrs. mos. da.

CONTRIBUTORY (Secondary) Auto intoxication

(Duration) yrs. 3 mos. da.

(Signed) E. Vanderbeen M. D.

3-29, 191.. (Address) 24 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenbelt Cem

DATE OF BURIAL, March 30, 191.7

20-UNDERTAKER John A. Inman

ADDRESS 3000 E. Balto. St.

D 3839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167 D 3839

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julius Sternberg.

Residence in Baltimore: No. 336 N. Pulaski St.: yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male.	White	Single

6-DATE OF BIRTH, ... January ....., 1 .....
(Month) (Day) (Year)

7-AGE, 3 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Max Sternberg.

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) University Hospital Records
(Address) Green & Lombard Sts

15- Filed APR 16 1917 191.. ROBERT R. KRAUTER Registrar
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 28, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows: Shock following burns about face & body Clothes catching fire from stove (Accidental)

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert D. Driscoll M. D.
(Coroner)
March 29, 1917. (Address) 3127 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? 336 N. Pulaski St.
Former or usual residence 336 N. Pulaski St.

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. | DATE OF BURIAL, March 30 1917

20-UNDERTAKER W. H. Hagerstown | ADDRESS W. Baltimore

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 3840

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital ST.; 3 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME, Solomon Levy

(Residence in Baltimore: No. 307 So. Caroline St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Single

6-DATE OF BIRTH, January (Month) (Day) 1916 (Year)

7-AGE, 1 yrs., 2 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) "

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Harry Levy

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Rachman.

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Lewis

(Address) 1411 E. Balto. St.

15-MAR 30 1917 Filed....., 191.... ROBERT R. KRAUTH. Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 29 (Month) (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 24 1917, to Mar 29 1917, that I saw h[illegible] alive on Mar 29 1917, and that death occurred, on the date stated above, at 1.30 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) Exhaustion & Anemia

(Duration) ....yrs. ....mos. 5 ds.

(Signed) Edward L. Smith M. D.

Mar 29 1917 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. 5 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 307 So. Caroline St.

Former or usual residence 307 Caroline St.

19-PLACE OF BURIAL OR REMOVAL, Workman's Circle Nth Carroll Rd. DATE OF BURIAL, 3/30, 1917.

20-UNDERTAKER Jack Lewis ADDRESS 1411 E. Balto. St.

D 3841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154 ✓

D 3841

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 227 S Bethel St Ward) ..... St.: 3

2-FULL NAME Margaret Drake

(Residence in Baltimore: No. 227 S Bethel St St.: yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... March ....., 1 .....
(Month) (Day) (Year)

7-AGE, 68 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... House Work
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Ind Dumpster

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Brooks

(Address) 227 S Bethel St

15- Filed MAR 30 1917, 191. ROBERT R. KRAUTH Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH ..... March 28, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Senility

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner.) ..... M. D.

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Asbury

DATE OF BURIAL, April 1 1917

20-UNDERTAKER John W Henderson

ADDRESS 311 N Carrollton

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

W 3842

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3842

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 324½ St.; 12 Ward)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Osborn Lee

(Residence in Baltimore: No. 324 20½ St.; ..... yrs., 5 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	Colored	

6-DATE OF BIRTH, Oct (Month) 23 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
....yrs. 5 mos. 5 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, John W. Lee,

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Gore Sparks

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John W. Lee

(Address) 324 20½ St.

15-

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 25 1917, to March 29 1917, that I saw h[illegible] alive on March 28 1917, and that death occurred, on the date stated above, at 3:30 p.m.

The CAUSE OF DEATH* was as follows:

Capillary Bronchitis

.....

.....

..... (Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

..... (Duration) ....yrs. ....mos. 4 ds.

(Signed) J. W. Chesbrough M. D.

March 29, 1917. (Address) 15 20 Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel	March 30 1917.
20-UNDERTAKER John W Henderson	ADDRESS 31 N Carrole

Spec.—8-24-14—M. & T.—2000 Blks.

D 3843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 3843

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 N Curley ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J Klug.

(Residence in Baltimore: No. 610 N Curley St.; 36 yrs. mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~OR DIVORCED~~, (Write the word.): Widowed

6-DATE OF BIRTH, March 21, 1881 (Month) (Day) (Year)

7-AGE, 36 yrs. — mos. 7 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER, Thos J. Klug

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER: Elizabeth Baker

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Elizabeth Klug

(Address) 610 N. Curley St.

15- Filed MAR 30 1917, 191... ROBERT R. KRAUTER Registrar

Burial Permit Given

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 28, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 22 191..., to Mch 28 1917, that I saw h[illegible] alive on Mch 26 1917, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Laryngealis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. J. Gunn M. D.

Mch 30, 191 7. (Address) 6 E W North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem. DATE OF BURIAL, Mar. 31, 1917

20-UNDERTAKER J Herwig & C ADDRESS 2008 Eden

D 3844

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 3844

REGISTERED No. C 76

1 PLACE OF DEATH

CITY OF BALTIMORE (No. ~~1017~~ 1025 W. Fayette ST. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Alma Douglas

(Residence in Baltimore: No. 1012 Aisquith St.; 1 yrs. — mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Female	White	single

6 DATE OF BIRTH: Jan 19, 1908 (Month) (Day) (Year)

7 AGE: 9 yrs. 2 mos. 10 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Rainswood Va

PARENTS

10 NAME OF FATHER: Mortimer Douglas

11 BIRTHPLACE OF FATHER (State or country): Va

12 MAIDEN NAME OF MOTHER: Daisy Douglas

13 BIRTHPLACE OF MOTHER (State or country): Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mortimer Douglas (Father)

(Address) 1012 N Aisquith St

15 Filed Mch 30/17 ROBERT R. KRAUTER REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 3 (Month) 29 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from 3/25, 1917, to 3/29 1917 that I saw her alive on 3/29, 1917, and that death occurred, on the date stated above, at 2.10 P m.

The CAUSE OF DEATH* was as follows:

Meningitis due to Streptococcus mucosus infection - following La Grippe

(Duration) ..... yrs. ..... mos. 4 ds

Contributory (SECONDARY) Otitis Media Suppuration

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) Sylvan Rosenberg M. D.

March 29, 1917 (Address) 1710 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted. If not at place of death? Home

Former or usual residence 1012 Aisquith St

19 PLACE OF BURIAL OR REMOVAL: LOUDON PARK — DATE OF BURIAL: MAR 31 1917

20 UNDERTAKER: ARMSTRONG-DENNY CO. — ADDRESS: 715 Light St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 3815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175 D 3815

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John A Stembler

(Residence in Baltimore: No. 905nW Lexingtoj st St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
male	White	Widower

6-DATE OF BIRTH, June 8 1834, 1
(Month) (Day) (Year)

7-AGE. 82 yrs. 9 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Shoemaker

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Nicholas Stembler

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Milly Davis

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) M Steward
(Address) 905 W Lexington st

15- Filed MAR 30 1917 ROBERT R. KRAUTER
Burial Permit No. 201 Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 28 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Traumatism Fell of street car accident

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....
(Duration) .....yrs.....mos.....ds.

(Signed) J. Fred Lucas M. D.
(Coroner.)
Mar 31, 191 (Address) N.E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Loudon Park	March 31 1917
20-UNDERTAKER Geo. J. Smith	ADDRESS 1100 W Fayette st

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

42 D 3846

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Harriet a. Kelly Hosp. St.) 3 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilhelmina Bosse. (Bosee)

(Residence in Baltimore: No. 2234 Eutaw Place St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow.

6-DATE OF BIRTH, September 9, 1852
(Month) (Day) (Year)

7-AGE, 64 yrs. 6 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm H. Thompson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Jane de Valangen

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno. H. Bosse

(Address) 2233 Eutaw Place Balto Md

15-
Filed MAR 30 1917 191.... ROBERT R. KRAUTER
Registrar.
Burial Permit Clerk.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 30th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 16 1917, to Mar. 30 1917, that I saw h.. alive on Mar 29 1917, and that death occurred, on the date stated above, at 12.20 m.

The CAUSE OF DEATH* was as follows:

Cancer Cervix Uteri

(Pathological)

(Duration) 4 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cachexia

(Duration) yrs. 4 mos. ds.

(Signed) Co. Bruns M. D.

Mar. 30th, 1917. (Address) 1414 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. 16 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Balto.

Former or usual residence 2233 Eutaw Place.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Ridge Cem	4-1, 1917
20-UNDERTAKER Henry W. Jenkins & Son Co	ADDRESS Orchard & McCulloh Sts

1E 1151 Guy Conrey.

D 3847

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

173 D 3847

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2904 Brighton ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Guy Conrey

(Residence in Baltimore: No. 2904 Brighton St.; 7 yrs., 5 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct. 24, 1914
(Month) (Day) (Year)

7-AGE, 2 yrs. 5 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Balto, Md

PARENTS.

10-NAME OF FATHER, S. Norwood Conrey

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ada Plummer

13-BIRTHPLACE OF MOTHER (State or Country), Balto, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. Norwood Conrey

(Address) 2904 Brighton

15- MAR 30 1917 ROBERT R. KRAUTER
Filed....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 28, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gunshot wound Killed by stray bullet while running across Mr. Preston lot (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Concussion (Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

March 29, 191.. (Address) 814 Mach

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Ward's Chapel Harrisonville Md. DATE OF BURIAL, Mar 30, 1917.

20-UNDERTAKER, Joseph B Cook ADDRESS 1003 W. Balto.

Burial Permit Issued

CAUSE OF DEATH (in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 3848

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 433 S. Paca St. ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Conrad Schmidt

(Residence in Baltimore: No. 221 E. Church St. St.; 37 yrs., 5 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, October 2, 1879
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
37 yrs. 5 mos. 27 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)..... Gas Co. Warehouse

9-BIRTHPLACE, (State or Country), Baltimore - Md

PARENTS.

10-NAME OF FATHER, Heidrick A. Schmidt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Flora A. Notte

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Heidrick A. Schmidt

(Address) 433 S. Paca St

15-MAR 30 1917 ROBERT R. KRAUTER

Filed....., 191.... Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 29, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 26 1917, to Mar 29 1917, that I saw h... alive on Mar 29 1917, and that death occurred, on the date stated above, at 6.15 P.M.

The CAUSE OF DEATH* was as follows:

a.....

Acute Pneumonia

b.....

..... (Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Chas F. Gallagher M. D.

Mar 29, 191... (Address) 1920 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem.	April, 191.7
20-UNDERTAKER Joseph B. Cook	ADDRESS 103 W. Saratoga

Spec.—8-24-14—M. & T.—2000 Bks.

Robert Kiahr

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 3849

CERTIFICATE OF DEATH.

79 D-3849

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 Druid Hill Ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Kiahr

(Residence in Baltimore: No. 918 Druid Hill Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word)
male	Black	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 33 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Cambridge Md.

PARENTS.

10-NAME OF FATHER, Gabe Kiahr

11-BIRTHPLACE OF FATHER (State or Country), Cambridge

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), ...

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- Filed MAR 30 1917 ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 2, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 7-1 1917, to March 2 1917, that I saw him alive on March 2 1917, and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:

Bacteriae Insufficiency

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward J. Rhudla M. D.

3/2/, 1917. (Address) 1231 Dr Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

PUBLIC CEMETERY.

Morgue

D 3850

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 3850

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1222 Shut alley ST.; WARD) 5

REGISTERED NO. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilson Jones

(Residence in Baltimore: No. 1222 Shut alley St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Nov. 3rd, 1915 (Month) (Day) (Year)

7-AGE: 1 yrs. 5 mos. 28 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto. Md

PARENTS

10-NAME OF FATHER: Wilson Jones

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Ella Johnson

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie Jarden

(Address) 1222 Shut St

15- Filed MAR 30 1917, 191 ..... ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 29th, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 26th, 191 7 to March 29 1917.

that I saw h alive on March 28 1917.

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Gastroenteritis

(Duration) ..... yrs. ..... mos. 4 ds

Contributory (SECONDARY): Exhaustion

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) P E Filly M. D.

March 29, 191 7 (Address) 501 E Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Mar. 31 191 7

20-UNDERTAKER: Mrs. Robt. A. Elliott — ADDRESS: 506 East St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3851 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 3851

CERTIFICATE OF DEATH. 97

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 641 S. Decker St.; 1st WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sallie Breeden

(Residence in Baltimore: No. 641 S. Decker St.; 2 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Oct. (Month), (Day), 1873 (Year)

7-AGE, 43 yrs. 5 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Penn.

PARENTS.

10-NAME OF FATHER. Wm. Richards

11-BIRTHPLACE OF FATHER (State or Country), Eng.

12-MAIDEN NAME OF MOTHER Malinda Stout

13-BIRTHPLACE OF MOTHER (State or Country), Penn

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ella Kelly

(Address) 1266 Locust ave

15- MAR 30 1917 191... Filed ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 30th (Month), (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 26 1917, to Mar. 28 1917, that I saw h[illegible] alive on Mar. 28th. 1917, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Alcoholism

(Duration) yrs. mos. ds.

(Signed) Thos. H. Morris M. D.

Mar. 30, 1917 (Address) 1216 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Carlisle, Penn — DATE OF BURIAL, Mar. 30, 1917.

20-UNDERTAKER J. J. Moran — ADDRESS Pratt St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3852 — 152 — D 3852

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. Kennedy Hospital St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Langlais.

(Residence in Baltimore: No. Kennedy Hospital St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write the word.*): Single

6-DATE OF BIRTH: March (Month) 27 (Day), 1917 (Year)

7-AGE: 0 yrs. 0 mos. 1 ds. — If LESS than 1 day, 18 hrs. or 2 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Joseph Langlais

11-BIRTHPLACE OF FATHER (State or Country): U. S.

12-MAIDEN NAME OF MOTHER: Eva Grimes

13-BIRTHPLACE OF MOTHER (State or Country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15- Filed MAR 30 1917, 191... ROBERT R. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-27 1917, to 3-29 1917, that I saw her alive on 3-29 1917, and that death occurred, on the date stated above, at 12 18 m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Prematurity

(Duration) yrs. mos. ds.

(Signed) D. C. Hammond M. D.

3-29, 191.. (Address) Kennedy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. — In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, | DATE OF BURIAL, ..., 191...

20-UNDERTAKER | ADDRESS

ONLY CITY OF BALTIMORE Commissioner Health

Spec.—5-19-13—M. & T.—500 Bks.

D 3853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 3853

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 242 N. Bond St., 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia Everett

(Residence in Baltimore: No. 242 N Bond St.; ....yrs.,....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, June (Month) 15 (Day), 1848 (Year)

7-AGE, 68 yrs. 9 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. Gray Zinkal

(Address) 242 N Bond St.

15-

Filed MAR 30 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 28 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 26 1917, to March 26 1917, that I saw h er alive on March 26 1917, and that death occurred, on the date stated above, at 10.45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Robert F. Green M. D.

March 29, 1917. (Address) 120½ Aisquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cemetery	March 31, 1917
20-UNDERTAKER	ADDRESS
H. E. Hughes	174 Broadway

Spec.—5-19-13—M. & T.—500 Bks.

D 3854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 ✓ D 3854

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 663 W. Pratt St.; 22 WARD) REGISTERED NO. C

2-FULL NAME Louis Kranz

(Residence in Baltimore: No. 663 W. Pratt St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, July 14, 1861 (Month) (Day) (Year)

7-AGE, 55 yrs. 8 mos. 13 ds.

If LESS than 1 day. ....hrs. or....min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Merchant Tailor

(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Conrad Kranz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Sophia Holzner

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Emma Landbeck

(Address) 663 W. Pratt St.

15-Filed MAR 30 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27, 1917 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 26 1917, to March 27, 1917, that I saw him alive on March 26, 1917, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) yrs. mos. ? ds.

CONTRIBUTORY (Secondary) Alcoholism

(Duration) yrs. 4 mos. ds.

(Signed) Jas. L. Lumpkins M. D.

March 28, 1917. (Address) 818 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Bal. Cem. DATE OF BURIAL. March 30 1917

20-UNDERTAKER Geo. Lumbach ADDRESS 647 W. Balt. St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3855

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3855

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C 119

CITY OF BALTIMORE: (No. 2208 Ashland av ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Ehlad

(Residence in Baltimore: No. 2208 Ashland av St.; 28 yrs., 4 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Nov 11 (Month) (Day), 1888 (Year)

7-AGE, 28 yrs. 4 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): Boat Maker

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Frank Ehlad

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Madeline Ehlad

(Address) 2208 Ashland

15-

Filed MAR 30 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 27 1917, to March 29 1917, that I saw h im alive on March 29 1917 and that death occurred, on the date stated above, at 9 45a m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(Duration) ....yrs. ....mos. 1 ds.

(Signed) F F Rumjahn M. D.

March 29 1917. (Address) 1948 Ollivan St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore, DATE OF BURIAL, April 1, 191..

20-UNDERTAKER Philip Henrig ADDRESS 2016 Aliceanna

Important: See instructions on back of Certificate.

D 3856 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 3856

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 723 N Rose st ST.: 7 WARD) 79

REGISTERED No. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Briggetto Wnner Briggitta Wnnner

Residence in Baltimore: No. 723 N Rose st

St.: 57 yrs. 9 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
female	White	Widow

6-DATE OF BIRTH, June 8 1859, 1
(Month) (Day) (Year)

7-AGE, 57 yrs. 9 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....H W.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Walbellick

PARENTS.

10-NAME OF FATHER, Wilton Wallilliek

11-BIRTHPLACE OF FATHER (State or Country), Garmany

12-MAIDEN NAME OF MOTHER Chrintiana Bock

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Wnnerr

(Address) 723 N Rose st

15- Filed MAR 30 1917 191..... HARRY O. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 28 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) [signature] M.D. (Coroner.)

Mar 29 1917 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Mar 31 1917
20-UNDERTAKER Philip Herring	ADDRESS 2016 Orleans

Important. See instructions on back of certificate.

D 3857 HEALTH DEPARTMENT—CITY OF BALTIMORE 64 D 3857

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1608 N. Fulton Ave ST.: 15 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hattie C. Brack

(Residence in Baltimore: No. 1608 N. Fulton Ave 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Oct. 6, 1881-9
(Month) (Day) (Year)

7-AGE, 35 yrs. 11 mos. 23 ds. If LESS than 1 day, ...hrs. or....mia.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Geo. H. Brack

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Hinkenson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. W. C. Beal

(Address) 1608 N. Fulton Ave

15- Filed MAR 30 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 29, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Septic Infection (13 days)
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) C. Hollowell M. D.
(Coroner.)
Mar 30, 191... (Address) 819 Munsey

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Md.	Mar. 31st, 1917
20-UNDERTAKER Bertram B. Lowe	ADDRESS 1723 Lafayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3858

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3858

CERTIFICATE OF DEATH.

151

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 S. Caroline St., 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Premature birth Infant May

(Residence in Baltimore: No. ..... St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black	Single

6-DATE OF BIRTH, March 29, 1917.
(Month) (Day) (Year)

7-AGE, ...yrs. .....mos. .....ds.
If LESS than 1 day, 2 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), 107 S. Caroline St

PARENTS.

10-NAME OF FATHER, Emmett May

11-BIRTHPLACE OF FATHER (State or Country), U. S. A.

12-MAIDEN NAME OF MOTHER Rose Hall

13-BIRTHPLACE OF MOTHER (State or Country), U. S. A.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emmett May

(Address) 107 S. Caroline St

15-

Filed ..... 1917 HARRY C. ANDE[illegible]
Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 29, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 29 1917, to March 29 1917, that I saw him alive on March 29 1917, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth
about 6½ months gestation

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) T. G. Nicholson M. D.

March 29 1917 (Address) 1420 E. Balto. St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER (Commissioner of Health.)	ADDRESS

D 3859

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH — Registered No. C 109 — D 3859

City of Baltimore (No. 158 W West. St. 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary Teele

(Residence in Baltimore: No. 158 W West St. St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6 DATE OF BIRTH — — , 1851 (Month) (Day) (Year)

7 AGE 65 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9 BIRTHPLACE (State or country): Ireland

PARENTS

10 NAME OF FATHER: Mr Dunn

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mr Dunn

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. J. Feeley

(Address) 158 W. West St

15 Filed MAR 31 1917 By HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mch 28th, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mch 20th, 1917, to Mch 28th, 1917, that I saw h[illegible] alive on Mch 27, 1917, and that death occurred, on the date stated above, at 3 P m.
The CAUSE OF DEATH* was as follows:

Strangulated Hernia

(Duration) ... yrs. ... mos. 6 ds

Contributory (SECONDARY) .....

(Duration) ... yrs. ... mos. ... ds.

(Signed) Henry B Kelly M. D.

Mch 28th, 1917 (Address) 1203 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cathedral Cem — DATE OF BURIAL: Mar 31, 1917

20 UNDERTAKER: F. A. Krause — ADDRESS: 703 Hanover

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3860

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

D 3860

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.; 12 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael C. Caughy (Caughy)

(Residence in Baltimore: No. 141 N. Lafayette Ave. St.; 76 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March 3, 1841
(Month) (Day) (Year)

7-AGE. 76 yrs. 0 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. John H. Caughy

11-BIRTHPLACE OF FATHER (State or Country). Baltimore, Md.

12-MAIDEN NAME OF MOTHER Elizabeth Caughy

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Caughy.

(Address) 1623 Linden Ave.

15- Filed MAR 3 1917 HARRY C. ANDREWS Burial Permit Clerk 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 30, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 12th, 1917, to Mar. 30th, 1917, that I saw h[illegible] alive on Mar. 24th, 1917, and that death occurred, on the date stated above, at 5a m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Interstitial Nephritis,

(Duration) 1 yrs. 6 mos. ds.

(Signed) W. H. Donaldson M. D.

3/30, 1917. (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 18 ds. In the State life yrs. mos. ds.

Where was disease contracted, if not at place of death? [illegible],

Former or usual residence 141 N. Lafayette ave,

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cathedral Cemetery	March 1, 1917

20-UNDERTAKER Henry W. Meyer & Son — ADDRESS No. 58 N. Gay St.

Spec.—5-19-13—M. & T.—500 Bks.

D3861

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. D3861

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 West Franklin St. St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Carroll

(Residence in Baltimore: No. 11 West Franklin St. St.; 45 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec. 16, 1845, 1 (Month) (Day) (Year)

7-AGE, 71 yrs. 3 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), County Cork, Ireland

PARENTS.

10-NAME OF FATHER, James Carroll

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Cronin

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John E. Carroll

(Address) 11 West Franklin St.

15- MAR 31 1917 MARY C. ABERNETHY Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 29th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 191 6, to March 29, 191 7. that I saw him alive on March 26th, 191 7. and that death occurred, on the date stated above, at 9.15 A.m.

The CAUSE OF DEATH* was as follows:

Myocarditis + Arteriosclerosis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Dilatation of the Heart

(Duration) yrs. mos. 1 ds.

(Signed) Gustavus C. Dohme, M. D.

March 29th 191 7 (Address) 3014 St. Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, 3/31/, 191 7

20-UNDERTAKER Henry W. Maus & Son

ADDRESS 703 N. Gilmor St

Spec.—8-24-14—M. & T.—2000 Bks.

D 3862

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 3862

CERTIFICATE OF DEATH.

92

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1319 Calhoun ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis H Gross (Gross)

(Residence in Baltimore: No. 1319 Calhoun St; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Widower

6-DATE OF BIRTH, May (Month) 25 (Day), 1845 (Year)

7-AGE, 71 yrs. 10 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Gardener
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, William Gross

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address) 1319 N Calhoun St

15- Filed MAR 31 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 28th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/20 1917, to 3/28 1917, that I saw h[illegible] alive on 3/26 1917, and that death occurred, on the date stated above, at 9:15 m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

3/29, 191... (Address) 2127 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery DATE OF BURIAL, April 2, 191...

20-UNDERTAKER Clarence Edwards ADDRESS 1364 Mary

FILE COPY

D 3863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

172 ✓

~~D 3863~~

REGISTERED NO. C D 3863

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Janina Bimiewicz

(Residence in Baltimore: No. 1336 Reynolds St

St. 7 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec (Month) 19 (Day), 1908 (Year)

7-AGE, 8 yrs. 3 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Poland

PARENTS.

10-NAME OF FATHER, Paul Bymiewicz

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Jozefa Kuchanowska

13-BIRTHPLACE OF MOTHER (State or Country), Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Trailkowski (Undertaker)

(Address) 1618 Eastern ave

15-

Filed MAR 31 1917 191. HARRY C. ANDREWS

Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract. Skull

Accidental Fall in Yard of his residence. (Duration) log may have fallen a few yrs. mos. da.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. da.

(Signed) W. J. Ruby M. D.
(Coroner.)

March 30, 1917. (Address) 627 Bonner

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 6 days yrs. mos. ds. In the State 7 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1336 Reynolds St

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, March 31 1917

20-UNDERTAKER William Trailkowski

ADDRESS 1618 Eastern ave

Please write in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 3864

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 3864

1 PLACE OF DEATH

Registered No. C 79

CITY OF BALTIMORE (No. 1840 Light St. Ward 23)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Anna Wilmer

(Residence in Baltimore: No. 1840 Light St. Ward 23)

(If non-resident give usual residence)

(Length of residence in city or hospital, etc., yrs. 54 mos. 5 ds. 24)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
female	white	married

6 DATE OF BIRTH: Oct 4, 1862 (Month) (Day) (Year)

7 AGE: 54 yrs. 5 mos. 24 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9 BIRTHPLACE (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Geo. Seward

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Riley

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas. H. Perkins

(Address) 1840 Light St.

15 MAR 31 1917 Filed ..., 191...

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 28, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March, 1917, to, Mar 28 1917, that I saw h[er] alive on March 27, 1917, and that death occurred, on the date stated above, at 2 p. m.
The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(Duration) ... yrs. 1 mos. ... ds

Contributory (SECONDARY) Organic Heart Disease

(Duration) ... yrs. Unknown mos. ... ds

(Signed) W. D. Smith M. D.

March 28, 191 7 (Address) 522 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cathedral Cem. DATE OF BURIAL: March 31, 191 7

20 UNDERTAKER: M. L. Flynn ADDRESS: 1422 Light St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—200c Bks.

D 3865

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

91 D 3865

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 354 N.t Alvet Lane St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Londina

(Residence in Baltimore: No. 354 N.t Alvet Lane St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Italian White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb. 27th, 1916.
(Month) (Day) (Year)

7-AGE, 1 yrs. 1 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER. Joseph Londina.

11-BIRTHPLACE OF FATHER (State or Country). Italy

12-MAIDEN NAME OF MOTHER Angela Degreeak

13-BIRTHPLACE OF MOTHER (State or Country), Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Londina

(Address) 354 N.t Alvet Lane

15- Filed MAR 31 1917, 191... H. M. C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 30, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 5 1917, to Mar 30 1917, that I saw her alive on Mar 29 1917, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ....yrs. ....mos. 25 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Wm. F. Cusack M. D.

Mar 31, 1917. (Address) 1038 W. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, March 31st, 1917.

20-UNDERTAKER Charles H. Dill. ADDRESS 309 Fred'k Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3866 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 3866

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 N Bradford ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna M. Bamberger

(Residence in Baltimore: No. 1515 N Bradford St.) (70 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, Dec 31 (Month), 1846 (Year)

7-AGE 72 yrs. 2 mos. 29 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, George Beil

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Hattie Humphreys

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Margarete Cole

(Address) 1515 Bradford Ave

15- Filed MAR 31 1917, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 29 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 25 1917, to March 29 1917, that I saw her alive on March 29 1917, and that death occurred, on the date stated above, at 9.30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Edema of Lungs

(Duration) yrs. mos. 7 ds.

(Signed) B. P. Herzog M. D.

March 30 1917 (Address) 1208 N Patterson Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer DATE OF BURIAL, April 2, 1917

20-UNDERTAKER Robt. J. Turner ADDRESS 1112 N. Broadway

Spec.—5-19-13—M. & T.—500 Bks.

D 3867

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 ✓ D 3867

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 746 W Lexington ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fredrick Klinger

(Residence in Baltimore: No. 746 W Lexington St.; 50 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
male	White	married

6-DATE OF BIRTH, June 5 (Month) (Day), 1835 (Year)

7-AGE. 81 yrs. 9 mos. 23 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER. Frd'k Klinger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Wilhelmine Carlson

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Henrietta Klinger

(Address) 746 W Lexington St

15- Filed MAR 31 1917 191.... HARRY C ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 29 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 23 191 7, to March 29 191 7, that I saw him alive on March 28 191 7, and that death occurred, on the date stated above, at 6 30 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Cerebral Hemorrhage (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cardiac asthma

.... (Duration) 2 yrs. ....mos. ....ds.

(Signed) Beale Hemmeter M. D.

March 31 191 7 (Address) 500 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St. Pauls Luth Cemetery	Mar 31., 1917
20-UNDERTAKER Mrs A Rohde & Son	ADDRESS 730 Pa Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 3868

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3868

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 E. Henrietta St. WARD) 27

REGISTERED NO. C

2-FULL NAME Elizabeth Holler

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 14 E. Henrietta St.; 65 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Wh

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Oct 23 (Month) (Day), 1851 (Year)

7-AGE, 65 yrs. 5 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Co. Md.

PARENTS.

10-NAME OF FATHER, Conrad Holler

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Dorothy Kinzle

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Melton (Sister)

(Address) 14 E. Henrietta St

15- Filed MAR 31 1917, 191.... HARRY C. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 29 1917, to March 30 1917, that I saw her alive on March 29 1917, and that death occurred, on the date stated above, at 11 45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage (Duration) ....yrs. 2 mos. ....ds.

(Signed) Wm. Lockwood Wallis M. D.

3-30, 1917. (Address) 510 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemtery — DATE OF BURIAL, April 1, 1917.

20-UNDERTAKER Mrs A Rohde & Son — ADDRESS 730 Fallsway

Spec.—8-24-14—M. & T.—2000 Bks.

D 3869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 ✓ D 3869

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Amadale Apts ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mina Stern

(Residence in Baltimore: No. Park Drive St.; 45 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. Dec. (Month) 2d (Day), 1844 (Year)

7-AGE. 72 yrs. 3 mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Nun
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Falk Stern

11-BIRTHPLACE OF FATHER (State or Country). Germay

12-MAIDEN NAME OF MOTHER Babette Hartman

13-BIRTHPLACE OF MOTHER (State or Country). Germ

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ike Meyer

(Address) Amadale apts

15- MAR 31 1917 Filed....., 191.... HARRY C. ANDREWS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. March (Month) 29 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 1 1917, to Mar 29 1917, that I saw h[illegible] alive on Mar 29 1917, and that death occurred, on the date stated above, at 11 2d m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(No history)

(Duration) yrs. mos. 29 ds.

CONTRIBUTORY (Secondary) Ex Pneumonia

(Duration) yrs. mos. 5 ds.

(Signed) Robert E Blake M. D.

Mar 30, 1917 (Address) 1017 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Chel Shalom DATE OF BURIAL, April 2, 1917

20-UNDERTAKER Hart & Sondheim ADDRESS 1131 W Lafayette

Important: See instructions on back of certificate.

D 3870

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3870

CERTIFICATE OF DEATH.

REGISTERED No. C 120

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Dorsey Hospital ST. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John King

(Residence in Baltimore: No. 1702 Keyser St. yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Mal

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown (Month) 1 (Day) (Year)

7-AGE, 22 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION;
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Charles King

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER May Jennys

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm King

(Address) Crew, Va.

15- MAR 31 1917

Filed ....., 191.. Burial Permit Clerk. Registrar.

HARRY C. ANDREWS

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 27, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chron. Intestinitis

Hepatitis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C.K. Powell (Coroner) M. D.

Aug 30, 1917. (Address) 501 E. Lex

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1702 Keyser St

19-PLACE OF BURIAL OR REMOVAL, Crew Va

DATE OF BURIAL, 8/31/17, 191..

20-UNDERTAKER Samuel W. Chaney

ADDRESS 1400 Monroe

Cause of DEATH to be plainly stated, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3871 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 3871

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1036 W. Franklin ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and all out No. 18.)

2-FULL NAME Louis V. Griffith

(Residence in Baltimore: No. 1036 W. Franklin Street St.; 30 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, November 17, 1847
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
69 yrs. 4 mos. 13 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Baggage Master

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Lewis Proffitt

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Elizabeth Vermillion

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard C. Griffith

(Address) 1036 W. Franklin St.

15- Filed MAR 31 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 30, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 30 1916, to March 30 1917, that I saw him alive on March 29 1917, and that death occurred, on the date stated above, at 7.15 a. m.

The CAUSE OF DEATH* was as follows:

Organic heart disease
(Mitral regurgitation)

(Duration) yrs. 4 mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. Wentzelman M. D.

3/30, 1917 (Address) 1022 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn	April ..., 1917
20-UNDERTAKER	**ADDRESS**
Geo W Little	531 N Fremont Ave

Spec.—5-19-13—M. & T.—500 Bks.

D 3872

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 ✓ D 3872

CERTIFICATE OF DEATH.

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2022 Hollins St. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph A. Blum (Blum)

(Residence in Baltimore: No. 2022 Hollins St.; ....yrs.,....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED.~~ (*Write* the word.) Single

6-DATE OF BIRTH, Aug. (Month) 3 (Day), 1879 (Year)

7-AGE, 37 yrs. 7 mos. 25 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bartender
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm Blum

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Gruiser Tuffer

13-BIRTHPLACE OF MOTHER (State or Country), Switzerland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Frank Bell

(Address) 2022 Hollins St

15- MAR 31 1917 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 28 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 21 1917, to March 28 1917, that I saw him alive on March 28 1917, and that death occurred, on the date stated above, at 1.55 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 3 mos. ....ds.

CONTRIBUTORY. (Secondary) Abdomen Pulmonary

(Duration) ....yrs. ....mos. 1 ds.

(Signed) T. H. Cannon M. D.

March 29 1917 (Address) 234 W. Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery — DATE OF BURIAL, March 31, 1917

20-UNDERTAKER Geo. A. Gibby — ADDRESS Balto & Payson Sts.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3873

CERTIFICATE OF DEATH.

92 D 3873

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 400 Burgundy alley ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irvin Butler

(Residence in Baltimore: No. 400 Burgundy alley St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	Black	Single

6-DATE OF BIRTH, unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
28 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Wagon Driver
(b) General nature of industry, business, or establishment in which employed (or employer)..... Fertilizing

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, John Butler

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Lottie Johnson.

13-BIRTHPLACE OF MOTHER (State or Country). Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... John Butler Father

(Address)..... 118 Welcome alley

15- MAR 31 1917

Filed....., 191.....

ROBERT R. KRAUTER
Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 30., 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 26. 1917, to March 29. 1917, that I saw him alive on March 29. 1917, and that death occurred, on the date stated above, at 3. a., m.

The CAUSE OF DEATH* was as follows:

Primary—Lobar Pneumonia

Immediate—Exhaustion

Personal Knowledge (Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Hiatus (Duration) yrs. mos. 10 ds.

(Signed) W P Strong M. D.

3/30/, 191.7. (Address) 506 H Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemtry	April 2., 1917.
20-UNDERTAKER	ADDRESS
Geo H Hooper	607 Pitt St.

D 3874

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

D 3874

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 124 W Perry ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Cornish

(Residence in Baltimore: No. 124 W Perry St.; 52 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: unknone (Month) / (Day) (Year)

7-AGE: 52 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): Pd Occupation

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Robert Lake

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Priscilla Cornish

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Gertrude Cornish

(Address) 439 W Conway St

15-

FILED MAR 31 1917 ROBERT R. KRAUTER

Burial Permit Issued REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 29, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10, 1917, to, Mch 29 1917, that I saw h[er] alive on Mch 28 1917, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation & Hypertrophy

(Duration) ..... yrs. 8-10 mos. ..... ds.

Contributory (SECONDARY) Tubercle of Lungs

(Duration) ..... yrs. 8-10 mos. ..... ds.

(Signed), A S Heard M. D.

3/30, 1917 [Address] 2005 Druid Av

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: April 1 1917

20-UNDERTAKER: Geo H Hooper — ADDRESS: 609 Eutaw St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Entry of "Old Age" is not sufficient. INFORMATION is very important. See instructions on back of certificate.

D 3875

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150 D 3875

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 307 Otterbein St.: 21 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Dawson Williams

(Residence in Baltimore: No. 307 Otterbein St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Col.	Single

6-DATE OF BIRTH, March (Month) 8. (Day) 1917 (Year)

7-AGE, ...yrs. 21 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Harrison Williams

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Lillian Hawkins

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Harrison Williams
(Address) 307 Otterbein St

15-
Filed MAR 31 1917 191.... ROBERT R. KRAUTER
Burial Permit Issued Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ....death on the day stated above.
The CAUSE OF DEATH* was as follows:

Congenital Cardiac Malformation

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Gebrit D. Bonsall M. D.
(Coroner)
March 29 1917 (Address) 212 N Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL	DATE OF BURIAL
Mt Zion Cemetery	March 31 1917
20-UNDERTAKER Joseph A. Farrell	ADDRESS 2319 Division

important. See instructions on back of certificate.

D 3876

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1917 D 3876

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Franklin Square Hospital ST.) 5 WARD.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Lubman

(Residence in Baltimore: No. 1403 Ten Pin alley St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Married

6-DATE OF BIRTH,

..... (Month) ....., 1 (Day) ..... (Year)

7-AGE	If LESS than 1 day,
47 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Shoveler

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maggie Dorsey

(Address) 1403 Ten Pin alley

Filed MAR 31 1917, 191.. ROBERT R. KRAUTER Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 28, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Laber Pneumonia

(Duration) ..... yrs. ..... mos. 7 ..... ds.

CONTRIBUTORY (Secondary) Fracture trochanter Major a Accidental (Duration) ..... yrs. ..... mos. 14 ..... ds.

Struck by coal chute

(Signed) James M Hunter M. D.
(Coroner.)

Mar 30. 1917 (Address) 700 E Eden St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 14 ds. State Franklin Square Hospital In the 46 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 1403 Ten Pin alley

19-PLACE OF BURIAL OR REMOVAL, Laurel

DATE OF BURIAL, April 1, 1917

20-UNDERTAKER John W Henderson

ADDRESS 317 Caroline

Cause of death must be plainly stated, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3877

CERTIFICATE OF DEATH.

91

D 3877

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Morgan E Clarke

(Residence in Baltimore: No. 1002 Central Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Not Known ..... (Month), ... (Day), 1 ..... (Year)

7-AGE, 56 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Hughes

(Address) 1002 N. Central Ave

15- Filed MAR 31 1917, 191.....

ROBERT R. KRAUTER, Registrar.

Burial Permit Oi...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 30 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 24 1917, to March 30 1917, that I saw her alive on March 29 1917, and that death occurred, on the date stated above, at 7.00 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Pulmonary Oedema

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) W. F. Quaglia M. D.

3/30, 1917. (Address) St. Jo Hosp

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 6 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? dont know

Former or usual residence 1002 Central Ave

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery

DATE OF BURIAL, Apr. 2, 1917

20-UNDERTAKER Henry Storck & Son

ADDRESS 1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3878 — CERTIFICATE OF DEATH. — 28 — D 3878

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 933 Stirling ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Miller

(Residence in Baltimore: No. 933 Stirling St.; 62 yrs., 7 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, August (Month) 19 (Day), 1854 (Year)

7-AGE, 62 yrs. 7 mos. 10 ds. — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John Gruner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Brandau

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Wollis Krebs

(Address) 933 Stirling St

15-

Filed MAR 31 1917 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 28th 1916 to March 29th 1917, that I saw her alive on March 28th 1917, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) L. M. Baker M. D.

March 29th, 1917. (Address) 1114 Hartford Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. — DATE OF BURIAL, Apr. 2, 1917.

20-UNDERTAKER Henry Horck Son — ADDRESS 130 E Eager

Important: Give information on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks. Sophia Pantiemius

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3879 D 3879

CERTIFICATE OF DEATH.

137

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrews Hospital ST.; 4 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Sophia Pantiemius.

(Residence in Baltimore: No. 709 N. Lexington St. St.; .....yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... (Month) ..... (Day), 1886 (Year)

7-AGE,	If LESS than 1 day,
31 yrs. ..... mos. ..... da.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, L. Stankevicus

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER antose Degozinp

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sophia Pantiemius

(Address) 709 N. Lexington St

15- Filed MAR 31 1917 191.... ROBERT B. KRAUTH Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 31 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 29 1917, to Mch. 31 1917, that I saw her alive on Mch 31, — 1917, and that death occurred, on the date stated above, at 3:40 a.m.

The CAUSE OF DEATH* was as follows:

Puerperal infection.
(Not a criminal case).
Ets operation, bacterial growth
or autopsy desirable.
(Duration)..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Child Birth

(Duration)..... yrs. ..... mos. ..... da.

(Signed) M B Kevin M. D.

3/31, 191.7 (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence 709 N. Lexington St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	April ..., 191..
20-UNDERTAKER	ADDRESS
John J. Stelmaszek	425 S. Pres. St

Important—See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3880

CERTIFICATE OF DEATH.

D 3880

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 Lawrence ST.; 14 WARD)

REGISTERED No. C 91

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Milton Mackel

(Residence in Baltimore: No. 522 Lawrence St.; ..... yrs., 11 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Infant

6-DATE OF BIRTH, April 20, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. 11 mos. 9 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. Edward West.

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Mary Mackel

13-BIRTHPLACE OF MOTHER (State or Country). Calvert Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen Mackel

(Address) 522 Lauren St.

15-MAR 31 1917 Filed....., 191.... ROBERT R. KRAUTH Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 29, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 7 191 7, to Mch 29 191 7, that I saw h[illegible] alive on March 29 191 7, and that death occurred, on the date stated above, at 5.30 p. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) ..... yrs. ..... mos. 22 ds.

CONTRIBUTORY (Secondary) Marasmus

(Duration) ..... yrs. 8 mos. ..... ds.

(Signed) Wm H Wright M. D.

Mch 29, 191 7. (Address) 1209 Druid Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, March 31, 191.

20-UNDERTAKER Samuel L Hensley — ADDRESS 578 W Pratt

Important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 ✓

D 3881

1 3881

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1916 Linden Ave St.: 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Mary Rebecca Holsby

(Residence in Baltimore: No. 1916 Linden Ave St.: 2 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Apr 3 (Month) (Day), 1850 (Year)

7-AGE: 66 yrs. 11 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): None.

9-BIRTHPLACE (State or country): Baltimore City

PARENTS

10-NAME OF FATHER: Absalom Wilson

11-BIRTHPLACE OF FATHER (State or country): Baltimore City

12-MAIDEN NAME OF MOTHER: Delilah Hamey

13-BIRTHPLACE OF MOTHER (State or country): Baltimore City

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Aimee G. Wheeler

(Address) 2026 Brookfield Ave

15.

MAR 31 1917

ROBERT R. KRAUSE
Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 30th (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 26th, 1917, to March 30th, 1917, that I saw h[illegible] alive on March 30, 1917, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) John H Pennington M. D.

March 31st, 1917 (Address) 1826 Bolton St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL: Apr 2, 1917

20-UNDERTAKER: George J Smith — ADDRESS: 1000 Pratt

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state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3882 — 92 — D 3882

CERTIFICATE OF DEATH.

1-PLACE OF DEATH: Confederate Woman Home

CITY OF BALTIMORE: (No. 1020 Linden Ave ST.; 11 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Amanda Caroline Powell

(Residence in Baltimore: No. 1020 Linden Ave St.; 5 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Nov. (Month) ..... (Day) ....., 1832 (Year)

7-AGE, 84 yrs. 4 mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Orton Mortine

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Martha Maryman

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John T. Powell

(Address) 3616 Roland Ave

Important: See instructions on back of certificate.

MAR 31 1917 Filed....., 191. ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 31 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 20th 1917, to March 28th 1917, that I saw her alive on March 28th 1917, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thomas C. Gale M. D.

March 31st, 191.7. (Address) 2600 N. Howard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 5 yrs. — mos. — ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Hereford Balto Co

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, 4th 2nd, 191.7.

20-UNDERTAKER, Wolfenstein Bro Co — ADDRESS, McCulloh & Richard Sts

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3883 ✓ 3883 91 DD 3883

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1128 Ensor ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Kelly

(Residence in Baltimore: No. 1128 Ensor St.; 49 yrs. — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Not Known (Month) (Day) 1 (Year)

7-AGE, 68 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick Dunn

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Jane Brady

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Charles J. Kelly

(Address) 1128 Ensor St.

15- Filed MAR 31 1917, 191.... ROBERT R. KRAUTH Register

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 30, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 5 1917, to March 30 1917, that I saw her alive on March 29 1917, and that death occurred, on the date stated above, at 8 30 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ....yrs. ....mos. 25 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(Duration) ....yrs. 2 mos. ....ds.

(Signed) James [illegible] Hanlon M. D.

Mar. 30 1917. (Address) 700 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL,
St Marys Govanstown	April 2, 1917.
20-UNDERTAKER	ADDRESS
Henry Keck & Son	1301 E Eager St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 3881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 D 3884 D 3881

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1622 Division ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Beulah Wilkins

(Residence in Baltimore: No. 1622 Division St.: ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
female	Bl	S

6-DATE OF BIRTH, Feb 26, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 31 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Evans

11-BIRTHPLACE OF FATHER (State or Country), Evans

12-MAIDEN NAME OF MOTHER Bessie Wilkins

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucy Doar.

(Address) 1622 Division St.

15- MAR 31 1917 ROBERT R. KRAUTER
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Mar 31, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 26 1917, to Mar 31 1917, that I saw her alive on Mar 31 1917, and that death occurred, on the date stated above, at 1 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia above Death

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edwin H. Smith M. D.

Mar 31, 1917. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem.	Mar. 31, 1917

20-UNDERTAKER George H. Holland ADDRESS 1631 Druid Hill Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3885 HEALTH DEPARTMENT—CITY OF BALTIMORE 151 D 3885

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 59 N. Catherine ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy M. Dinsmore

(Residence in Baltimore: No. 59 N. Catherine St. St.; ....yrs., ...mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Mar 29, 1917. (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. ....mos. 2 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto.

PARENTS.

10-NAME OF FATHER. Wm Dinsmore.

11-BIRTHPLACE OF FATHER (State or Country). Harford Co Md.

12-MAIDEN NAME OF MOTHER. Mary V Smith.

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Dinsmore.

(Address) 59 N. Catherine St.

15- Filed MAR 31 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Given

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 29 1917, to Mch 30 1917, that I saw her alive on Mch 30 1917, and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows: Premature Birth

due to Insufficient

8 months Pregnancy

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. 2 ds.

(Signed) Joseph E. Mears M. D.

Mch 31 1917. (Address) 520 Holliday

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Loudon Park	Mar 31, 1917.
20-UNDERTAKER	ADDRESS
Wm Cook.	502 E. Fayette.

D 3886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

D 3886

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 827 Lemon ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Merk

(Residence in Baltimore: No. 827 Lemon St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	Col.	Single

6-DATE OF BIRTH, March 25, 1916
(Month) (Day) (Year)

7-AGE, 1 yrs. 3 mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Elbert Merk

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Blanch Greenwood

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Blanch Greenwood

Address 827 Lemon St

15- MAR 31 1917 ROBERT R. KRAUTH.

Filed....., 191.... Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 28, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Bronchial Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Robert R. Krauth M. D.
(Coroner.)

March 29 1917 (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Mar 31, 1917
20-UNDERTAKER Chas B Jones	ADDRESS 235 N. Pine St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

D 3887

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Pleiness

(Residence in Baltimore: No. 133 N. Streeper St St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED.
Male	White	Widowed

6-DATE OF BIRTH, Dec. 4, 1877
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
39 yrs. 3 mos. 25 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)..... "

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Fred Pleiness

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Buck

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hospital

(Address) Calvert St.

15-

Filed MAR 31 1917 191... ROBERT R. KRAUSE
Registrar.

Burial permit issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 29, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 27 1917, to Mar 29 1917, that I saw h[illegible] alive on Mar 29 1917, and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

..... (Duration) Four Years mos. ds.

CONTRIBUTORY (Secondary) Uraemia

..... (Duration) 6 hrs. mos. ds.

(Signed) Edward J. Smith M. D.

Mar 29 1917 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State 30 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 133 N. Streeper St

Former or usual residence 133 N. Streeper St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Balto. Cemetery. April 1 st.	1917..., 191...

20-UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Wolfe St.

important. See instructions on back of certificate.

D 3888

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

D 3888

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 800 S.Sharp St. St.: 22 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Anna Dietzway.

(Residence in Baltimore: No. 800 S.Sharp St St.; 29 yrs. 1 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6 DATE OF BIRTH February 24th. 1888 /
(Month) (Day) (Year)

7 AGE 29 yrs. 1 mos. 6 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Frederick Parker.

11 BIRTHPLACE OF FATHER (State or country) White Hall Md.

12 MAIDEN NAME OF MOTHER Sophia Zang.

13 BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Nicholas Dietzway.(husband)
(Informant) .....

(Address) 800 S.Sharp St.

15 Filed MAR 31 1917 191 ROBERT R. KRAUTER Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 30th. 1917. , 191
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 16th. 1917. to March 30th 1917. that I saw h er alive on March 29th. 1917, and that death occurred, on the date stated above, at 9 A. m. The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) ..... yrs. 6 mos. ..... ds

Contributory (SECONDARY) Exhaustion

(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) Otto M Lenhardt M. D.

March 30 1917 (Address) 1017 S.Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL April 2nd. 1917

20 UNDERTAKER George Schilling & Sons — ADDRESS 1126 E Monument

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 3889

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3889

CERTIFICATE OF DEATH.

REGISTERED NO. C 126

1-PLACE OF DEATH

CITY OF BALTIMORE, No. 1432 N. Fulton Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Ball

(Residence in Baltimore: No. 1432 N. Fulton Ave St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Aug 16. (Month) (Day), 1845. (Year)

7-AGE.	If LESS than 1 day,
71 yrs. 7 mos. 14 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... Real Est. Agent.

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Ball.

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Grace

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mary H. Ball

(Address) 1432 N. Fulton Ave.

15- Filed MAR 31 1917 191... ROBERT R. KRAUTER Registrar

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 1911, to Mch 30 1917, that I saw h alive on March 30, 1917, and that death occurred, on the date stated above, at 12 00 a m.

The CAUSE OF DEATH* was as follows:

Chronic Diarrhoea

(Duration) 6 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Prostatic Abscess

(Duration) 1 yrs. mos. ds.

(Signed) C. H. Duvall M. D.

3/31/17, 191... (Address) 1817 N. Fulton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mound

DATE OF BURIAL, April 2, 1917.

20-UNDERTAKER E. W. Mitchell & Co.

ADDRESS 1201 W. Fayette

D 3890

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

154

D 3890

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 301 N Eden St.; 5 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Fischer

(Residence in Baltimore: No. 301 N Eden St.; 65 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
male	White	Widower

6-DATE OF BIRTH Feb 14 (Month) (Day), 1828 (Year)

7-AGE 89 yrs. 1 mos. 15 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country) Germany

PARENTS

10-NAME OF FATHER unknown

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Katie Fischer

(Address) 301 N Eden

15- Filed MAR 31 1917, 191 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 29 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1917, to, March 29 1917, that I saw h.m. alive on March 29 1917, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Senility

..... (Duration) ..... yrs ..... mos. ..... ds.

Contributory (SECONDARY)

..... (Duration) ..... yrs ..... mos. ..... ds.

(Signed), John H. Graham, M. D.

March 31 1917 [Address] 3600 Harford Rd

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Balto Cem — DATE OF BURIAL: April 1 1917

20-UNDERTAKER: Philip Henry Orleans — ADDRESS 2016

MAKE CAUSE OF DEATH PLAIN, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3891

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3891

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1219 Patapsco ST.; 23 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Conway

(Residence in Baltimore: No. 1219 Patapsco St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... (Month) Jan. 25 (Day) not known, (Year) 1849.

7-AGE, 68 yrs. 2 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Bells Md

PARENTS.

10-NAME OF FATHER, James Conway

11-BIRTHPLACE OF FATHER (State or Country), Bells Md.

12-MAIDEN NAME OF MOTHER Eliza LaBand

13-BIRTHPLACE OF MOTHER (State or Country), Bells Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. J. Conway

(Address) 1219 Patapsco St

15- Filed MAR 31 1917 191.. ROBERT R. KRAUTH Registrar of Vital Statistics.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) March (Day) 29, (Year) 1917.

17 I HEREBY CERTIFY, That I attended deceased from Feb 28th 191 7, to March 29 191 7, that I saw h[er] alive on March 29 191 7, and that death occurred, on the date stated above, at 7.00 m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. 1 mos. ....ds.

(Signed) Francis N. Byrne M. D.

March 30th 191 7. (Address) 122 W. Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cemetery DATE OF BURIAL, Apr 1, 191 7

20-UNDERTAKER Edward J. Fanning ADDRESS 1340 Baltimore

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 3892

HEALTH DEPARTMENT—CITY OF BALTIMORE

X102

D 3892

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Protestant Infirmary REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1514 Division ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Chisholm

(Residence in Baltimore: No. Union Prot Infirmary St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	white	Single

6-DATE OF BIRTH. June (Month) 4 (Day), 1866 (Year)

7-AGE. 50 yrs. 9 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Civil engineer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Canada

PARENTS.

10-NAME OF FATHER. Hugh Chisholm

11-BIRTHPLACE OF FATHER (State or Country). Canada

12-MAIDEN NAME OF MOTHER. Mary McKenzie

13-BIRTHPLACE OF MOTHER (State or Country). Canada

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hugh C. F. Gall

(Address) Union Protestant Infirmary

15- Filed APR 11 1917 ROBERT R. KRAUTER Registrar. Burial Permit No. 21...

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. March (Month) 29 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Mar 26 1917, to Mar 29 1917, that I saw him alive on Mar 29 1917, and that death occurred, on the date stated above, at 9:20 a.m.

The CAUSE OF DEATH* was as follows:

Gastric ulcer with pyloric obstruction
Operation, gastro-enterostomy. Mar 28, 1917
(Duration) 2 yrs. mos. ds.

CONTRIBUTORY. (Secondary) Shock - post operative
(Duration) yrs. mos. 1 ds.

(Signed) R. F. Kieffer M. D.

Mar 29 1917 (Address) 1514 Division St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State ....yrs. ....mos. 3 ds.

Where was disease contracted, if not at place of death? In South America

Former or usual residence Truro, Nova Scotia, Canada.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Truro Nova Scotia Canada	Mar 31st, 1917.

20-UNDERTAKER. H. H. Piercy & Sons Co. Pochard & McCulloh | ADDRESS 25

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 3893 — 91 — D 3893

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1314 Calhoun St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn Goldsbrough

(Residence in Baltimore: No. 1314 N Calhoun St.; 7 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug. 7, 1910 (Month) (Day) (Year)

7-AGE, 6 yrs. 7 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Charles Goldsbrough,

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ella Ringgold,

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Goldsbrough

(Address) 1314 N. Calhoun St

15 Filed APR - 1 1917, 191..... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 29, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 1 1917, to Mar 29 1917, that I saw her alive on Mar 29 1917, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) E. Millham Frey M. D.

Mar 31, 1917. (Address) 1928 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery, — DATE OF BURIAL, April 6, 1917

20-UNDERTAKER Wm. R. A. Elliott — ADDRESS 508 East St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Emmanuel Sherick

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3891 D 3894

CERTIFICATE OF DEATH.

REGISTERED NO. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emmanuel Sherick

(Residence in Baltimore: No. 121 S Greene St St.; 4 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... (Month) ..... (Day), 1912 (Year)

7-AGE, 4 yrs. 6 mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Lewis Sherock

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Emilia Angoff

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..University Hospital Records

(Address)..Dorchard & Greene Sts.

15- APR - 1 1917 ROBERT R. KRAUTER.
Filed....., 191.... Clerk
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2/15 1917, to 3/31 1917, that I saw h im alive on 3/31 1917, and that death occurred, on the date stated above, at 11.35 Pm.

The CAUSE OF DEATH* was as follows:

Empyema

..... (Duration)....yrs....mos...10 ds.

CONTRIBUTORY (Secondary) Bronchus & Pneumonia

..... (Duration)....yrs....1..mos..15 ds.

(Signed)..J. Thomas..M. D.

3/31, 1917. (Address)..University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. 19 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 121 S Greene St.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale — DATE OF BURIAL, April 1 1917.

20-UNDERTAKER J Levinson & Bro — ADDRESS 1107 E Balto St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

69 D 3895

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Mercy Hospital St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Boyd.

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	W.	S.

6-DATE OF BIRTH, ... May 16, 1917.
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 15 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William Boyd.

11-BIRTHPLACE OF FATHER (State or Country), N. Ca.

12-MAIDEN NAME OF MOTHER Lucy Daniel.

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucy Boyd

(Address) Long Green Md.

15- APR - 1 1917 ROBERT R. KRAUTER

Filed ....., 191.... Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May 31, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 16 1917, to May 31 1917, that I saw h.im alive on May 30 1917, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

..... Stillborn (original)

..... (Duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward P. Smith M. D.

May 31, 1917. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 0 mos. 15 ds. In the State 0 yrs. 0 mos. 15 ds.

Where was disease contracted, if not at place of death? Mercy Hospital

Former or usual residence Mercy Hospital

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Long Green-Balto Co. Md	April 1st, 1917.
20-UNDERTAKER	ADDRESS
Stewart & Mowen Co	1018 W. Balto

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Meyer J. Echelson

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3896

CERTIFICATE OF DEATH.

D 3896

REGISTERED No. C 150

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 140 Aisquith St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Meyer Jacob Echelson

(Residence in Baltimore: No. 140 Aisquith St.; ..... yrs. 3 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Single

6-DATE OF BIRTH, December 17, 1913. (Month) (Day) (Year)

7-AGE, ... yrs. 3 mos. 14 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md U.S.A

PARENTS.

10-NAME OF FATHER, Joseph Echelson

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Esther Shane

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ben Pushkin

(Address) 1503 E. Baltimore St.

15- Filed APR - 1 1917, 191.. ROBERT R. KRAUTHS Registrar

Burial Permit Issued

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 31 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from March 24 1917, to March 31 1917, that I saw him alive on March 31 1917, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia. He had congenital malformation of the heart & Open Ductus Arteriosus.

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) B. Benjamin Pushkin M. D.

....., 191.. (Address) 1503 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Workmen Circle	[illegible], 1917.
20-UNDERTAKER Jack Lewis	ADDRESS 1416 E [illegible]

FILMED BY ARCHIVE PHOTOGRAPHY

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3897 91 D 3897

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 875 W Ostend ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Feldman

(Residence in Baltimore: No. 875 W Ostend St.; ....yrs., 4 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Wht

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) —

6-DATE OF BIRTH, Nov. 2, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 4 mos. 28 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Louis Feldman

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Annie Newman

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Feldman

(Address) 875 W Ostend St

15- Filed APR 1 1917 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 30th, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 28 1917, to March 30 1917, that I saw him alive on March 30th 1917, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

Influenza

.... (Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Convulsions

.... (Duration) ....yrs. ....mos. ....ds.

(Signed) E A Emrich M. D.

March 30 1917. (Address) 1605 W North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mehrer Rosedale — DATE OF BURIAL, 4/1, 1917

20-UNDERTAKER Jack Lewis — ADDRESS 1411 E Balto

Important. See instructions on back of certificate.

U.S. A.F.E.

D.A.K.

Spec.—8-24-14—M. & T.—2063 Blks.

D 3898 64 D 3898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Visitation Convent St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sister M Petronela Zeigler

(Residence in Baltimore: No. Visitation Convent Park Ave & Centre St. St.; 21 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
female	white	single

6-DATE OF BIRTH, March (Month) 12 (Day), 1821 (Year)

7-AGE, 96 yrs. – mos. 19 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... teacher
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Pa

PARENTS.

10-NAME OF FATHER, Geo. Zeigler

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Margaret Hook

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother M. Placide Wallace

(Address) Visitation Convent

15- Filed APR - 1 1917, 191..... ROBERT R. KRAUTER Burial Permit Recorder.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 27th 1917, to March 30 1917, that I saw h.. alive on March 30 1917, and that death occurred, on the date stated above, at P. m.

The CAUSE OF DEATH* was as follows:

.....Erysipelas.....

..... (Duration) .....yrs. .....mos. 3 ds.

CONTRIBUTORY (Secondary) Cancer

..... (Duration) .....yrs. .....mos. 3 ds.

(Signed) Eduardo D'Warsa M. D.

March 31, 1917 (Address) 5 E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cem.	April 1st, 1917
20-UNDERTAKER	ADDRESS
H. W. Jenkins & Sons Co	Orchard & Mulberry

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Wilhelmina Ecker

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3899

40

CERTIFICATE OF DEATH.

REGISTERED No. C D 3899

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 641 S Lakewood Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilhelmina Ecker

(Residence in Baltimore: No. 641 S Lakewood Ave St.; 37 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, June (Month) 2 (Day), 1879 (Year)

7-AGE, 37 yrs. 9 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Henry Ecker

(Address) 641 S Lakewood Ave

15. Filed APR - 11917, 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 29 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 27 1917, to Mar 29 1917, that I saw h-er alive on Mar 29 1917, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia & Stomach Disorders

? (Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) [illegible] M. D.

Mar 31, 1917. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, [illegible] DATE OF BURIAL, April 2 191.7.

20-UNDERTAKER Peter Nicolaus ADDRESS 2046 Eastern

- important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3900

CERTIFICATE OF DEATH.

qv D 3900

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1822 Eastern Ave St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles L. Eccleston

(Residence in Baltimore: No. 1822 Eastern Ave St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Jan (Month) 27 (Day), 1856 (Year)

7-AGE, 61 yrs. 2 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... in general

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, John Eccleston

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Chas Eccleston

(Address) 1822 Eastern Av

15-

Filed APR 1 1917 191.... ROBERT R. KRAUTER

Burial Permit (Clerk)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch. 28 1917, to Mch. 30 1917, that I saw him alive on Mch. 29, 1917, and that death occurred, on the date stated above, at 4 PM. The CAUSE OF DEATH* was as follows:

(a) Pneumonia Lobar

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Mitral Obstruction

(Duration) ....yrs. ....mos. ....ds.

(Signed) Meriam K. Johnson M. D.

Mch. 31, 1917 (Address) 3016 Guilford Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem

DATE OF BURIAL, April 2, 1917

20-UNDERTAKER Peter Nicolaus

ADDRESS 3046 Easter Av

IMPORTANT. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 3901

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 3901

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 560 W Hoffman ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Mae Redd

(Residence in Baltimore: No. 560 W Hoffman St.; ...yrs., 9 mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Fem	Col.	Infant

6-DATE OF BIRTH. June 29, 1916. (Month) (Day) (Year)

7-AGE. ...yrs. 9 mos. 1 ds. If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. Alfred Henry Redd

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Mollie M. Fortune

13-BIRTHPLACE OF MOTHER (State or Country). District Columbia

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Alfred Redd

(Address) 560 W Hoffman

15-

Filed APR 1 1917 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 30, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 26 1917, to Mar 30 1917, that I saw h[er] alive on Mar 30 1917, and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

Duration

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) ...yrs. ...mos. ...ds.

(Signed) Edward Shortt M. D.

3/30, 1917. (Address) 812 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Laurel Pa. DATE OF BURIAL, Apr 1, 1917.

20-UNDERTAKER. Samuel Reynolds ADDRESS 578 N Bond

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3902 — 28 D 3902

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2316 E Chase ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and all out No. 18.)

2-FULL NAME Charles Heim

(Residence in Baltimore: No. 2316 E. Chase St.; 40 yrs., 4 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Nov. 14, 1876 (Month) (Day) (Year)

7-AGE, 40 yrs. 4 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country): Balto

PARENTS.

10-NAME OF FATHER: Philip Heim

11-BIRTHPLACE OF FATHER (State or Country): Balto

12-MAIDEN NAME OF MOTHER: Barbara Bernd

13-BIRTHPLACE OF MOTHER (State or Country): Balt

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josephine Heim

(Address) 2316 E Chase St.

15- Filed APR 1 1917 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 1, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1917, to April 1 1917, that I saw h.. alive on March 28 1917, and that death occurred, on the date stated above, at 24 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

(Signed) Chas R Lemmon M. D.

April 1, 1917. (Address) 718 N Wolfe St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, April 3, 1917.

20-UNDERTAKER Grace & Grace & Son ADDRESS 1916 Eutaw

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3903

CERTIFICATE OF DEATH.

64

D 3903

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 229 S. Bethel ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria Warner

(Residence in Baltimore: No. 229 S. Bethel St.; 1 yrs., 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Col a. Ita	widow

6-DATE OF BIRTH, Unknown a ....., 18..6.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
51 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Mistnarry
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Newman

(Address) 229 S. Bethel St.

15-APR 1 1917 ROBERT R. KRAUTER

Filed....., 191.. Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 28, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 27th 1917, to Mar. 28th 1917, that I saw her alive on ..... 191.7, and that death occurred, on the date stated above, at 4.30 A m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Apoplexy

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Jacob L. Levinson M. D.

3..28., 191.7 (Address) 30 S. Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	Mar. 31st, 1917

20-UNDERTAKER	ADDRESS
Harry A. Vodery	1735 Orleans St

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

D 3904

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 Columbia Ave. St.: 22 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lottie May Keider

(Residence in Baltimore: No. 501 Columbia ave St.; 15 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: May (Month) 18 (Day), 1866 (Year)

7-AGE: 50 yrs. 10 mos. 13 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Pennsylvania

PARENTS

10-NAME OF FATHER: Chas Formley

11-BIRTHPLACE OF FATHER (State or country): Pennsylvania

12-MAIDEN NAME OF MOTHER: Mary Stapelford

13-BIRTHPLACE OF MOTHER (State or country): Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) L. Keider

(Address) 501 Columbia ave

15- APR - 1 1917 ROBERT R. KRAUTER Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 26, 1917, to, Mar 29 1917, that I saw h.. alive on March 24 1917, and that death occurred, on the date stated above, at 6 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs ... mos. 3 ds.

Contributory (SECONDARY)

(Duration) ... yrs ... mos. ... ds.

(Signed), J. Lang Boyd M. D.

Mar 31, 1917 [Address] 602 Cathedral

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Cem. DATE OF BURIAL: April 1 1917

20-UNDERTAKER: Wm J Tickner & Sons ADDRESS: P & N. ave

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3905 D 3905

CERTIFICATE OF DEATH.

1-PLACE OF DEATH. REGISTERED NO. C

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William W Fearing

(Residence in Baltimore: No. 6 care (Johns Hopkins Hosp.) St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, September 1, (Month) (Day) 1876 (Year)

7-AGE, 40 yrs. 6 mos. 30 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Saw mill
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Harvey Fearing

11-BIRTHPLACE OF FATHER (State or Country), N C

12-MAIDEN NAME OF MOTHER Francis Phillips

13-BIRTHPLACE OF MOTHER (State or Country), N C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) Johns Hopkins Hospital

15- APR - 1 1917 Filed ....., 191.... ROBERT R. KRAUTH Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, (Month) (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 6 191.., to March 31 1917, that I saw him alive on March 31 1917, and that death occurred, on the date stated above, at 1.30 p m.

The CAUSE OF DEATH* was as follows:

Septicaemia

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Chr. endocarditis

..... (Duration) 1 yrs. 10 mos. ..... ds.

(Signed) Alan G. Sutton M. D.

March 31 191.. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Clarkton N C

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Bethesda N C	Apr. 6, 191..
20-UNDERTAKER Albert E Fuller	ADDRESS 221 N Bond

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 3906 — 41 — D 3906

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 856 W. Fayette ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Michael Kemmet

(Residence in Baltimore: No. 856 W Fayette St St.; 46 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Widower

6-DATE OF BIRTH, Dec (Month) 2 (Day), 1848 (Year)

7-AGE, 68 yrs. 3 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Paul Kemmet

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. J. Schnell

(Address) 856 W Fayette St

15- Filed APR - 1 1917, 191.... ROBERT R. KRAUTER Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 29 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 19 1917, to March 29 1917, that I saw him alive on March 29 1917, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Caecum

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Maurice E. B Cuene M. D.

March 30, 1917. (Address) 857 W. Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, April 1st, 1917.

20-UNDERTAKER Geo Lewis Sons — ADDRESS 1771 W Pratt

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3905 D 3907

CERTIFICATE OF DEATH.

104

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Melvin Finkelstein

(Residence in Baltimore: No. 938 2 Monroe St St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ...Jan.... (Month) ....1.... (Day), 1917. (Year)

7-AGE,	If LESS than 1 day,
....yrs. 2 mos. 25 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Phillip Finkelstein

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Estella Needle

13-BIRTHPLACE OF MOTHER (State or Country), N.Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. Murray

(Address) Johns Hopkins Hospital

15- Filed APR - 1 1917, 191... ROBERT R. KRAUTH (Clerk)

Burial Permit issued.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...April.... (Month) ....1.... (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 30 1917, to April 1 1917, that I saw him alive on April 1 1917, and that death occurred, on the date stated above, at 4.52 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

.....

.....

..... (Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Indigestion Acute Gastro-enteritis (Duration) ....yrs. 1 mos. ....ds.

(Signed) Wilbur K. Miller M. D.

....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 938 2 Monroe St

19-PLACE OF BURIAL OR REMOVAL. Hebrew Waverly Md

DATE OF BURIAL. ....4.1...., 191..

20-UNDERTAKER Jack Levy

ADDRESS 1411 E. Balto St

D 3908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

150

D 3908

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1139 Woodley ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 12.)

2-FULL NAME Katherine Helen Temple

(Residence in Baltimore: No. 1139 Woodley St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem | 4-COLOR OR RACE: White | 5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Infant

6-DATE OF BIRTH: Mar (Month) 28 (Day), 1917 (Year)

7-AGE: ..... yrs. mos. 3 ds. | If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore md

PARENTS

10-NAME OF FATHER: Andrew Temple

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Margaret Matteson

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Andrew Temple

(Address) 1139 Woodley St

15- Filed APR - 1 1917 ROBERT R. KRAUTH Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar (Month) 31 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 28, 1917, to, Mar 31 1917, that I saw h.r alive on Mar 30 1917, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Congenital Malformation of Heart

..... (Duration) ..... yrs ..... mos. 3 ds.

Contributory (SECONDARY)

..... (Duration) ..... yrs ..... mos. ..... ds.

(Signed) W. P. Dally M. D.

4/9/ 1917. [Address] 1953 Madison

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Peters | DATE OF BURIAL: April 1 1917

20-UNDERTAKER: M Fahey & Sons | ADDRESS: 106 Lafayette Av

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3909 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 3909

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Vincents Infant Asylum

CITY OF BALTIMORE: (No. 1401 Division St ST.; 14 WARD) REGISTERED NO. C 71

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emelia Lina Cercuruto

(Residence in Baltimore: No. St Vincents Infant Asylum St.; yrs. 6 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	White	Single

6-DATE OF BIRTH, July (Month) 3 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
yrs. 6 mos. 27 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country), Bolton Charles Co Maryland

PARENTS.

10-NAME OF FATHER, Sam Cercuruto

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER Mother dead

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St Vincents

(Address) 1401 Division St

15- APR - 1 1917 ROBERT R. KRAUTH
Filed....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 29 1917, to March 30 1917, that I saw h[illegible] alive on March 29 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) yrs. mos. 2 ds.

(Signed) Charles O'Donovan M. D.

March 31, 1917. (Address) S. E. Read St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 5 mos. 5 ds. In the State yrs. 6 mos. 27 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Cathedral	April 2, 1917.

20-UNDERTAKER M Fahey & Sons ADDRESS 206 Lafayette Ave

important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3910

CERTIFICATE OF DEATH.

28 D 3910

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2003 N Calvert ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine V. Corbett

(Residence in Baltimore: No. 2003 N Calvert St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Nov. 29, 1887
(Month) (Day) (Year)

7-AGE, 29 yrs. 4 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

9-BIRTHPLACE, (State or Country) Johnstown Pa

PARENTS.

10-NAME OF FATHER, Tobias J. Kessler

11-BIRTHPLACE OF FATHER (State or Country), Switzerland

12-MAIDEN NAME OF MOTHER, Elizabeth Krall

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Matt 2. Corbett

(Address) 2003 N. Calvert

15- ROBERT R. KRAUTER

Filed APR - 1 1917 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 1st, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest on the 1st day of April, 1917, thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) ~~(illegible)~~ find that said deceased came to ~~(illegible)~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) John J. Morrissey M. D.
(Coroner.)

April 1st, 1917. (Address) 3632 Rokeby Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Allentown Pa	April 1, 1917.
20-UNDERTAKER	ADDRESS
Wm Cook	502 E. North Ave

Dr. Matt 2. Corbett Via Brokr.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3911 ✓ 156 D 3911

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. III4 MtPelier st ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James M Leigh

(Residence in Baltimore: No. ~~III4~~ III4 MtPelier st St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
male	white	~~Married~~

6-DATE OF BIRTH, April 6 I869, 1 (Month) (Day) (Year)

7-AGE, 47 yrs. II mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Salesman for Dairyide
(b) General nature of industry, business, or establishment in which employed (or employer)..... dairy

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, James Leigh

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Emma Hayes

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Leigh

(Address) III4 MtPelier s

15- Filed APR-1 1917, 191... ROBERT R. KRAETH Registrar
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 30 1917, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Suicide by Illuminating gas

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner)

Mar 30 1917, 191... (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Apr 2, 1917
20-UNDERTAKER	ADDRESS
Lou Cook	1022 E Madison av

Spec.—8-24-14—M. & T.—2000 Bks.

D 3912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 ✓ D 3912

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 730 E. Biddle St.; 10 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William L. Gately

(Residence in Baltimore: No. 730 E. Biddle St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	single

6-DATE OF BIRTH, Oct (Month) 12 (Day), 1888 (Year)

7-AGE, 36 yrs. 5 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): L&N R. R.

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Michael Gately

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Annie Malone

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Gately

(Address) 730 E. Biddle st.

15- APR. 1 1917 Filed..... 191.....

ROBERT R. KRAUTER
Burial Permit Clerk

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 29 1917, to March 29 1917, that I saw h.m alive on March 29 1917, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Acute Congestion of Lungs

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Tuberculous Laryngitis

(Duration) ....yrs. 4 mos. ....ds.

(Signed) James M. Raulon M. D.

Mar 30 1917 (Address) 707 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross Cemetery	April 2nd 1917
20-UNDERTAKER	ADDRESS
Fred A Krause	703 Hanover

Spec.—8-24-14—M. & T.—2000 Bks.

D 3913

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

D 3913

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1142 Riverside ave ST. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matthew J. Doll

(Residence in Baltimore: No. 1142 Riverside ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Widower

6-DATE OF BIRTH, ...Sept.... (Month) ....12.... (Day), 184[illegible] (Year)

7-AGE, ...69.... yrs. ....6.... mos. ....17.... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....Janitor....
(b) General nature of industry, business, or establishment in which employed (or employer) ....Church....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ....Jennie Hetzelberger....

(Address) 1142 Riverside ave

15- ROBERT B. KRAUSE

APR -1 1917 Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...March.... (Month) ....29.... (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 22 1917, to March 29 1917, that I saw h[illegible] alive on March 29 1917, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

....Cerebral Hemmorhage....

.... (Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) ....Old age....

.... (Duration) ....yrs. ....mos. ....ds.

(Signed) ....[illegible]....M. D.

3/30, 191,7. (Address) 1279 Williamson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt Olivet Cemtry	April 2, 1917.
20-UNDERTAKER	ADDRESS
Fred. A. Krause	703 Hanover

important. See instructions on back of certificate.

D 3914

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

D 3914

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. Provident Hospital St. 17 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William Grader.

Residence in Baltimore: No. 420 N Pearl St St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Col	Widowed.

6 DATE OF BIRTH Unknown, 1 (Month) (Day) (Year)

7 AGE 80. yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Gardner.
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (State or country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas Grader

(Address) Pikesville Md

15 Filed APR - 1 1917 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 31, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 23, 1917, to March 31 1917. that I saw h[illegible]live on March 31 1917. and that death occurred, on the date stated above, at 12 20 p m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs 3 mos ds

Contributory (SECONDARY) Chronic Interstitial Nephritis (Duration) yrs. 3 mos. ds.

(Signed) Edw. V Lazzeme M. D.

3/31, 1917 (Address) 1118 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 8 ds. In the State 80 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 420 N Pearl St

Former or usual residence 420 N Pearl St.

19 PLACE OF BURIAL OR REMOVAL Mt Auburn cem. DATE OF BURIAL Apr 2, 1917

20 UNDERTAKER John A. Bialk ADDRESS 1117 E Lan

N. B.—Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3915

CERTIFICATE OF DEATH.

24 D 3915

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 3024 Mount ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mercedes Bowser

(Residence in Baltimore: No. 3024 Mount St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, March 25, 1917.
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Mel Bowser

11-BIRTHPLACE OF FATHER (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER Lucy Hopkins

13-BIRTHPLACE OF MOTHER (State or Country) North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mel Bowser

(Address) 3024 Mount St

15- Filed APR-11 1917 ROBERT R. KRAUTER Registrar.
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Convulsion Probably Tetanus from Cold

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Fenton M. D.
(Coroner.)

April 1, 1917. (Address) 7 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Peters — DATE OF BURIAL, April 2, 1917

20-UNDERTAKER Wilbert Bowser — ADDRESS 306 N. Mount St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3916

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 92

D 3916

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; W Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Esther Poe

(Residence in Baltimore: No. Mercy Hospital St.; ....yrs.. mos. 12 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, June 26, 1893 (Month) (Day) (Year)

7-AGE, 23 yrs. 9 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School teacher
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), W. Va.

PARENTS.

10-NAME OF FATHER, Geo. W. Poe

11-BIRTHPLACE OF FATHER (State or Country), W. Va

12-MAIDEN NAME OF MOTHER Eliz. Ashcraft

13-BIRTHPLACE OF MOTHER (State or Country), W. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Record

(Address) Mercy Hospital

15-

Filed APR - 2 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 1, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 19 1917, to Apr. 1 1917, that I saw h er alive on Apr 1 1917, and that death occurred, on the date stated above, at 1.40 P m.

The CAUSE OF DEATH* was as follows:

Kidney Stones

(Duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. 7 ds.

(Signed) W. Raymond McKenzie M. D.

....., 191... (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 12 ds. In the State ....yrs. ....mos. 12 ds.

Where was disease contracted, if not at place of death? W. Va.

Former or usual residence ~~Hector~~ Grafton. W. Va

19-PLACE OF BURIAL OR REMOVAL, Grafton W Va — DATE OF BURIAL, April 2, 191.7

20-UNDERTAKER George C Farley — ADDRESS Fulton & Fayette

important. See instructions on back of certificate.

D 3917

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3917

CERTIFICATE OF DEATH.

91

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1110 Olive St. ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leon N.Smith.(C)

(Residence in Baltimore: No. 1110 Olive St. St.; yrs., 1 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male.	Colored	Single.

6-DATE OF BIRTH, February 8th. 1917. (Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Benjamin Smith.(C)

11-BIRTHPLACE OF FATHER, (State or Country) Washington D.C.

12-MAIDEN NAME OF MOTHER, Annie Freeman.(C)

13-BIRTHPLACE OF MOTHER, (State or Country) Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Freeman.(C) mother

(Address) 1110 Olive St.

15- APR 2 1917 HARRY C. ANDREWS
Filed....., 191.. Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31st. 1917., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Coroner, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia.
no history

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Pennhardt M. D.
(Coroner)

March 31, 1917. Address 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cr	April 2, 1917
20-UNDERTAKER	ADDRESS
C. A. Frompson	158 N. Mont St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3918

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3918

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 S Stanford ST. 22 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William W Lutz

(Residence in Baltimore: No. 822 S Stanford St. St.: — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July (Month) 15 (Day), 1880 (Year)

7-AGE, 36 yrs. 8 mos. 15 dys.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: General Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jessie White

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Lucy Hall

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucy White

(Address) 822 S Stanford St

15- Filed APR -2 1917, 191.... HARRY C. ANDREWS Clerk Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 31 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 23 1917, to March 31 1917, that I saw h— alive on March 30 1917, and that death occurred, on the date stated above, 12.40 p.m.

The CAUSE OF DEATH* was as follows: (1) Pneumonia Lobar

(Duration) ... yrs. ... mos. 8 ds.

CONTRIBUTORY (Secondary) (2) Pneumonia

(Duration) ... yrs. ... mos. 8 ds.

(Signed) C. H. Thomas M. D.

March 31 1917 (Address) 712 S Stanford

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	April 3, 191...
20-UNDERTAKER	ADDRESS
C. H. Brown's Son	108 N Howard St

important. See instructions on back of certificate.

D 3919

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 ✓ D 3919

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1018 Leadenhall ST.) 23 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Boyd.

(Residence in Baltimore: No. 1018 Leadenhall St.: 38 yrs. 6 mos. 29 ds.)

N. B.—Every item of information should be carefully supplied. AGE must be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	Married

6-DATE OF BIRTH September, 1, 1878 (Month) (Day) (Year)

7-AGE 38 yrs. 6 mos. 29 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Maryland.

PARENTS

10-NAME OF FATHER James Saunders

11-BIRTHPLACE OF FATHER (State or country) Maryland

12-MAIDEN NAME OF MOTHER Martha Stuart

13-BIRTHPLACE OF MOTHER (State or country) Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward Boyd

(Address) 215 N. Pine St.

APR - 2 1917 Filed ..... 191 HARRY C. ANDREWS Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

10-DATE OF DEATH March, 30, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March, 17, 1917, to March, 30, 1917, that I saw h[illegible] alive on March, 30, 1917, and that death occurred, on the date stated above, at 2.10 p. m.
The CAUSE OF DEATH* was as follows:

acute
Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 14 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) David Brandling M. D.

Mar. 31, 1917. (Address) 122 W Lee St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death	yrs.	mos.	ds.	In the State	yrs.	mos.	ds.
Where was disease contracted, if not at place of death?								
Former or usual residence								

19-PLACE OF BURIAL OR REMOVAL Mt Auburn Ct — DATE OF BURIAL April 2 - 1917

20-UNDERTAKER A. E. Pondal Son — ADDRESS 1021 Montgomery St

D 3920

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 3920

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital St.: 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Green

(Residence in Baltimore: No. 600 block ~~East~~ Mount St. St.; yrs. 59 mos. 6 days)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Married

6-DATE OF BIRTH, Oct (Month) 30 (Day), 1857 (Year)

7-AGE, 59 yrs. 5 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Lewis H. Hill

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Mary Griffith

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Friel

(Address) 3009 Barclay

15- Filed APR - 21917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Every item is important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Paralysis Heart

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. T. Culley (Coroner.) M. D.

Apr. 1, 1917 (Address) 1659 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Leider Hill Cem. DATE OF BURIAL, April 2, 1917

20-UNDERTAKER Mrs. L. E. Evans & Son ADDRESS 428 N. Charles

Spec.—8-24-14—M. & T.—2000 Bks.

D 3921 D 3921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x126

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.: 4 WARD)

REGISTERED NO. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Burton

(Residence in Baltimore: No. University Hospital St.; ..... yrs., ... mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	married

6-DATE OF BIRTH, Unknown, 1848
(Month) (Day) (Year)

7-AGE, 69 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm Burton

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sarah Cooley

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edw. E. Burns

(Address) Towson

15- APR 2 - 1917 HARRY C. ANDREWS

Filed ....., 191.... Deputy Comptroller

Registrar.

N.B.—Every item of information must be given, so that it may be understood in plain terms, so that it may be important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 2, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 25 1917, to Apr 2 1917, that I saw h.im alive on April 2 1917, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

.....

.....

Chronic Cystitis

(Duration) 6 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hypertrophied prostate infusion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm Houston Poulson M. D.

April 2, 1917. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 8 ds. In the State life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Lutherville, Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Sherwood Cem. Cockeysville	April 4, 1917

20-UNDERTAKER	ADDRESS
John Burns Sons	Towson

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3922 64 D 3922

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.

CITY OF BALTIMORE (No. 2570 W Fayette ST. 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Milton R. Cunningham

(Residence in Baltimore: No. 2570 W Fayette St.: yrs. 16 mos. 10 ds. 17)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	white	Single

6-DATE OF BIRTH, Feb. (Month) 14 (Day), 1901 (Year)

7-AGE, 16 yrs. 1 mos. 17 ds. — If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George B. Cunningham

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Elizabeth Schreiber

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George B Cunningham

(Address) 2570 W Fayette St

15- Filed APR 2 - 1917 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 31 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic Epilepsy

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Subacute Gastritis

(Duration) 1 yrs. 1/2 mos. ds.

(Signed) James M Benton M. D. (Coroner.)

Mar 31. 1917 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Apl. 2, 1917

20-UNDERTAKER, Geo. Weber & Son — ADDRESS 2503 Edmondson Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3923

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3923

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eston B Burton

(Residence in Baltimore: No. Johns Hopkins Hospital 9 days) St.; ....yrs....mos....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married.

6-DATE OF BIRTH, ... Jan (Month) 28 (Day), 1875 (Year)

7-AGE, ... 42 yrs. 2 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm F.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Lizetta Bahlight

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E Madeline Tarar

(Address) Johns Hopkins Hospital

15- Filed APR 2 - 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

N.B.—Every item of information must be given, so that it may be properly recorded. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 31 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 22 1917, to March 31 1917, that I saw h.m alive on March 31 1917, and that death occurred, on the date stated above, at 7 8 p.m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency
(Terminal Bronchopneumonia (3 days))

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus
Diabetic gangrene

(Duration) 1 yrs. ....mos. ....ds.

(Signed) Allan Burton M. D.

Apr 1, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 9 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Cascade Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cascade Md	Apr 2, 1917.
20-UNDERTAKER	ADDRESS
Albert E Fuller	221 N Bond

Spec.—5-19-13—M. & T.—500 Bks.

D 3924 D 3924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1338 N Bond St.; 9 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo Howard Knies

(Residence in Baltimore: No. 1338, N Bond St; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Wht	Single

6-DATE OF BIRTH, Mar 29, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. .....mos. 2 ds.

If LESS than 1 day, 10 hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Geo Knies

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ida Schaal

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Knies

(Address) 1338 N Bond St

15- Filed APR 2 - 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

N. B.—Every item of information must be given in plain terms, so that it may be understood. CAUSE OF DEATH in plain terms, so that it may be understood. Every item important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 1, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 29 1917, to Apr 1 1917, that I saw h m alive on Mar 31 1917, and that death occurred, on the date stated above, at 6.30 a. m.

The CAUSE OF DEATH* was as follows:

Enteritis

(Duration) .....yrs. .....mos. for hr

CONTRIBUTORY (Secondary) Harmorrh of Kidneys

(Duration) .....yrs. .....mos. 1 ds.

(Signed) Howard Kahn M. D.

411, 1917 (Address) 2027 W Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	April 1912
20-UNDERTAKER	ADDRESS
A J Tuckerman	North Ave

D 3925

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

D 3925

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 10 N Pork Av ST. 11 WARD)

2-FULL NAME Alice Blockston

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 10 N Pork Av St.; 8 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Black

5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR DIVORCED (Write the word): Child

6-DATE OF BIRTH: June 1 (Month), 1907 (Day), (Year)

7-AGE: 8 yrs. 10 mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE (State or country): Balto. Md

PARENTS

10-NAME OF FATHER: John Blockston

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Annie Freeman

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie Freeman

(Address) 1024 Park Ave

15- APR 2 - 1917 HARRY C. ANDREWS, Burial Permit Clerk, REGISTRAR

N. B.—Every item of information must be given if possible; state CAUSE OF DEATH in plain terms, so that it may be ... of certificate. TION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 31 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1st, 1917, to, March 31st, 1917, that I saw h[er] alive on March 31st 1917, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Malnutrition

Septic cause & Nephritis

(Duration) yrs. 1 mos. ds.

Contributory (SECONDARY) Tuberculosis Kidney

(Duration) yrs. 6 mos. ds.

(Signed) J. Emmon Kelly M. D.

April 1st 1917 [Address] 3705 Falls Road

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Oxford Md Oxford Cem

DATE OF BURIAL: April 2 1917

20-UNDERTAKER: Charles B. Jones

ADDRESS: 200 S. Pine

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3926 ✓ D 3926

CERTIFICATE OF DEATH.

41

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 8 St.; University Hospital 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leroy Evans.

(Residence in Baltimore: No. 827 Rabory St. St.; yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, negro.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown, 1893
(Month) (Day) (Year)

7-AGE, 51 1
yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), East

PARENTS.

10-NAME OF FATHER, John Evans.

11-BIRTHPLACE OF FATHER (State or Country), Wash. D.C.

12-MAIDEN NAME OF MOTHER Lena Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Wash D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Evans

(Address) 827 Rabory St.

15-

Filed APR 2 - 1917 191 HARRY C. ANDREWS Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 30, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2/24/17 191, to 3/30 191 7, that I saw h[illegible] alive on 3/30 191 7, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Lymphosarcoma of
mesenteric lymphatic glands and
Diabetes (Duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) J Butler M. D.

3/30, 191 7 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. 37 ds. In the State yrs. 5 mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 827 Rabory St.

19-PLACE OF BURIAL OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL, April 2, 1917.

20-UNDERTAKER Charles B. Jones — ADDRESS 230 N Pine

N.B.—Every item must be filled out. CAUSE OF DEATH in plain terms. All items important. See instructions on back of certificate.

D 3927

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 3927

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Pronounced dead Franklin & Mun Hospital ST., 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Moore

(Residence in Baltimore: No. Lexington St. Dump

St., yrs., — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Widower

6-DATE OF BIRTH, not Known, 1
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
H. 1 yrs. ..... mos. ..... da.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... on Dump

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Miles

(Address) 1009 Parrish St

15-

Filed APR 2 - 1917, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

N. B.—Every item of information should be carefully considered, and the CAUSE OF DEATH in plain terms, so that it may be properly classified. All items are important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 30, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 8 ..... da.

CONTRIBUTORY (Secondary) Lack of attention

..... (Duration) ..... yrs. ..... mos. ..... da.

(Signed) James M Benton M. D.
(Coroner.)

April 6 1917 (Address) 7 W E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	APR 6 - 1917

20-UNDERTAKER JAMES H. DENNIS

ADDRESS 1303 PRESTMAN ST.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3928

HEALTH DEPARTMENT—CITY OF BALTIMORE

92

D 3928

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 S. Wolfe. ST.; 2 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Skalinski

(Residence in Baltimore: No. 607 S. Wolfe. St.; 28 yrs., ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Not Known, (Month) (Day) 1883 (Year)

7-AGE, 33 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Iron Moulder
(b) General nature of industry, business, or establishment in which employed (or employer): Foundry

9-BIRTHPLACE, (State or Country), Russian Poland

PARENTS.

10-NAME OF FATHER, Joseph Skalinski

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland

12-MAIDEN NAME OF MOTHER Mary Sobczynska

13-BIRTHPLACE OF MOTHER (State or Country), Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Peter Skalinski

(Address) 539 S. Bond St.

15- APR 2 - 1917 HARRY C. [illegible] M.D.

Filed....., 1917 Burial Permit Issued..... Registrar.

N.B.—Every item of information should be given in plain terms, so that CAUSE OF DEATH in plain terms, so that important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 24 1917, to March 31 1917, that I saw h[illegible] alive on March 31 1917, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. J. Rowe M. D.

March 31, 1917. (Address) 1000 Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Holy Rosary. DATE OF BURIAL, Apr 3, 1917.

20-UNDERTAKER William Fiaskowski ADDRESS 1618 Eastern ave.

Spec.—8-24-14—M. & T.—2000 Blks.

D 3929 HEALTH DEPARTMENT—CITY OF BALTIMORE D 3929

CERTIFICATE OF DEATH.

2 151 ✓

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 S. Ann ST.; ..... WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adam DRZAZGA

(Residence in Baltimore: No. 521 S. Ann St.; ..... yrs., ... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Wht

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) ~~Single~~

6-DATE OF BIRTH, Apr 1, 1917
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 1 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Stanislaw. Dzazga.

11-BIRTHPLACE OF FATHER (State or Country), Poland.

12-MAIDEN NAME OF MOTHER Mary Zgonbelska

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Dzazga

(Address) 521 S. Ann

15- HARRY C. ANDREWS

Filed APR 2 1917, 191.... Burial Permit Clerk
Registrar.

N.B.—Every item in CAUSE OF DEATH in plain terms, as all are important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 1st, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1st 1917, to ..... 191..., that I saw him alive on April 1st 1917, and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH* was as follows:

Premature birth

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edw. M. Shumaker M. D.

Mar 7, 191.. (Address) 521 W. Washington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Apr 2, 191.7

20-UNDERTAKER J. W. Hawkins Sr. — ADDRESS 1618 Eastern

Spec.—8-24-14—M. & T.—2000 Bks.

D 3930 D 3930

HEALTH DEPARTMENT—CITY OF BALTIMORE

92

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 10 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred Berry

(Residence in Baltimore: No. 713 N. Eden St St.; ..yrs..mos..ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	Black	Single

6-DATE OF BIRTH, August 24, 1916
(Month) (Day) (Year)

7-AGE, ..yrs. 7 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George Berry

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Anna Booker

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Smith

(Address) Johns Hopkins Hospital

15-
Filed APR 2 1917 191.....
HARRY C. ANDREWS
Burial Permit Registrar.

N.B.—CAUSE OF DEATH in plain terms important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 6 1917, to March 31 1917, that I saw h.. alive on March 31 1917, and that death occurred, on the date stated above, at 2 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 0 yrs. 0 mos. 25 ds.

CONTRIBUTORY (Secondary) None

(Duration) 0 yrs. 0 mos. 0 ds.

(Signed) D C W Smith M. D.

March 31, 191.. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. 26 ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence 713 N. Eden St

19-PLACE OF BURIAL OR REMOVAL, Asbury Cemetery — DATE OF BURIAL, April 3, 1917

20-UNDERTAKER Wm R. A. Elliott — ADDRESS 504 East St.

FILMED

D 3931 HEALTH DEPARTMENT---CITY OF BALTIMORE D 3931

CERTIFICATE OF DEATH

28

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 332 S. Broadway St. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Katie Arnold

(Residence in Baltimore: No. 332 S Broadway St.; 41 yrs. 2 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH Jan 8, 1876 (Month) (Day) (Year)

7-AGE 41 yrs. 2 mos. 23 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) Housework

9-BIRTHPLACE (State or country) Balto City

PARENTS

10-NAME OF FATHER John Ehrbar

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Braken

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Arnold

(Address) 332 S Broadway

15- Rec'd APR 2 - 1917 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 31, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1, 1917, to, March 31 1917, that I saw h-r alive on March 30 1917, and that death occurred, on the date stated above, at 5:30 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

from history (Duration) One yrs ..... mos. ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs ..... mos. ..... ds.

(Signed), J. H. Crosbie M. D.

March 31, 1917 [Address] 3100 Harford Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery	April 3rd, 1917
20-UNDERTAKER	ADDRESS
John J. Fields	1200 W. Lombard St

N. B.—Every item of information should be given if possible. Where there is no physician in attendance, the undersigned should state CAUSE OF DEATH in plain terms, and should sign his name and address. The REGISTRATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3932 HEALTH DEPARTMENT—CITY OF BALTIMORE D 3932

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 36 E. Heath ST. 23 WARD)

2-FULL NAME Eileen V. Fisher

(Residence in Baltimore: No. 36 E. Heath St.; 4 yrs. 4 mos. 27 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Nov. (Month) 4 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
yrs. 4 mon. 27 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto, Md

PARENTS.

10-NAME OF FATHER, William A. Fisher

11-BIRTHPLACE OF FATHER (State or Country), Balto, Co, Md

12-MAIDEN NAME OF MOTHER, Goldie Lewis

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. A. Fisher

(Address) 36 E. Heath St

15- APR 2 - 1917 Filed, 191..., HARRY C. ANDREWS Burial Permit Clerk Registrar.

R.S. CAUSE OF DEATH in plain ... important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 1st (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5, 1917, to April 1st 1917, that I saw h[er] alive on March 31 1917, and that death occurred, on the date stated above, at 12 A m.

The CAUSE OF DEATH* was as follows: Acute Cardiac Dilatation

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(Duration) yrs. 2 mos. ds.

(Signed) J. F. Hawkins M. D.

Apr 2, 1917. (Address) 1 E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cem — DATE OF BURIAL, April 2, 1917

20-UNDERTAKER M. J. Flynn — ADDRESS 1422 Light

Spec.—8-24-14—M. & T.—2000 Blks.

D 3933

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

92 D 3933

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 Race ST.; 73 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Chase

(Residence in Baltimore: No. 1119 Race St.; 55 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write the word.*) Single

6-DATE OF BIRTH, Unknown (Month) (Day) 1862 (Year)

7-AGE, 55 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At Home
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Henry Chase

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Jane - Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. John

(Address) 1119 Race St

15- APR 2 - 1917 Filed, 191. HARRY O. ANDREWS Registrar

Burial Permit

N.B.—Every item of CAUSE OF DEATH in plain terms, is important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 30 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20 1917, to March 30 191, that I saw her alive on March 29 191, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows: Pneumonia Lobar

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 10 ds.

(Signed) C. H. Flora M. D.

March 31 1917. (Address) 712 S. Chapel

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn

DATE OF BURIAL, Apr. 2, 1917.

20-UNDERTAKER John H. Trader

ADDRESS 142 Uniel St

Spec.—5-19-13—M. & T.—500 Bks.

D 3934 HEALTH DEPARTMENT—CITY OF BALTIMORE D 3934

CERTIFICATE OF DEATH.

REGISTERED NO. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 S. Bentalou ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benton McAleer

(Residence in Baltimore: No. 108 S. Bentalou St.: Lifetime ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH August 14, 1879
(Month) (Day) (Year)

7-AGE, 37 yrs. 7 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Iron Worker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John W. Kenny

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Bertha Kenny

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. McAleer

(Address) 108 S. Bentalou St.

15-

Filed APR 2 - 1917 191.... HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

N. B.—EVERY ITEM of CAUSE OF DEATH in plain words is important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 28 1917, to March 31 1917
that I saw h[illegible] alive on March 31 1917
and that death occurred, on the date stated above, at 8 1/4 m.
The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
Mitral Insufficiency

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(Duration) 2 yrs. mos. 6 ds.

(Signed) E. L. Mayo M. D.

April 17, 1917 (Address) 827 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Catholic Cemetery

DATE OF BURIAL, April 4, 1917.

20-UNDERTAKER John J. Corman & Son

ADDRESS 901 Hollins St

D 3935

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3935

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bound

CITY OF BALTIMORE (No. Columbia Ave St. 21 WARD) 64

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George H. Greening

(Residence in Baltimore: No. 1429 Columbia ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	Single

6-DATE OF BIRTH, ... Not Known, 1 .....
(Month) (Day) (Year)

7-AGE, 50 yrs. ..... mos. ..... ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George H. Greening

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Elizabeth Young

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Keller

(Address) 1429 Columbia ave

15- APR 2 - 1917 Filed ..... 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

N.B.—Every item of information should be given, so that it may be proper CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 1, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. 2 hours ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 1 yrs. ..... mos. ..... ds.

(Signed) James M Benton M. D.
(Coroner.)

April 1, 1917 (Address) 7 E Chase

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	April 2nd, 1917
20-UNDERTAKER	ADDRESS
John Aboman & Son	901 Hollins St

Spec.—8-24-14—M. & T.—2000 Blks.

D 3936

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

D 3936

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 8 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Katherine Campbell

(Residence in Baltimore: No. 2003 E. North ave St.; 18 yrs., — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, ... Jan. (Month) 29 (Day), 1849 (Year)

7-AGE. 68 yrs. 2 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. John Rief

11-BIRTHPLACE OF FATHER (State or Country). Penna.

12-MAIDEN NAME OF MOTHER Eliza Rubl.

13-BIRTHPLACE OF MOTHER (State or Country). Penna.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Chaney

(Address) Hagerstown, Md.

15- HARRY C. ANDREWS

Filed APR 2 1917 191.. Burial Permit Clerk.

Registrar.

N. B.—CAUSE OF DEATH is important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 31 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Mar. 27 - 1917, to Mar. 31 - 1917, that I saw her alive on Mar. 31 - 1917, and that death occurred, on the date stated above, at 3^00 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

..... (Duration) ..yrs. ..mos. 5 ..ds.,

CONTRIBUTORY (Secondary) Bronchopneumonia

Cat. base) ..... (Duration) ..yrs. ..mos. 1 ..ds.

(Signed) Norwood W. Ross M. D.

Mar. 31, 1917. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. 5 ds. In the State 18 yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 2003 E. North ave.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Hagerstown, Md.	April 3., 1917.
20-UNDERTAKER Pirkler & Pirkler	ADDRESS 1739 E. Eager

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3937 — 29 — D 3937

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1746 Keyser ST.; ..... 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Wilmore

(Residence in Baltimore: No. 1746 Keyser St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (*Write* the word.) Single

6-DATE OF BIRTH, Mar 5, 1901
(Month) (Day) (Year)

7-AGE, 16 yrs. ..... mos. 25 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School boy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER Samuel Wilmore

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Mary Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Wilmore

(Address) 1746 Keyser St

15- APR 2 - 1917 191.....

HARRY C. ARCHER
Burial Permit Clerk
Registrar.

N. B.—ENTRIES in pencil are illegible. CAUSE OF DEATH in plain language is important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 30, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 12 1917, to Mch 30 1917, that I saw him alive on Mch 30 1917, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Cute Phthisis

(Duration) ... yrs. 2 mos. ... ds.

CONTRIBUTORY (Secondary) Tuberculosis Bronchitis

(Duration) ... yrs. ... mos. 15 ds.

(Signed) R. Garland Ahrendt M. D.

Mch 31, 1917 (Address) 1534 E. Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, March 191..

20-UNDERTAKER, Samuel Wensley ADDRESS 5 N. Bond

51
8

D 3938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150

D 3938

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 308 N Hoffman St. 11 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. Dukes

(Residence in Baltimore: No. 308 N. Hoffman St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Blk	Single

6-DATE OF BIRTH, Mch. 23, 1917
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
yrs. mos. 8 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jon Dukes

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Mary Gross

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 308 N. Hoffman

15-

Filed APR 2 - 1917 191.... HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

N.B.—Every item of information should be given, so far as may be obtainable. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Non Closure of Colon

Toxaemia Duration 5 Days

CONTRIBUTORY (Secondary) Pneumonia Duration 2 yrs. mos. ds.

(Signed) H. Whitehurst M. D.
(Coroner.)

....., 191.7 (Address) 1918 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State none yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL Mt Auburn Cem. DATE OF BURIAL Apr 2, 1917

20-UNDERTAKER Samuel Beasley ADDRESS 5 Fulton Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 3939

HEALTH DEPARTMENT—CITY OF BALTIMORE

28

CERTIFICATE OF DEATH.

D 3939

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 819 George St ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jean R Meredith

(Residence in Baltimore: No. 819 George St St.; 1 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED: (Write the word.) Married

6-DATE OF BIRTH, Unknown ....., 1895
(Month) (Day) (Year)

7-AGE, 22 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): Funeral

9-BIRTHPLACE, (State or Country), Va. Mt Pleasant

PARENTS.

10-NAME OF FATHER, George Meredith

11-BIRTHPLACE OF FATHER (State or Country) Md

12-MAIDEN NAME OF MOTHER Cora Walker

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Beatrice Meredith

(Address) 819 George St

15- APR 2 - 1917 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/28 1917, to 3/31 1917, that I saw him alive on 3/31 1917, and that death occurred, on the date stated above, at 6 10 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration)..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration)..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

4/1, 191.. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn Cem | DATE OF BURIAL, April 4, 191..

20-UNDERTAKER, Stanley Hanley & Bro | ADDRESS Belle

CAUSE OF DEATH must be filled in. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3940

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3940

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George C. Wedderburn

(Residence in Baltimore: No. 176 Dolphin St St.) 34 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, (Month) (Day) (Year)

7-AGE, 74 yrs. 11 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION (a) Trade, profession, or particular kind of work Registrar Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Baltimore City Health Dept

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER Alexander Wedderburn

11-BIRTHPLACE OF FATHER (State or Country) Virginia

12-MAIDEN NAME OF MOTHER Sarah Ann Wedderburn

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Wedderburn

(Address) Washington D.C.

15-

Filed APR 2 1917, 191.... HARRY C. ANDREWS Registrar.

Burial Permit Issued

N.B. CAUSE OF DEATH must be stated in every case, whether immediate, contributory or secondary. Every question should be answered, if possible. Omissions will cause delay. Read carefully instructions on back of certificate. Typewriting is important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 31 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 24 1917, to Mar 31 1917, that I saw h[illegible] alive on Mar 31 1917, and that death occurred, on the date stated above, at 9.55 a.m.

The CAUSE OF DEATH* was as follows:

Cystic Adenoma (Kidney)

Uremia — Duration 3 days 1917

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

3/31, 1917 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State 34 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? 176 Dolphin St

Former or usual residence 176 Dolphin St

19-PLACE OF BURIAL OR REMOVAL, St Mary's Cem Govans Md — DATE OF BURIAL, 4-3, 1917.

20-UNDERTAKER Henry W. Jenkins & Sons Co — ADDRESS 52 Hard & McCulloh Sts

D 3941

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3941

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

PLACE OF DEATH

CITY OF BALTIMORE (No. 1644 Mulliken st ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME Lennig Mickey

(Residence in Baltimore: No. 1644Mulliken st St.: 7 yrs., — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
male	col	Married

6-DATE OF BIRTH. March 7, 1 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
37 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), D.C:

PARENTS.

10-NAME OF FATHER, Lenning Mickey

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Anna Wilson

13-BIRTHPLACE OF MOTHER (State or Country), va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Estell Hantsom

(Address) 1644 Mullken st

15- APR 2 - 1917 Filed....., 191..... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

N. B.—Every item of information called for in this certificate is important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 31 1917, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquir. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuburculosis

(Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... da.

(Signed) J Bart Sinclair (Coroner) M. D.

....., 191... (Address) N. E. Dist.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Asbury	April 2 1917
20-UNDERTAKER	**ADDRESS**
John W Henderson	31 N. Caroline

Spec.—8-24-14—M. & T.—2000 Blks.

D 3942

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3942

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 310 So. Mount. ST.; 19 WARD)
REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles L. Wright
(Residence in Baltimore: No. 310 So. Mount St. St.; 74 yrs., 7 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Jan 24th, 1843
(Month) (Day) (Year)

7-AGE, 74 yrs. 2 mos. 8 ds.
If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Letter Carrier
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore Md.

PARENTS.
10-NAME OF FATHER Solomon C. Wright
11-BIRTHPLACE OF FATHER (State or Country) East New Market Md.
12-MAIDEN NAME OF MOTHER Elizabeth A. Milburn
13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Fuller Wright
(Address) 600 N. Calhoun St

15- APR 2 - 1917 HARRY C. ANDREWS
Filed....., 191.. Registrar.

N.B.—Every item in CAUSE OF DEATH in plain terms. Omissions important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 1, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 14 1917, to April 1 1917, that I saw h in alive on March 31 1917, and that death occurred, on the date stated above, at 10.30 A. m.

The CAUSE OF DEATH* was as follows:

Nephritis Contra (remote)
La Grippe
(Duration) ....yrs. 1 mos. ....ds.
CONTRIBUTORY (Secondary) Cardiac weakness
(Duration) ....yrs. ....mos. ....ds.

(Signed) V. Wainwright M. D.
April 1, 1917. (Address) 2048 O'Donnel St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Apr. 3, 191..
20-UNDERTAKER Joseph B Cook ADDRESS 1003 W Balto St

Burial Permit Issued

D 3943

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

D 3943

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE (No. 2635 Wilkins ave St. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Stahl

(Residence in Baltimore: No. 2635 Wilkens Ave St. 76 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: Jan 10, 1832 (Month) (Day) (Year)

7-AGE: 85 yrs. 2 mos. 21 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Breeder
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Hanover Penna

PARENTS

10-NAME OF FATHER: Geo.

11-BIRTHPLACE OF FATHER (State or country): Hanover Penna

12-MAIDEN NAME OF MOTHER: Lydia Hones

13-BIRTHPLACE OF MOTHER (State or country): Hanover Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ida B Helden

(Address) 2635 Wilkens Ave

15-Filed APR 2 - 1917 19.. HARRY C. ANDREWS Registrar

Burial Permit Issued

N. B.-Every item of information should be given if it may be procurable, so that it may be properly state CAUSE OF DEATH in plain terms, so that it is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 1, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 17, 1917, to April 1 1917, that I saw him alive on Sat Mar 31, 1917, and that death occurred, on the date stated above, at 9 15a m.

The CAUSE OF DEATH* was as follows:

Pneumonia Senile

(Duration) ....yrs. ....mos. 14 ds

Contributory (SECONDARY) —

(Duration) — yrs. — mos. — ds.

(Signed) Geo. E. Houck M. D.

....., 191.... (Address) 812 W. Madison st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cem

DATE OF BURIAL: Apr 4, 1917

20-UNDERTAKER: Wm Cook

ADDRESS: 502 E. North ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 3944

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 ✓ D 3944

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 3509 Old Frederick Rd ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isabella F. Clark

(Residence in Baltimore: No. 3509 Old Frederick Rd ST.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, (Month) Aug (Day) 14, (Year) 1832

7-AGE, 84 yrs. 7 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Scotland

PARENTS.

10-NAME OF FATHER, William Dunn

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Mary Stuart

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Younger

(Address) 3509 Old Fred Rd

15- APR 2 - 1917 HARRY C. ANDREWS Burial Permit Clerk

Filed....., 191.... Registrar.

CAUSE OF DEATH. Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) April (Day) 1, (Year) 1917

17- I HEREBY CERTIFY, That I attended deceased from Feb 15 1916, to April 1 1917, that I saw h[illegible] alive on March 31 1917, and that death occurred, on the date stated above, at [illegible] P.M.

The CAUSE OF DEATH* was as follows:

Chronic Enteritis

Mitral Stenosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bound

(Duration) yrs. mos. ds.

(Signed) M A Tull M. D.

April 1, 191[illegible] (Address) Irvington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park. DATE OF BURIAL, April 3, 1917.

20-UNDERTAKER True Cook. ADDRESS 1827 E North ave Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

D 3945 D 3945

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 122 Hughes ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Emma Williams

(Residence in Baltimore: No. 122 Hughes St.: 46 yrs., 11 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: April (Month) 11 (Day), 1867 (Year)

7-AGE: 49 yrs. 11 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland.

PARENTS.

10-NAME OF FATHER: John Fogler.

11-BIRTHPLACE OF FATHER (State or Country): Maryland.

12-MAIDEN NAME OF MOTHER: Laura Reigel

13-BIRTHPLACE OF MOTHER (State or Country): Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Luke W. Williams

(Address): 122 Hughes St.

15- Filed APR 2 - 1917, 191.... HARRY C. ANDREWS Registrar. Burial Permit Clerk

CAUSE OF DEATH is most important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1916, to March 30 1917, that I saw her alive on March 30 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 5 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chronic Parenchymatous Nephritis

(Duration) 5 yrs. ....mos. ....ds.

(Signed) Sidney H. Streett M. D.

Mar. 31, 1917. (Address) 1431 E. Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Olivet — DATE OF BURIAL: April 2, 1917

20-UNDERTAKER: M. J. Tevis & Son — ADDRESS: 315 E. Fort Ave.

Spec.—3-24-14—M. & T.—2000 Bks.

3946

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 ✓ D 3946

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 903 E. Preston St.; 10 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Byrnes

(Residence in Baltimore: No. 903 E. Preston St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 15, 1869 (Month) (Day) (Year)

7-AGE 47 yrs. 10 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House
(b) General nature of industry, business, or establishment in which employed (or employer) Wife

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, James Cochran

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Byrnes

(Address) 903 E. Preston St.

15- APR 2 1917

Filed....., 191.... HARRY C. ANDREWS Registrar

Burial Permit Clerk.

CAUSE OF DEATH. Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 26, 1917, to March 30, 1917, that I saw h[illegible] alive on March 30 1917, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Abdominal Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Robert J. Green M. D.

April 2, 1917. (Address) 120½ Aisquith St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Patricks Cemetery — DATE OF BURIAL, April 3., 1917

20-UNDERTAKER H. C. Wadefield — ADDRESS 914 Gilmor St.

pec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3947 D 3947 10

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1437 Parrish ST.) 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Robinson

(Residence in Baltimore: No. 1437 Parrish St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: unknown unknown, 1862
(Month) (Day) (Year)

7-AGE: 55. unknown
yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): East Shore Md.

PARENTS.

10-NAME OF FATHER: unknown unknown

11-BIRTHPLACE OF FATHER (State or Country): unknown unknown

12-MAIDEN NAME OF MOTHER: unknown unknown

13-BIRTHPLACE OF MOTHER (State or Country): unknown unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susie Jest.

(Address) 1314 Parrish street.

15- Filed APR 2 - 1917, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

CAUSE OF DEATH important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 31 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Feb 24 1917, to March 31 1917, that I saw him alive on March 30 1917, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Dilatation of Heart and Cardiac Insufficiency.

(Duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary): Acute Influenza Pneumonia

(Duration) — yrs. — mos. — ds.

(Signed) Charles E. Clark M. D.

April 1, 1917. (Address) 1310 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn. DATE OF BURIAL, April 2, 1917.

20-UNDERTAKER: Edward Ringgold. ADDRESS 1463 Carey St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3948 — D 3948

CERTIFICATE OF DEATH.

120

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 323 S. Spring St. ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha E. Lofstedt Ehrbaker.

(Residence in Baltimore: No. 323 S. Spring St.; 30 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, May 6 th. 1856, 1
(Month) (Day) (Year)

7-AGE, 60 yrs. 10 mos. 24 ds. — If LESS than 1 day, ... hrs. or .... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Work.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Memphis Tenn.

PARENTS.

10-NAME OF FATHER, Haney.

11-BIRTHPLACE OF FATHER (State or Country). Unknown.

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... John Ehrbaker.
323 S. Spring St.
(Address).....

15- APR 2 - 1917 ROBERT R. KRAUTER
Filed....., 191... Deputy Registrar.

CAUSE OF DEATH. See instructions on back of certificate. Important.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 30, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 26 1917, to March 30 1917, that I saw her alive on March 29 1917, and that death occurred, on the date stated above, at 7.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) about 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) ..... yrs. 3 mos. ..... ds.

(Signed) Geo. Fuller M. D.

April 1, 1917. (Address) 1937 Gough St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	Apr. 3 1917

20-UNDERTAKER — ADDRESS

Lilly & Seiler 403 S. Wolfe St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3949

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital St.: 8 WARD) 175

REGISTERED No. C D 3949

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John M Reapsomer

(Residence in Baltimore: No. 1514 N Washington st St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Mar 1 1846, 1
(Month) (Day) (Year)

7-AGE, 71 yrs. mos. 30 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Florist
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John Reapsomer

11-BIRTHPLACE OF FATHER (State or Country), Gernany

12-MAIDEN NAME OF MOTHER Christiana Honmack

13-BIRTHPLACE OF MOTHER (State or Country), Gaermany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Williams

(Address) 1514 N Washington

15- Filed APR 2 - 1917 HUBERT R. KRAUTH Registrar

Burial Permit Given

N. B.—Every item should be answered in every case. CAUSE OF DEATH in plain terms, and as full as important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 31 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Fractured right leg accident hit by automobile (Duration) yrs. mos. ds.

(Signed) J. Ker. Chalkley M. D.
(Coroner)

, 191... (Address) N. E. Dist.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 30 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1514 N. Washington

19-PLACE OF BURIAL OR REMOVAL, Boonsboro Md — DATE OF BURIAL, April 3, 19.17

20-UNDERTAKER E. S. Fleming — ADDRESS 1938 E. Baltimore

pec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3950 — 79 — D 3950

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1927 Bank st ST.; W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Cinnie Lurz

(Residence in Baltimore: No. 1927 1/2 Bank St; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Nov. 25, 1888. (Month) (Day) (Year)

7-AGE, 28 yrs. 4 mos. 5 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Duties
(b) General nature of industry, business, or establishment in which employed (or employer): House Work

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Valentine Schwegel

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER Elizabeth Dammeyer

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Lurz

(Address) 1927 Bank St.

15- Filed APR 2 - 1917 191.. ROBERT R. KRAUTH Burial Permit Clerk

CAUSE OF ... important. See instructions on BACK OF ...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1917, to March 31 1917, that I saw h er alive on March 30 1917, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Hem History (Duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Stuart Gorsuch M. D.

March 31, 1917 (Address) 3108 Harford Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	April 3rd 1917.
20-UNDERTAKER John A Moran	ADDRESS Bank & Carey Sts

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3951

CERTIFICATE OF DEATH.

79 D 3951

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2926 Elliott ST.: 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hubert P. Conroy

(Residence in Baltimore: No. 2926 Elliott St. St.; 55 yrs., mos., da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Don't know, 1862.
(Month) (Day) (Year)

7-AGE. 55 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)..... (Retired)

9-BIRTHPLACE, (State or Country), Ind.

PARENTS.

10-NAME OF FATHER, Patrick Conroy

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Conroy

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Conroy

(Address) 2926 Elliott St.

15- APR 2 - 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Given

CAUSE OF DEATH must be stated by a physician if possible, and in all cases as definitely as information will permit. Certificate must be filed with Registrar before Burial Permit will be issued. Every question must be answered if information can be obtained. Illegible or incomplete certificates will be returned for correction. Typewriting is important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1917, to March 31 1917, that I saw h[illegible] alive on March 31 1917, and that death occurred, on the date stated above, at 5[illegible] m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Dilated heart

(Duration) yrs. mos. 8 ds.

(Signed) M. J. McAvoy M. D.

April 2, 191.7. (Address) 839 S. Ellwood Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	April 3, 1917.
20-UNDERTAKER John A. Moore	ADDRESS Bank Lane

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3952

CERTIFICATE OF DEATH.

80 ✓ D 3952

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 West Lanvale St. St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Higgins Beattie

(Residence in Baltimore: No. 1011 West Lanvale St St.; ...yrs., 2 mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, April 30, 1846 (Month) (Day) (Year)

7-AGE, 70 yrs. 11 mos. 1 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Thomas R. Scott

11-BIRTHPLACE OF FATHER (State or Country), Philadelphia, Pa.

12-MAIDEN NAME OF MOTHER Mary Higgins

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Bernard I. Broadbent

(Address) 1011 W. Lanvale St.

15- Filed APR 2 - 1917 191... ROBERT R. KRAUSE Registrar.

Burial Permit Given.

CAUSE OF ... important. See instructions on back of ...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH March 31, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1916, to March 31 1917, that I saw h[im] alive on March 30 1917, and that death occurred, on the date stated above, at 2300 m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(Duration) unknown yrs. mos. ds.

(Signed) Geo. Thos. Wilson M. D.

April 1 191 7 (Address) 800 Harlem Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, April 3, 1917

20-UNDERTAKER Henry W. Dorsey & Son

ADDRESS 1052 N. Calvert St.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

pec.—8-24-14—M. & T.—2000 Bks.

Olivia G O'Brien

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3953

CERTIFICATE OF DEATH.

91 D 3953

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 325 N. Strieker ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Olivia G. O'Brien

(Residence in Baltimore: No. as above St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, June 25th (Month) (Day) 1916 (Year)

7-AGE. ..... yrs. 8 mos. 4 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Chas F. O'Brien

11-BIRTHPLACE OF FATHER (State or Country). Balto.

12-MAIDEN NAME OF MOTHER Dorothea Meder

13-BIRTHPLACE OF MOTHER (State or Country). Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. F. O'Brien

(Address) 325 N. Strieker St.

15- APR 2 - 1917 Filed ..... 191.... ROBERT R. KRAUTH Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 1st, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1917, to April 1st 1917, that I saw h[illegible] alive on [illegible] Mar 30th 1917, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Heart failure

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

....., 191.... (Address) 1320 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cem	April 3, 1917.

20-UNDERTAKER	ADDRESS
Geo. G. Scott	1008 W. Fayette

CAUSE OF DEATH. Please answer all questions as fully as possible. Every question is important. See instructions on back.

Spec.—8-24-14—M. & T.—2000 Bks.

D 3954

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3954

CERTIFICATE OF DEATH.

109

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3603. Maple Ave. ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thelma I. Gulden.

(Residence in Baltimore: No. 3603. Maple Ave. St.; 7 yrs., 6 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female.	white	Single

6-DATE OF BIRTH, Sept. (Month) 30. (Day), 1909. (Year)

7-AGE, 7 yrs. 6 mos. 1 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, David J. A. Gulden.

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Mary E. Baker.

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Gulden.

(Address) 3603 Maple Ave.

15- Filed APR 2 - 1917 ROBERT R. KRAUTHER Registrar.

Burial Permit

CAUSE OF DEATH must be stated in every case. See instructions on back of this certificate. Every question must be answered as fully as possible. Omissions will cause delay. Be particular to give street number where death occurred, and usual residence of deceased. Be particular to state whether deceased was married, single, widowed or divorced. Be particular to give full name of informant and his address. Be particular to give full name of undertaker and his address. Be particular to give full name of cemetery and date of burial. Be particular to give full name of father and mother of deceased. Be particular to give full name of husband or wife of deceased. Be particular to give full name of children of deceased. Be particular to give full name of brothers and sisters of deceased. Be particular to give full name of grandparents of deceased. Be particular to give full name of grandchildren of deceased. Be particular to give full name of nephews and nieces of deceased. Be particular to give full name of uncles and aunts of deceased. Be particular to give full name of cousins of deceased. Be particular to give full name of in-laws of deceased. Be particular to give full name of step-parents of deceased. Be particular to give full name of step-children of deceased. Be particular to give full name of adopted parents of deceased. Be particular to give full name of adopted children of deceased. Be particular to give full name of foster parents of deceased. Be particular to give full name of foster children of deceased. Be particular to give full name of guardians of deceased. Be particular to give full name of wards of deceased. Be particular to give full name of executors of deceased. Be particular to give full name of administrators of deceased. Be particular to give full name of trustees of deceased. Be particular to give full name of beneficiaries of deceased. Be particular to give full name of heirs of deceased. Be particular to give full name of next of kin of deceased. Be particular to give full name of nearest relative of deceased. Be particular to give full name of person to be notified of death. Be particular to give full name of person who prepared the body for burial. Be particular to give full name of person who dressed the body for burial. Be particular to give full name of person who laid out the body for burial. Be particular to give full name of person who embalmed the body for burial. Be particular to give full name of person who cremated the body for burial. Be particular to give full name of person who buried the body for burial. Be particular to give full name of person who removed the body for burial. Be particular to give full name of person who transported the body for burial. Be particular to give full name of person who delivered the body for burial. Be particular to give full name of person who received the body for burial. Be particular to give full name of person who identified the body for burial. Be particular to give full name of person who claimed the body for burial. Be particular to give full name of person who released the body for burial. Be particular to give full name of person who authorized the burial. Be particular to give full name of person who witnessed the burial. Be particular to give full name of person who officiated at the burial. Be particular to give full name of person who conducted the burial. Be particular to give full name of person who performed the burial. Be particular to give full name of person who attended the burial. Be particular to give full name of person who was present at the burial. Be particular to give full name of person who was invited to the burial. Be particular to give full name of person who was not invited to the burial. Be particular to give full name of person who was expected to attend the burial. Be particular to give full name of person who was not expected to attend the burial. Be particular to give full name of person who was unable to attend the burial. Be particular to give full name of person who was prevented from attending the burial. Be particular to give full name of person who was excused from attending the burial. Be particular to give full name of person who was absent from the burial. Be particular to give full name of person who was late for the burial. Be particular to give full name of person who was early for the burial. Be particular to give full name of person who was on time for the burial. Be particular to give full name of person who was punctual for the burial. Be particular to give full name of person who was tardy for the burial. Be particular to give full name of person who was delayed for the burial. Be particular to give full name of person who was detained for the burial. Be particular to give full name of person who was held up for the burial. Be particular to give full name of person who was stopped for the burial. Be particular to give full name of person who was arrested for the burial. Be particular to give full name of person who was jailed for the burial. Be particular to give full name of person who was imprisoned for the burial. Be particular to give full name of person who was released from the burial. Be particular to give full name of person who was paroled for the burial. Be particular to give full name of person who was pardoned for the burial. Be particular to give full name of person who was executed for the burial. Be particular to give full name of person who was hanged for the burial. Be particular to give full name of person who was electrocuted for the burial. Be particular to give full name of person who was shot for the burial. Be particular to give full name of person who was stabbed for the burial. Be particular to give full name of person who was poisoned for the burial. Be particular to give full name of person who was drowned for the burial. Be particular to give full name of person who was burned for the burial. Be particular to give full name of person who was suffocated for the burial. Be particular to give full name of person who was strangled for the burial. Be particular to give full name of person who was beaten for the burial. Be particular to give full name of person who was tortured for the burial. Be particular to give full name of person who was murdered for the burial. Be particular to give full name of person who was killed for the burial. Be particular to give full name of person who was slain for the burial. Be particular to give full name of person who was assassinated for the burial. Be particular to give full name of person who was executed for the burial. Be particular to give full name of person who was hanged for the burial. Be particular to give full name of person who was electrocuted for the burial. Be particular to give full name of person who was shot for the burial. Be particular to give full name of person who was stabbed for the burial. Be particular to give full name of person who was poisoned for the burial. Be particular to give full name of person who was drowned for the burial. Be particular to give full name of person who was burned for the burial. Be particular to give full name of person who was suffocated for the burial. Be particular to give full name of person who was strangled for the burial. Be particular to give full name of person who was beaten for the burial. Be particular to give full name of person who was tortured for the burial. Be particular to give full name of person who was murdered for the burial. Be particular to give full name of person who was killed for the burial. Be particular to give full name of person who was slain for the burial. Be particular to give full name of person who was assassinated for the burial.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 1 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 29 1917, to April 1 1917, that I saw h[illegible] alive on April 1 1917., and that death occurred, on the date stated above, at 10.40 P. m.

The CAUSE OF DEATH* was as follows:

Strangulation of Intestines

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Nephritis (due to exposure to cold)

(Duration) ....yrs. ....mos. 7 ds.

(Signed) C. F. Coughlin M. D.

4/2, 1917. (Address) 3701 Roland Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Mary's Hampden	4/4/17., 1917.
20-UNDERTAKER	ADDRESS
Grenowlth & Son.	3617 Elmland Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3955 D 3955

CERTIFICATE OF DEATH.

REGISTERED No. C 37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1310 Wilcox ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Herbst

(Residence in Baltimore: No. ..... St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
male	white	

6-DATE OF BIRTH, 3-29 (Month) (Day), 1917 (Year)

7-AGE. ..... yrs. ..... mos. 1 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Frank Herbst

11-BIRTHPLACE OF FATHER (State or Country). Connecticut

12-MAIDEN NAME OF MOTHER Emma Hodiene

13-BIRTHPLACE OF MOTHER (State or Country). Kansas

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed APR 2 - 1917, 191... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-29 191 7, to 3-31 191 7, that I saw him alive on 3-31 191 7, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Prematurity

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Syphilis?

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm R. Schapiro M. D.

3-31, 191 7 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL. ....., 191...
20-UNDERTAKER	ADDRESS

Cause of death important. See instructions on back.

(31)

(80)

UNIVERSITY OF MARYLAND APR 2 - 1917 Health

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3956

CERTIFICATE OF DEATH.

81

D 3956

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3127 Baker ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel A Barnes

(Residence in Baltimore: No. 3127 Baker st St.; 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April 18, 1844
(Month) (Day) (Year)

7-AGE, 72 yrs. 11 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Book-Keeper
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Norfolk Va

PARENTS.

10-NAME OF FATHER Samuel Barnes

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Scott

(Address) 3127 Baker st

15- APR 2 - 1917 Filed..... 191.....

ROBERT R. KRAUTER Registrar

Burial Permit Issued

CAUTION: Answer every question. Be particular and accurate, as every statement is important. See instructions on this page.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1st, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10 1917, to April 1 1917, that I saw h[im] alive on March 31 1917, and that death occurred, on the date stated above, at 4:30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis. Uremia.

(Duration) unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. G. Houck M. D.

April 2, 1917 (Address) 1939 W North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Mary's Cem. Hampden

DATE OF BURIAL, April 3, 1917.

20-UNDERTAKER Casey W. Ehlen

ADDRESS 1944 W. North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 3957 HEALTH DEPARTMENT—CITY OF BALTIMORE D 3957

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 225 W. Preston St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Regester.

(Residence in Baltimore: No. 1144 E. North Ave St.; 62 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (Write the word.) Married

6-DATE OF BIRTH, Aug. 8, 1854 (Month) (Day) (Year)

7-AGE 62 yrs. 9 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, John Regester.

11-BIRTHPLACE OF FATHER (State or Country), Balto Co.

12-MAIDEN NAME OF MOTHER Amanda Hodge

13-BIRTHPLACE OF MOTHER (State or Country), Hanover Co. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Samuel Regester

(Address) 225 W. Preston

15- Filed APR 2 1917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

Caution: See instructions on this side. Every question must be answered. Be careful to make certain statements as to dates and figures. Be particularly careful to make all statements as to names and addresses. Be sure to write plainly and use ink. Be

Spec.—8-24-14—M. & T.—2000 Bks.

D 3958

HEALTH DEPARTMENT—CITY OF BALTIMORE

66

D 3958

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 S Charles ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie A Webb

(Residence in Baltimore: No. 927 S Charles St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	white	Mar

6-DATE OF BIRTH, ...12.... (Month) June (Day), 1872 (Year)

7-AGE, ...45.... yrs. ....2.... mos. ....19.... ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Florenz Fratinger

11-BIRTHPLACE OF FATHER (State or Country), France

12-MAIDEN NAME OF MOTHER Cath. Lawler

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael J Webb

(Address) 927 S Charles St

15- Filed APR 2 - 1917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

Cause to be important. See instructions on back of

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31st (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 6th 191.., to March 31st 1917, that I saw her alive on March 31st 1917, and that death occurred, on the date stated above, at P.M. m.

The CAUSE OF DEATH* was as follows:

.....(a) Neuritis.....

.....

.....

..... (Duration) ...yrs. 1 mos. 15 ds.

CONTRIBUTORY (Secondary) Paralysis

..... (Duration) ...yrs. ...mos. 7 ds.

(Signed) F K Wiley M. D.

April 1st, 1917. (Address) 524 Nicholson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Cathedral Cemetery	April 3, 1917.
20-UNDERTAKER	**ADDRESS**
F. A. Evans	703 Hanover

D 3959

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

D 3959

Registered No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 225 E Gundal St. 24 Ward)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Harry C. Milbourne

(Residence in Baltimore: No. 225 E Gundal St.; 28 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: May (Month) 30th (Day), 1888 (Year)

7 AGE: 28 yrs. 10 mos. 1 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): (Fish Market).

9 BIRTHPLACE (State or country): Cecil Co. Md.

PARENTS

10 NAME OF FATHER: Henry Milbourne

11 BIRTHPLACE OF FATHER (State or country): Cecil Co. Md.

12 MAIDEN NAME OF MOTHER: Josephine Pittman

13 BIRTHPLACE OF MOTHER (State or country): Cecil Co Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Rosella Milbourne

(Address) 225 Gundall St

15 Filed APR 2 - 1917, 19..

ROBERT B. KRAUTH

Registrar

Burial Permit Issued

N. B.--Every item of information must be given if possible, and in every case state CAUSE OF DEATH in plain terms, so that it may be understood. Name is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 1st (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 24, 1917, to, April 1, 1917, that I saw h.. alive on April 1st, 1917, and that death occurred, on the date stated above, at 10.4 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. 3 mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C Melville Md M. D.

4/2, 1917 (Address) 1274 Hillman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt. Olivet Cemetery — DATE OF BURIAL: April 4, 1917

20 UNDERTAKER: F. A. Krause — ADDRESS: 703 Hanover

Spec.—8-24-14—M. & T.—2000 Bks.

D 3960 HEALTH DEPARTMENT—CITY OF BALTIMORE D 3960

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 N. Fremont ST.; 4 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Henderson

(Residence in Baltimore: No. 221 N Fremont St St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Sept 21, 1853 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
63 yrs. 5 mos. 10 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Donaldson

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dan'l Henderson

(Address) 221 N. Fremont Ave

15- APR 2 - 1917 Filed ....., 191... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1917, to March 31 1917, that I saw h[illegible] alive on March 30 1917, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Uremia Coma

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

..... (Duration) 3 yrs. ..... mos. ..... ds.

(Signed) Chas. B. Lemmon M. D.

April 1, 1917. (Address) 718 N Patterson Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	April 3, 1917
20-UNDERTAKER	ADDRESS
H. B. Cummings Son	617 N. Schroeder St

Important. See instructions on [illegible]

D 3961

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 3961

CERTIFICATE OF DEATH

91

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1631 W Fayette ST. 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Edna F. Barnhart

(Residence in Baltimore: No. 1631 W Fayette St.; yrs. 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: July 23, 1916 (Month) (Day) (Year)

7 AGE: yrs. 8 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Wilbur Burnhart

11 BIRTHPLACE OF FATHER (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary E. Appleby

13 BIRTHPLACE OF MOTHER (State or country): Wash. D.C.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wilbur Burnhart

(Address) 1631 W Fayette St

15 Filed APR 2 - 1917 ROBERT R. KRAUTH Burial Permit Clerk

N. B.—Every item of information must be given, so that it may state CAUSE OF DEATH in plain terms, so that it may is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April 2, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 26, 1917, to, Apr. 2 1917, that I saw h er alive on Apr 2, 1917, and that death occurred, on the date stated above, at 10.45 A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 2 ds

Contributory (SECONDARY) Decubitus

(Duration) yrs. 1 mos. 2 ds.

(Signed) J. T. Jeffers M. D.

Apr 2, 1917 (Address) 1632 W Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: 4—4, 1917

20 UNDERTAKER: H. B. Manning & Son — ADDRESS: 617 N Schroeder St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3962

CERTIFICATE OF DEATH.

18

D 3962

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6) Mongamery Road and Windsor Mill ST.) ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick C Cook

(Residence in Baltimore: No. Mongamery Road and Windsor Mill St.) ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Sept 26, 1846
(Month) (Day) (Year)

7-AGE 70 yrs. 6 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Cook

11-BIRTHPLACE OF FATHER (State or Country) England

12-MAIDEN NAME OF MOTHER Hoffman

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H C Smith

(Address) Mongamery Road & Windsor Mill

APR 2 - 1917

Filed....., 191.... ROBERT R. KRAUTH

Registrar.

Burial Permit Oleri

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 2nd, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 26th 1917, to April 2nd 1917, that I saw h alive on April 2nd 1917, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Tubercular Meningitis

Tuberculosis Pulmonalis

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

of more than Tubercular Meningitis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. C. Smith M. D.

April 2nd, 191 7. (Address) 1 W. Saratoga St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Philadelphia Pa — DATE OF BURIAL, April 3, 1917

20-UNDERTAKER W. L. McIlhenny Sons — ADDRESS Lemmon Md

Important. See instructions on

Spec.—8-24-14—M. & T.—2000 Bks.

D 3963

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3963

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Arundale Apts Park Drive ST.; 12 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Meyer

(Residence in Baltimore: No. Arundale Apts Park Drive St.; 45 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, March 31" (Month) (Day), 1844 (Year)

7-AGE, 75 yrs. – mos. + ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Falk Stern

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Babette Hartman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lee S. Meyer

(Address) Park Drive

15- APR 2 - 1917 ROBERT R. KRAUTER

Filed....., 191.... Registrar.

Burial Permit

important. See instructions

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 1 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 20. 1917, to Apl. 1. 1917, that I saw her alive on Mar. 31. 1917, and that death occurred, on the date stated above, at 2-4 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 1 mos. 0 ds.

CONTRIBUTORY (Secondary) old age + Arteriosclerosis

(Duration) yrs. mos. 14 ds.

(Signed) Robert E. Blake M. D.

Apl. 1, 1917. (Address) 1614 W. Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Chevra Shalom

DATE OF BURIAL, Apr 3 1917

20-UNDERTAKER Wm. Sondheim

ADDRESS 1214 W. Royal

HEALTH DEPARTMENT--CITY OF BALTIMORE

1 PLACE OF DEATH

CERTIFICATE OF DEATH

80 ✓ D 3964

REGISTERED No. C .....

CITY OF BALTIMORE (No. Hotel Belvedere St. 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Simon Rosenburg

(Residence in Baltimore: No. Hotel Belvedere St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Feb (Month) 12th (Day), 1845 (Year)

7 AGE: 72 yrs. 1 mos. 20 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Banker
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Abraham Rosenburg

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Sarah Siegel

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. Rosenburg

(Address) Rivera Apts

15. Filed APR 2 - 1917, 191 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

N. B.—Every item of information must be given in plain terms, so that state CAUSE OF DEATH in plain terms, so that it is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 1 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 1914 to March 31 1917.
that I saw him alive on March 31, 1917.
and that death occurred, on the date stated above, at 2a. m.
The CAUSE OF DEATH* was as follows:

Angina Pectoris; Coronary Sclerosis

(Duration) 2 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Arterio Sclerosis

(Duration) 3 yrs. ..... mos. ..... ds.

(Signed) Harry Adler M. D.

April 2 1917 (Address) 1918 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Balto Hebrew — DATE OF BURIAL: April 3, 1917

20 UNDERTAKER: David Sondheim — ADDRESS: 118 W Mt Royal

D 3965

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 ✓

D 3965

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2244 N. Balto St. 20 St. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Rachel A Purkey

(Residence in Baltimore: No. 2244 N. Balto St. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH: January (Month) 13 (Day) 1838 (Year)

7-AGE: 79 yrs. 2 mos. 20 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

9-BIRTHPLACE (State or country) Cecil Co.

PARENTS

10-NAME OF FATHER Joshua Dorsey

11-BIRTHPLACE OF FATHER (State or country) Cecil Co.

12-MAIDEN NAME OF MOTHER Barbara Joy.

13-BIRTHPLACE OF MOTHER (State or country) Cecil Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emory S. Purkey

(Address) 2244 N. Balto St.

15- APR 2 - 1917 ROBERT R. KRAUTHER

Filed ....., 191.... Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 24, 1917, to April 1, 1917, that I saw h.. alive on April 1, 1917, and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ..... yrs dont Know mos ..... ds.

Contributory (SECONDARY) Collapse

(Duration) ..... yrs ..... mos. 1 ds.

(Signed) S. P. Wilson M. D.

April 2, 1917. [Address] 1733 Hollins St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Cecil Co Md

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Westminster Cem	Apr 2 1917
20-UNDERTAKER	ADDRESS
Ele Roy Stiffler	844 N 36th St

NOTE—CAUSE OF DEATH ... TION is very important. See instructions on ...

D. A. K. O.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3966 D 3966

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Boot

(Residence in Baltimore: No. University Hospital St.: ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, July (Month) ..... (Day), 1900 (Year)

7-AGE, 16 yrs. 9 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Frank Boot

11-BIRTHPLACE OF FATHER (State or Country), N.C.

12-MAIDEN NAME OF MOTHER Lillian Leagle

13-BIRTHPLACE OF MOTHER (State or Country), N.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Boot

(Address) N C

15. Filed APR 2 - 1917, 191.... ROBERT R. KRAUSE Registrar

Burial Permit Issued

Important. See instructions on reverse side.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) - 2 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-5 1917, to 4-2 1917, that I saw h[illegible] alive on 4-2 1917, and that death occurred, on the date stated above, at 6.30 P.m.

The CAUSE OF DEATH* was as follows:

Cerebral Tumor

(Duration) 3 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) M Hagan Jr. M. D.

Apr 2, 191.7. (Address) Univ Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 27 ds. In the State ....yrs. ....mos. 27 ds.

Where was disease contracted, if not at place of death? N C.

Former or usual residence Newton N C.

19-PLACE OF BURIAL OR REMOVAL, Newton N. C. DATE OF BURIAL, April 3, 191.7.

20-UNDERTAKER Jos. B. Cook ADDRESS 1003 N Balto St

D 3967 HEALTH DEPARTMENT—CITY OF BALTIMORE 28 D 3967

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 105 East St ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Smith

(Residence in Baltimore: No. 105 East St

St.; yrs,, mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 33 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer ?
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, Maryland

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Maryland

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) by Dr Riley Corner

(Address) 1639 N Broadway

15- APR 3 - 1917 Filed....., 191.... HARRY C. ANDREWS Registrar

CAUSE OF DEATH to be filled in plainly and completely. Every question must be answered or the certificate will be returned for correction. Omissions will cause delay and are important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 1, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, (Inquest, autopsy or inquiry.) find that said deceased came to... his death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Pulmonary Tuberculosis
..... Acute Pneumonia
..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)
..... (Duration).....yrs.....mos.....ds.

(Signed) ..... M. D.
(Coroner.)
Mar 2, 191.7 (Address) 1629 Druid

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetary	April 3, 191.7
20-UNDERTAKER	ADDRESS
Mrs R A Elliott	506 East 21

D 3968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4 × 17½

D 3968

REGISTERED NO. C.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mary Infirmary ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Hody (or Hoyer)

(Residence in Baltimore: No. 1x Swedish S.S. Magnus. Brooms St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Single

6-DATE OF BIRTH, Aug 23, 1893
(Month) (Day) (Year)

7-AGE, 23 yrs. 7 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sailor (Ship)
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Sweden

PARENTS:

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Sweden

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Sander & Sons

(Address) 170 Eliot St

15- APR 3 - 1917 Filed, 191... HARRY C. ANDREWS Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull (accidental fall)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) about 4 days

(Duration) yrs. mos. ds.

(Signed) W S Riley M. D.
(Coroner.)

April, 191.7 (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Locust Point

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Evangelical — DATE OF BURIAL, April 3, 1917

20-UNDERTAKER H. Sander & Sons — ADDRESS 170 Eliot St

Important. See instructions on back of this

Spec.—6-24-14—M. & T.—2000 Blks.

D 3969

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 ✓ D 3969

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 924 Boyd ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alfred Gardner

(Residence in Baltimore: No. 924 Boyd St.; 16 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Sing'l

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 16 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Alfred Gardner

11-BIRTHPLACE OF FATHER (State or Country), Howard Co Md

12-MAIDEN NAME OF MOTHER, Mary Matthews

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Ellen Gardner
(Address) 924 Boyd.

15-
Filed APR 3 - 1917, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

CAUSE OF DEATH. See instructions on back of certificate. Items 16 to 20 are important.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 1, 1917 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 31 1917, to April 1 1917, that I saw h[im] alive on March 31 1917, and that death occurred, on the date stated above, at 7 30 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Unknown (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage

..... (Duration) ..... yrs. ..... mos. 1 ..... ds.

(Signed) M. Howard M. D.

April 2, 191.. (Address) 1390 Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, April 3d 1917

20-UNDERTAKER A. Jones — ADDRESS 207 S Stricker St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

3970

CERTIFICATE OF DEATH.

120 D 3970

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 N. Central Ave ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Schulz

(Residence in Baltimore: No. 1011 N. Central Ave St.; 30 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, 1st [illegible] (Month) (Day) 1 (Year)

7-AGE, 59 yrs. [illegible] mos. [illegible] ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Joseph Schulz

(Address) 1011 N. Central Ave

15-

Filed APR 3 - 1917, 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April 1st, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 8th 191[illegible], to April 1st 1917, that I saw h[illegible] alive on March 31st 191[illegible], and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

Brights Disease

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) yrs. mos. ds.

(Signed) Dr. Oscar Lorch M. D.

April 2, 1917. (Address) 1501 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	April 4, 1917.
20-UNDERTAKER	ADDRESS
Henry Heuck & Son	1301 E. Eager St.

important. See instructions on back.

spec.—8-24-14—M. & T.—2000 Bks.

D 3971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

D 3971

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 Ensor ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mathew Lynch

(Residence in Baltimore: No. 1015 Ensor St.; 50 yrs. \ mos. \ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Not Known, 1 (Month) (Day) (Year)

7-AGE. 70 yrs. \ mos. \ ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired
(b) General nature of industry, business, or establishment in which employed (or employer). Stone finisher

9-BIRTHPLACE. (State or Country). Ireland

PARENTS.?

10-NAME OF FATHER. Mathew Lynch

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Mary Fitzsimmons

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary Lynch

(Address) 1015 Ensor

15-

Filed APR 3 1917, 191.... HARRY [illegible]

Registrar.

BURIAL PERMIT GIVEN

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 1, 1917. (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Mar 22 1917, to April 1 1917, that I saw h alive on Mar 31 1917, and that death occurred, on the date stated above, at 39 m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

Senility 7 Days

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. F. Kelly M. D.

April 1, 1917. (Address) 110 E Madison St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St Marys Govans

DATE OF BURIAL. April 4, 1917.

20-UNDERTAKER Henry Kueck & Son

ADDRESS 1301 E Eager St

important. See instructions on

Dec.—5-19-13—M. & T.—500 Bks.

D 3972 HEALTH DEPARTMENT—CITY OF BALTIMORE 91 D 3972

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 639 Jasper ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pattie A. Johnson

(Residence in Baltimore: No. 639 Jasker Street St.; yrs. 10 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, May 4, 1916 (Month) (Day) (Year)

7-AGE, — yrs. 10 mos. 28 ds. If LESS than 1 day, ..hrs. or ..min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... none.

9-BIRTHPLACE, (State or Country) Baltimore City.

PARENTS.

10-NAME OF FATHER. Walter Johnson

11-BIRTHPLACE OF FATHER (State or Country). Charlotte N. C.

12-MAIDEN NAME OF MOTHER Annie R. Benson

13-BIRTHPLACE OF MOTHER (State or Country). Centerville Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother Mary Benson

(Address) 639 Jasper St

15-

Filed APR 3 1917, 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 1, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 26 1917, to March 22 1917, that I saw her alive on 3/22 1917, and that death occurred, on the date stated above, at 10a m.

The CAUSE OF DEATH* was as follows:

Bronchs Pneumonia

(Duration) yrs. (?) mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) E. H. Hurlburt M. D.

4/2, 191.7 (Address) 1120 McCulloh St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, Apr 4 191.7

20-UNDERTAKER Samuel Beasley ADDRESS 518 W Balto

CAUSE OF DEATH important. See instructions on back.

D 3973

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 3973

1-PLACE OF DEATH

REGISTERED No. C 79

CITY OF BALTIMORE (No. 1319 Brunt St. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Nicolls

(Residence in Baltimore: No. 1319 Brunt St St.: 40 yrs. [illegible] mos. [illegible] ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: Colored

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: March 31, 1859 (Month) (Day) (Year)

7-AGE: 58 yrs. [illegible] mos. [illegible] ds. If LESS than 1 day, [illegible] hrs. or [illegible] min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE (State or country): Talbert Co. Md

PARENTS

10-NAME OF FATHER: James Blake

11-BIRTHPLACE OF FATHER (State or country): Talbert Co. Md

12-MAIDEN NAME OF MOTHER: ~~Phillis Jones~~ ~~Priscilla Blake~~

13-BIRTHPLACE OF MOTHER (State or country): Talbert Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary E Matthews

(Address) 633 Lafayette ave

15-

Filed APR 3 - 1917, 191

HARRY C. ANDREWS
Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 31, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 30th, 1917, to May 31st 1917, that I saw h[illegible] alive on March 31st, 1917, and that death occurred, on the date stated above, at 4 P m.
The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) [illegible] yrs. [illegible] mos. two ds

Contributory (SECONDARY)

(Duration) [illegible] yrs. [illegible] mos. [illegible] ds.

(Signed) L. V. B. Evans M. D.

[illegible], 191[illegible] (Address) Greene & Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death [illegible] yrs. [illegible] mos. [illegible] ds. In the State [illegible] yrs. [illegible] mos. [illegible] ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Zion Cem

DATE OF BURIAL: Apr 5, 1917

20-UNDERTAKER: Samuel A Handley

ADDRESS: 518 N 3d St

N. B.-Every item of information should be given if possible. If the physician is not present at the death, he should state CAUSE OF DEATH in plain terms, so that the Registrar may understand it. The age of the deceased is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 3974 HEALTH DEPARTMENT—CITY OF BALTIMORE 113 D 3974

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 643 Portland st ST.: 22 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Spittel

(Residence in Baltimore: No. 643 Portland st St.: 57 yrs. 9 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 11 (Day), 1859 (Year)

7-AGE, 57 yrs. 9 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Police Officer

9-BIRTHPLACE, (State or Country), Balto, Md.

PARENTS.

10-NAME OF FATHER, Henry Otto Spittel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Frederika Paahn

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Spittel

(Address) 643 Portland

15- APR 3 1917 HARRY C. ANDREWS Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 31 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1917, to March 31 1917, that I saw h[illegible] alive on March 31 1917, and that death occurred, on the date stated above, at 6 45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinosis of Liver

(Duration) indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(Duration) Dropsy 1 yrs. mos. ds.

(Signed) W. C. Buckingham M. D.

4-2, 191.. (Address) 628 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem	Apr 3, 1917.
20-UNDERTAKER	ADDRESS
Jas Joerdons. Son	2172 E. Pratt

Important. See instructions on back.

spec.—8-24-14—M. & T.—2000 Bks.

3975 HEALTH DEPARTMENT—CITY OF BALTIMORE 82 D 3975

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 835 Woodward St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George. O. Glenn

(Residence in Baltimore: No. 835 Woodward St.; 63 yrs. 3 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Dec 17, 1853 (Month) (Day) (Year)

7-AGE, 63 yrs. 3 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer): on B. & O. R. R.

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Geo. O. Glenn Sr

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Geo. Ann Turner

13-BIRTHPLACE OF MOTHER (State or Country), Howard Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kate Glenn

(Address) 835 Woodward St

15- Filed APR 3 - 1917 HARRY C. ANDREWS Burial Permit Clerk 191... Registrar.

CAUSE OF DEATH. See instructions on back of ... important.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 1, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 29 191 7, to April 1 191 7, that I saw h[illegible] alive on April 1 191 7, and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Henry Boyd M. D.

April 1 191 7 (Address) 22 E. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem	April 4, 1917
20-UNDERTAKER	ADDRESS
Jos Joerdens Son	2171 E. Balto

D 3976

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3976

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 577 N. Hoffman St. 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Howard

(Residence in Baltimore: No. 577 N. Hoffman St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, Feb 27, 1914 (Month) (Day) (Year)

7-AGE, 3 yrs. 1 mos. 5 ds. (6)

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): N. C.

PARENTS.

10-NAME OF FATHER, Wm E. Howard

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Cora Bennett

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Father

(Address) 577 N. Hoffman

15-

14-Filed APR 3 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

N.B. CAUSE OF DEATH in plain terms is important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 2, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchitis

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Grippe Pneumonia

(Duration) yrs. mos. ds.

(Signed) J. M. Holman M. D.

(Coroner) April 2, 191.. (Address) 819 Decatur

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Lucas

DATE OF BURIAL, April 2, 19.17

20-UNDERTAKER Harold Carroll

ADDRESS 916 Penna Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3977

CERTIFICATE OF DEATH.

64

D 3977

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 231 N. Milton ave St., 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia Buttmacher

(Residence in Baltimore: No. 231 N. Milton ave St.; 50 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, April (Month) 19 (Day), 1844 (Year)

7-AGE, 72 yrs. 11 mos. 15 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... at home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, God Knolwn

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER God Knolwn

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Annie E. Charlton

(Address) 231 N. Milton ave

15- Filed APR 3 - 1917, 191..... HARRY C. ANDREWS Registrar.

important. See instructions on

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 16th 1917, to April 1st 1917, that I saw h[illegible] alive on Mch 31st 1917, and that death occurred, on the date stated above, at 4:25 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) ..... yrs. 1 mos. 15 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ..... yrs. 1 mos. 15 ds.

(Signed) Edith F. Bowers M. D.

Apr. 2nd, 1917. (Address) 156 N. Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem — DATE OF BURIAL, April 3 1917.

20-UNDERTAKER Jos J. Kerr — ADDRESS 156 N. Luzerne

...pec.—8-24-14—M. & T.—2000 Bks.

D 3978 HEALTH DEPARTMENT—CITY OF BALTIMORE D 3978

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 5 WARD) REGISTERED NO. C 78

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lawrence Anderson

(Residence in Baltimore: No. 425 North St St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, December 13 (Month) (Day) 1912 (Year)

7-AGE, 4 yrs. 3 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, David Anderson

11-BIRTHPLACE OF FATHER (State or Country), N.C.

12-MAIDEN NAME OF MOTHER Malissie McCullum

13-BIRTHPLACE OF MOTHER (State or Country), N.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Smith

(Address) Johns Hopkins Hospital

15- Filed APR 3 - 1917 191. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

important. See Instructions.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 2 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 26 1917, to April 2 1917, that I saw h[illegible] alive on April 2 1917, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Endocarditis, Acute

(Duration) yrs. 7 mos. ? ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Mabel S. Keller M. D.

April 2, 191. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 425 North St

19-PLACE OF BURIAL OR REMOVAL, Asbury Cemetery. DATE OF BURIAL, April 3, 1917.

20-UNDERTAKER Mrs. K. A. Elliott ADDRESS 506 East St.

D 3979

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

D 3979

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 620 Sarah Ann St. 4 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Edith Jones

(Residence in Baltimore: No. 620 Sarah Ann St. 40 yrs. \ mos. \ ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Apr. 18, 1858 (Month) (Day) (Year)

7 AGE: 58 yrs. 11 mos. 13 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9 BIRTHPLACE (State or country): Md.

PARENTS

10 NAME OF FATHER: Geo. Webb

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Eliza Webb

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Edith Jones

(Address) 620 Sarah Ann St.

15. Filed APR 3 - 1917 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

N. B.-Every item of information should be given if possible. In filling out the certificate, state CAUSE OF DEATH in plain terms, so that it can be understood by the public. This is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 31, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1917, to March 31st 1917, that I saw h[illegible] alive on March 31st 1917, and that death occurred, on the date stated above, at 8 1/2 m. The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. 2 mos. .....

Contributory (SECONDARY) Paralysis

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) Frank W. Gannon M. D.

April 4th 1917 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: April 2nd 1917

20 UNDERTAKER: George W. Holland

ADDRESS: 571 Robert

Dec.—8-24-14—M. & T.—2000 Bks.

D 3980 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

30 D 3980

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred Boulden

(Residence in Baltimore: No. 2703 Hudson St. St.; 21 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, August 31, 1862
(Month) (Day) (Year)

7-AGE 54 yrs. 7 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) at Home +

9-BIRTHPLACE, (State or Country), Virginia.

PARENTS.

10-NAME OF FATHER, James L. Chiswell

11-BIRTHPLACE OF FATHER (State or Country), Don't Know

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Caroline Londenslager

(Address) 909 Ridgley St

15- Filed APR 3 1917 191... HARRY C. ANDREWS Burial Permit Clerk... Registrar.

important. See instructions.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 2, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 22 1917, to April 2 1917, that I saw h[illegible] alive on April 2. 1917, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Meningitis

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Hyp: Congestion

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Harry Mackall M. D.

....., 191... (Address) 2 E. 39 St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State 21 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Don't Know

Former or usual residence 2703 Hudson St

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet — DATE OF BURIAL, April 5..., 1917.

20-UNDERTAKER Wm Cook — ADDRESS 502 E. North Ave

...c.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3981

CERTIFICATE OF DEATH.

130 D 3981

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2102 W. Pratt ST.; 19th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Kate Agusta Barnes

(Residence in Baltimore: No. 2102 W. Pratt St. life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 25, 1854 (Month) (Day) (Year)

7-AGE, 63 yrs. 0 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, John Henry Barnes

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Julia Ann Wilkinson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louise M. Barnes

(Address) 2102 E. Pratt St.

15-

Filed APR 3 1917 191.... HARRY O. ANDREWS Registrar.

Burial Permit Clerk

important. See instructions.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 2, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20 1917, to April 2 1917, that I saw her alive on April 2 1917, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

a..... Arteriosclerosis, Chronic interstitial nephritis.

..... (Duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) General manif. Cerebral

..... (Duration) 1 yrs. mos. ds.

(Signed) E. S. Cook M. D.

April 2, 191 7 (Address) 1802 W. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Apr. 7, 1917.

20-UNDERTAKER Wm Cook — ADDRESS 1001 E North Ave

D 3982 HEALTH DEPARTMENT—CITY OF BALTIMORE D 3982

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 872 Lyon, St.: 11 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby White

(Residence in Baltimore: No. 872 Lyon St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col	Single

6-DATE OF BIRTH, Dec. 21, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 3 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James Stubbs

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Harriet White

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 872 Lyon

15- APR 3 1917 HARRY C. ANDREWS

Filed....., 191... Burial Permit Clerk

Registrar.

N.B.—CAUSE OF DEATH in plain terms important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 2, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Found Dead (Coroner)

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Epilepsy

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

....., 191... (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	April 4th 1917
20-UNDERTAKER A. Jones	ADDRESS 207 S Stricker St

ec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3983

CERTIFICATE OF DEATH.

79

D 3983

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 552 Orchard ST.; 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Pratt.

(Residence in Baltimore: No. 552 Orchard St. 67 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Feb. (Month) 12 (Day) 1850 (Year)

7-AGE, 62 yrs. 1 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William Herrod

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Nancy Coates

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Emma Jones

(Address) 552 Orchard Street

15-

Filed APR 3 - 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 19 1917, to Mar. 30 1917, that I saw her alive on Mar. 30 1917, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(Organic Heart Disease)

(Duration) yrs. 3 mos. 3 Wks.

CONTRIBUTORY (Secondary) Pulmonary Oedema (Duration) yrs. mos. 3 ds.

(Signed) Dr. T. Carr Jr. M. D.

Apr. 1 1917 (Address) 515 N. Otterbein Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, Apr. 2d., 1917

20-UNDERTAKER George H. Holland — ADDRESS 577 Robert St.

important. See instructions

...ec.—8-24-14—M. & T.—2000 Blks.

D 3984 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓D 3984

92

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 28 Fro Thorp ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles L Clarke

(Residence in Baltimore: No. 1115 Mont Ford Ave St.; 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Nov 19, 1854 (Month) (Day) (Year)

7-AGE, 62 yrs. 4 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Steel Worker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Pa

PARENTS.

10-NAME OF FATHER, William Clarke

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Mont Ewen

13-BIRTHPLACE OF MOTHER (State or Country), Mont Ewen

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas E. Clarke

(Address) 1115 N. Montford Ave

15- APR 3 - 1917 Filed....., 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

important. See instructions.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 1, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 26 1917, to Apr 1 1917, that I saw h[illegible] alive on Apr 1 1917, and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows: Pneumonia

(Duration)....yrs....mos. 6 ds.

CONTRIBUTORY (Secondary) Hyp. Cong.

(Duration)....yrs....mos. 1 ds.

(Signed) Henry Smith M. D.

....., 191... (Address) 1115 Mont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Dont Know

Former or usual residence 1115 Mont Ford Ave

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, April 4, 1917.

20-UNDERTAKER John Herring & Co — ADDRESS 2005 Gleam St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3985 ✓ D 3985

CERTIFICATE OF DEATH.

8 28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2243 Mura ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carl A. Daiker

(Residence in Baltimore: No. 2243 Mura St.; 16 yrs., 1 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept. 21st, 1869. (Month) (Day) (Year)

7-AGE, 47 yrs. 6 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machine Operator
(b) General nature of industry, business, or establishment in which employed (or employer): at Sparrows Point

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Valentine Daiker

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Walburga Schmitt

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Elizabeth Daiker

(Address) 2243 Mura St.

15- APR 3 - 1917 HARRY C. ANDREWS

Filed....., 191. Burial Permit Clerk

Registrar.

important. See instructions

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 1, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 1 1917, to Apr. 1 1917, that I saw h.. alive on April 1917, and that death occurred on the date stated above, at 3.30 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Bronchopneumonia

..... (Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

..... (Duration) yrs. mos. ds.

(Signed) A. Wanner M. D.

Apr. 2, 191.7 (Address) 324 Highland Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery | DATE OF BURIAL, Apr. 4, 191.7

20-UNDERTAKER Henry Hoech & Son | ADDRESS 1301 E Eager

A. Wanner

...c.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

3986

CERTIFICATE OF DEATH.

120 D 3986

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2604 Keyworth Av 13 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James B. J. Millington

(Residence in Baltimore: No. 2604 Keyworth Ave 40 yrs. - mos. - ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Mar 6, 1845. (Month) (Day) (Year)

7-AGE, 72 yrs. 1 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired Broker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Denton Md

PARENTS.

10-NAME OF FATHER, James C. Millington

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Elizabeth Anthony

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE AS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary M. Millington

(Address) 2604 Keyworth Ave

15- APR 3 1917 Filed....., 191.....

HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 1, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 26 1917, to Apr 1 1917, that I saw him alive on Mar 31st 1917, and that death occurred, on the date stated above, at 1.10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) over 5 weeks

CONTRIBUTORY (Secondary)

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) Henry C. Ash M. D.

Apr 1....., 1917. (Address) 1203 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery

DATE OF BURIAL, APR 3 - 1917 ..... 191..

20-UNDERTAKER Geo. D. Gerber

ADDRESS Baltimore

important. See instructions

ec.—8-24-14—M. & T.—2000 Bks.

D 3987

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 3987

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John S. Manley

(Residence in Baltimore: No. 1419 E. Madison St St.; 64 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct 2 (Month) (Day), 1866 (Year)

7-AGE, 50 yrs. 6 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Drawer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country) Balto. Md.

PARENTS.

10-NAME OF FATHER, Wm. Manley

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Mary Jones

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mollie G. Manley

(Address) 1419 E. Madison St.

15-

Filed APR 3 1917 191 HARRY C. ANDREWS Burial Permit Issued by Clark Registrar.

important. See instructions.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/1/17 191, to 4/2/17 191, that I saw h alive on 4/2/17 191, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary oedema

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis (Duration) Not Known yrs. mos. ds.

(Signed) Frank C. Massa M. D.

April 2, 1917. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 2 ds. In the State 50 yrs. mos. ds.

Where was disease contracted, if not at place of death? Not Known

Former or usual residence 1419 E. Madison St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	April 5 1917.

20-UNDERTAKER Robt S. Turner ADDRESS 1442 Broadway

D 3988

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 3988

CERTIFICATE OF DEATH.

30

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1722 Lamont ave ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carl Williams

(Residence in Baltimore: No. 1722 Lamont ave St. 1 yrs., 3 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	baby

6-DATE OF BIRTH, ... Dec 15 1914 ....., 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
..... 2 yrs. 3 mos. 18 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Baby .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Chas Williams

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER Emma Clark

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Williams .....

(Address) 1722 Lamont Ave .....

15-

Filed APR 3 1917 191... MABEL [illegible] Clerk.

Burial Permit Issued Registrar.

CAUSE OF DEATH. Important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... 1d ..... April 2 1917 ...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry .....
(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....

..... T B Spinal meningitis .....

.....

..... (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Name.) M. D.

....., 191... (Address) MEDIC .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	April 3 1917.
20-UNDERTAKER	ADDRESS
Robt. J. Turner	442 Broadway

Dec.—8-24-14—M. & T.—2000 Bks.

D 3989 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 92 D 3989

1-PLACE OF DEATH Franklin Sq. Hospital. REGISTERED NO. C

CITY OF BALTIMORE: (No. Fayette + Calhoun ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Rosie Miller

(Residence in Baltimore: No. in Hospital St.; ..... yrs. ..... mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) M

6-DATE OF BIRTH, Mar (Month) 10 (Day) 1892 (Year)

7-AGE, 25 yrs. ..... mos. 21 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) (Gypsie)

9-BIRTHPLACE, (State or Country). Brazil South America

PARENTS.

10-NAME OF FATHER, Tony John

11-BIRTHPLACE OF FATHER (State or Country) Brazill South america

12-MAIDEN NAME OF MOTHER Sebezia Bimbo

13-BIRTHPLACE OF MOTHER (State or Country), Brazil South America

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Miller

(Address) 7 Mill House

15- Belair Road

Filed ..... 191.. HARRY C. ANDREWS Registrar.

APR 3 - 1917 Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 31 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 22 1917, to March 31 1917, that I saw her alive on March 31 1917, and that death occurred, on the date stated above, at 8.30 a m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) T. L. Mannon M. D.

March 31 1917. (Address) Franklin Sq. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? at Camp

Former or usual residence 7 Milehouse Belair Rd

19-PLACE OF BURIAL OR REMOVAL, London Park Cem DATE OF BURIAL, Mar 4, 1917.

20-UNDERTAKER Robert Brookover ADDRESS Calhoun + Hollins

important. See instructions

3990 HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

-40 D 3990

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 3623 Fairview ave ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E. Jones

(Residence in Baltimore: No. 3623 Fairview ave St.; 39 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Feb (Month) 19 (Day) 1861 (Year)

7-AGE: 56 yrs. 1 mos. 13 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Art Dealer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Md. American

PARENTS

10-NAME OF FATHER: William J. Jones

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Mary J. Turner

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary E. Jones

(Address) 3623 Fairview

15- APR 3 - 1917 Filed ..... 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 1st. (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May, 1916, to, April 1 1917, that I saw h[illegible] alive on April 1" 1917, and that death occurred, on the date stated above, at 7.30P m.

The CAUSE OF DEATH* was as follows:

I. Sarcoma of Liver (Clinical)

(Duration) 1 yrs 6 mos. — ds.

Contributory (SECONDARY) Cardiac asthenia

(Duration) ... yrs. ... mos. 7 ds.

(Signed), Herbert E. Lepp M. D.

April 2 1917 [Address] 3650 N. Monument

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge Cem. DATE OF BURIAL: April 4 1917

20-UNDERTAKER: George J. Smith ADDRESS: 1000 W Fayette

state CAUSE OF ... TION is very important. See instructions on ...

...ec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3991

CERTIFICATE OF DEATH.

104 D 3991

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1408 Riggs Ave. ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ely less Harcum

(Residence in Baltimore: No. 1408 Riggs Ave. St.; — yrs., 7 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, C

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Child

6-DATE OF BIRTH, Aug. (Month) 27 (Day), 1916 (Year)

7-AGE, — yrs. 7 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto, Md

PARENTS.

10-NAME OF FATHER, David Harcum

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Esther Corbin

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Esther Corbin

(Address) 1408 Riggs Ave

15- APR 3 1917 Filed....., 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

important. See instructions.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 2nd (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 28 1917, to Apr 2nd 1917, that I saw h[illegible] alive on April 1 1917, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Diarrhoea & Enteritis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Harry T. Brewer M. D.

4/3/17 (Address) 1501 Prestman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery — DATE OF BURIAL, APR 3 1917

20-UNDERTAKER JAMES H. DENNIS — ADDRESS 1303 PRESTMAN ST.

Dec.—8-24-14—M. & T.—2000 Bks.

D 3992

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3992

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 N. Dallas St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Manns

(Residence in Baltimore: No. 406 N. Dallas St.; yrs. 6 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH. Sept. (Month) 6 (Day), 1916 (Year)

7-AGE, yrs. 0 mos. 6 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Evander Manns

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER. Essie Brooks

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grace Brooks

(Address) 406 N. Dallas St

15- APR 3 - 1917

Filed ....., 191.... HARRY O. ANDREWS Clerk
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 2 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Apr. 1 191 7, to ——— 191—, that I saw h[illegible] alive on Apr 1 — 191 7, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Several

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia (Long Standing)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Elizabeth Bond M. D.

2/4/7, 191.. (Address) 913 N. Carey St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Laurel Cemetery — DATE OF BURIAL, April 3.., 1917..

20-UNDERTAKER H. C. Frost — ADDRESS 1405 N. Eldersley

important. See instructions

D 3993

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3993

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 720 Pacific St. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret E. Orem

(Residence in Baltimore: No. 720 Pacific St. St.; yrs. 28 ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept. 2, 1845
(Month) (Day) (Year)

7-AGE, 71 yrs. 7 mos. 0 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Teresa Canoff

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Orem

(Address) 720 Pacific St

15-

Filed APR 3 1917 191. HARRY C. ANDREWS Registrar.

Burial Permit Issued

CAUSE OF DEATH. See instructions on back of certificate. Important.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH April 2, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heart Disease

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) John H. Morrison M. D.
(Coroner.)

April 3 1917. (Address) 763 Robinson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn Cem	Apr 5, 19..
20-UNDERTAKER Ellenworth & Son	ADDRESS 3617 Chestnut

...ec.—8-26-14—M. & T.—2000 Bks.

D 3994

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 ✓ D 3994

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 13 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Elizabeth Brown

(Residence in Baltimore: No. 3425 Chestnut ave. St.; 20 yrs., 6 mos., 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept. (Month) 27 (Day), 1896 (Year)

7-AGE. 20 yrs. 6 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): Home Wife

9-BIRTHPLACE, (State or Country), Mercy Lane.

PARENTS.

10-NAME OF FATHER Conrad Zepp

11-BIRTHPLACE OF FATHER (State or Country) Switzerland

12-MAIDEN NAME OF MOTHER Elizab C. Mercer

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth C. Brownlee

(Address) 3425 Chestnut Ave.

15-

Filed APR 3 1917, 191.... Burial Permit Clerk.

HARRY O. ARMSTRONG

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 3 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from 3-21 1917, to 4-3 1917, that I saw h[illegible] alive on 4-3 1917, and that death occurred, on the date stated above, at 7.45 a. m.

The CAUSE OF DEATH* was as follows:

1. Pulmonary Oedema

.....

..... (Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Chronic interstitial Nephritis

..... (Duration) 0 yrs. 0 mos. 0 ds.

(Signed) A. C. Hamilton M. D.

April 3, 1917 (Address) Maryland Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. 13 ds. In the State Life yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 3425 Chestnut Ave

19-PLACE OF BURIAL OR REMOVAL, Bells Cem. DATE OF BURIAL, 4.6, 1917

20-UNDERTAKER Dunworth & Son ADDRESS 3617 Chestnut

over

important. See instructions

D 3995 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 3995

CERTIFICATE OF DEATH. 156

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1735 W Pratt St ST. 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Wernert

(Residence in Baltimore: No. 1735 W Pratt St. yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Widow

6-DATE OF BIRTH, April (Month) 21 (Day), 1871 (Year)

7-AGE, 45 yrs. 11 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Peterding

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter H. Wernert

(Address) 1735 W Pratt St

15-

Filed APR 3 - 1917, 191..... MARY C. ANDREWS Registrar.

Burial Permit Issued

CAUSE OF DEATH must be stated for every death, however sudden or apparently from natural causes. Information is important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Asphyxia by Inhalation of something Gas Suicidal

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Despondency

(Duration) 15 yrs. mos. ds.

(Signed) James M Fenton M. D. (Coroner.)

April 2 1917 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cem	Apr 4, 1917
20-UNDERTAKER	**ADDRESS**
Mr + Mrs Jno. W. Lupfl	80 W. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

D 3996 HEALTH DEPARTMENT—CITY OF BALTIMORE D 3996

151

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308 Hanover) ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Watkins L. Fields

(Residence in Baltimore: No. 1308 Hanover St.; ....yrs.....mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, March (Month) 14 (Day), 1917 (Year)

7-AGE, ...yrs. ....mos. 20 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Claude E. Fields

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER May Fonts

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Claude Fields

(Address) 1308 Hanover St.

15-

Filed APR 3 1917 191.... Burial Permit Clerk

Registrar.

important. See instructions.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 24 1917, to April 2 1917, that I saw h— alive on April 2 1917, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Congenital Debility

(Duration) ....yrs. ....mos. 9 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. 3 ds.

(Signed) R. L. Campbell M. D.

April 3 191.7 (Address) 1644 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cedar Hill Cemetery

DATE OF BURIAL. April 4, 1917

20-UNDERTAKER M. J. Flynn

ADDRESS 1422 Light St.

pec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

3997.

CERTIFICATE OF DEATH.

79 ✓ D 3997.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1727 Covington ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Massey

(Residence in Baltimore: No. 1727 Covington St St.; — yrs. 6 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May (Month) 23 (Day), 1864 (Year)

7-AGE, 53 yrs. 10 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Boiler-maker

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Wm S. Massey

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Elizabeth Roake

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Massey (wife)

(Address) 1727 Covington St

15-

Filed APR 3 1917, 191.....

ROBERT R. KRAUTER

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 2 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from March 31 1917, to April 2 1917, that I saw h.im alive on April 2 1917, and that death occurred, on the date stated above, at 12.50 a.m.

The CAUSE OF DEATH* was as follows:

Primary Pulmonary Tuberculosis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation

(Duration) yrs. mos. 9 ds.

(Signed) Jas. A. O'Donnell M. D.

April 3, 1917 (Address) 10 E. Mt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Portsmouth Va

DATE OF BURIAL APR. 4 1917

20-UNDERTAKER ARMSTRONG-DENNY CO.

ADDRESS 715 Light St

Important.

...c.—8-24-14—M. & T.—2000 Bks.

Joseph Fratantuono.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3998

CERTIFICATE OF DEATH.

79 D 3998

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 827 Eastern Ave ST. 3 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Fratantuono

(Residence in Baltimore: No. 827 Eastern Ave St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, February 28th, 1841
(Month) (Day) (Year)

7-AGE 76 yrs. 1 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired for years
(b) General nature of industry, business, or establishment in which employed (or employer) Carpenter

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER Joseph Fratantuono

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Michael Fratantuono

(Address) 140 Hollins St

15- Filed APR 3 1917 ROBERT R. KRAUTHER Registrar

Important. Secretary Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 2, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1917, to April 2 1917, that I saw h— alive on April 2 1917, and that death occurred, on the date stated above, at 7 p. m.

The CAUSE OF DEATH* was as follows:

Cardiac Valvular Disease

(Duration) yrs. mos. 33 ds.

CONTRIBUTORY (Secondary) Asthenia Bronchitis

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

April 2, 1917. (Address) 168 Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, Apr 4, 1917

20-UNDERTAKER John J Cowan & Son ADDRESS 901 Hollins St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3999

CERTIFICATE OF DEATH.

92 D 3999

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred Adams

(Residence in Baltimore: No. Turners Station St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April, 1915

7-AGE, 2 yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Eugene Adams

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Tyree

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hosp.

15- Filed APR 3 1917 191.... ROBERT R. KRAUTH Registrar.

Burial Permit Issued

important. See instructions

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1, 1917, to April 2, 1917, that I saw her alive on April 2, 1917, and that death occurred, on the date stated above, at 1:20 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia, acute primary

Acute Lobar Pneumonia

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Henry B. Conrad M. D.

April 3, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 2 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Turners Station

19-PLACE OF BURIAL OR REMOVAL Dillwyn, Wharf, Va. DATE OF BURIAL, April 3, 1917.

20-UNDERTAKER Mrs. R. A. Elliott. ADDRESS 506 East St.

KODAK S.S.

Spec.—8-24-14—M. & T.—2000 Blks.

D 4000

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 4000

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: No. St Josephs Hosp St.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Keeley

(Residence in Baltimore: No. 1920 Bank St St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) March (Day) 1 (Year) 1881.

7-AGE, 36 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Fireman
(b) General nature of industry, business, or establishment in which employed (or employer) Stationary Engineer

9-BIRTHPLACE, (State or Country), Ind

PARENTS.

10-NAME OF FATHER, Peter Keeley

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Hanora Flaherty

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hanna Keely

(Address) 1920 Bank St

15- Filed APR 3 1917 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

important. See Instructions.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 31 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from March 22 1917, to March 31 1917, that I saw h-m alive on March 30 1917, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Don't Know

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Influenza Pneumonia

(Duration) ....yrs. ....mos. 2 ds.

(Signed) W. F. Ohnella M. D.

3/31, 1917. (Address) St Jos Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 9 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Don't Know

Former or usual residence 1920 Bank St.

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cmty DATE OF BURIAL, 4/4, 1917.

20-UNDERTAKER John A. Moran ADDRESS 3000 E Balto St

Dec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4001

CERTIFICATE OF DEATH.

29 D 4001

1-PLACE OF DEATH # 2

CITY OF BALTIMORE: (No. 614 N. Bane ST.; 22 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Miller

(Residence in Baltimore: No. 614 N. Bane St.; 65 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH January 16, 1839
(Month) (Day) (Year)

7-AGE. 78 yrs. 2 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cooper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary J. Miller

(Address) 614 N. Bane St.

15-

Filed APR 3 1917 191.....

ROBERT R. KRAUTER
Registrar

Burial Permit

important. Sanitary

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 2nd, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 9, 1917, to Apr. 2, 1917, that I saw him alive on Apr. 1, 1917, and that death occurred, on the date stated above, at 4:43 A m.

The CAUSE OF DEATH* was as follows:

Dilatation of Heart

(Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Senile Decay

(Duration) Unknown yrs. mos. ds.

(Signed) Albert L. Chambers M. D.

Apr. 2, 1917. (Address) 1012 W. Lafayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, National Cem.

DATE OF BURIAL, April 5th, 1917.

20-UNDERTAKER E. V. B. Hale

ADDRESS 415 E. West St.

D 4002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167 D 4002

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Myrtle Wallace

(Residence in Baltimore: No. 203 W. Montgomery St.; yrs.,.. mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 6 yrs. mos. ds. | If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed APR 3 1917, 191... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, [redacted] 26, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h[illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns Burns
Accidentally received (Unknown) fire in store
(Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)
..... (Duration).....yrs.....mos.....ds.

(Signed) W. J. Riley M. D.
(Coroner.)
Apr 2, 191 7 (Address) 1657 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death 2 hrs In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
PUBLIC CEMETERY	APR 3 1917, 19....
20-UNDERTAKER	ADDRESS
Commissioner Health.	

CAUSE OF DEATH. This information is important. See instructions on back of certificate.

Morgue

pec.—8-24-14—M. & T.—2000 Blks.

D 4003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 4003

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilbur Johnston

(Residence in Baltimore: No. Curtis Bay Camp Car St.; 19 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb. 14, 1898.
(Month) (Day) (Year)

7-AGE, 19 yrs. 1 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer): General.

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Harry Johnson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Carrie Mathew

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hosp Data

(Address) Green & Lombard St

15- Filed APR 3 1917, 191.... ROBERT R. KRAUTHER Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-19 1917, to 3-31 1917, that I saw h[illegible] alive on 3-31 1917, and that death occurred, on the date stated above, at 10.56 a m.

The CAUSE OF DEATH* was as follows:

Edema of Lungs

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. 3. ds.

(Signed) C. A. Reifschneider M. D.

3-31, 191.) (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. mos. 12 ds. In the State 19 yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Curtis Bay Camp Car.

19-PLACE OF BURIAL OR REMOVAL, Ft Cabrini Cem. DATE OF BURIAL, April 4, 191.

20-UNDERTAKER Samuel Hemsley ADDRESS 5 Brown St

important. 2ds [illegible]

...—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4004

CERTIFICATE OF DEATH.

79 ✓ D 4004

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Murray

(Residence in Baltimore: No. 306 Bedford St. St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, May 1, 1872 (Month) (Day) (Year)

7-AGE, 44 yrs. 11 mos. 0 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, George Boone

11-BIRTHPLACE OF FATHER (State or Country), U.S.

12-MAIDEN NAME OF MOTHER Kate Kugler

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Reno S. Murray Hospital

(Address) Eutaw St.

15- Filed APR 3 1917, 191... ROBERT E. KRAUTER Registrar.

Burial Permit Issued

Important. See that...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 31, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 27 1917, to Mar 31 1917, that I saw h[illegible] alive on Mar 31 1917, and that death occurred, on the date stated above, at 2:30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia Right Lung

Acute Nephritis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) —

(Duration) ....yrs. ....mos. ....ds.

(Signed) Lauretta E. Smith M. D.

Mar 31, 191.. (Address) Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 1 de Bedford St

Former or usual residence 1 de Bedford St

19-PLACE OF BURIAL OR REMOVAL, PUBLIC CEMETERY. DATE OF BURIAL, APR 3 - 1917, 191...

20-UNDERTAKER — ADDRESS — Commissioner Health.

Morgue

D 4005

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 D 4005

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1535 Fremont St ST. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2 FULL NAME Herman R. Ahrman

(Residence in Baltimore: No. 1535 Fremont St St.: 4 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White German

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Boy

6 DATE OF BIRTH: Nov (Month) 9 (Day), 1912 (Year)

7 AGE: 4 yrs. 4 mos. 23 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: Herman Ahrman

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Charlotte Lohmeyer

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Herm Ahrman

(Address) 1535 Fremont St

15 APR 3 1917 ROBERT R. KRAUTER

Filed ....., 191.... Burial Permit Clerk

REGISTRAR

N. B.—Every item of information should be given. If unknown, state CAUSE OF DEATH in plain terms, so that its character is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April 1st (Month) (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar 8, 191.. to April 1, 1917. that I saw h[illegible] alive on April 1, 1917. and that death occurred, on the date stated above, at 11 Pm.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

From a Measles (Duration) yrs. mos. 24 ds

Contributory (SECONDARY) Exhaustion

(Duration) yrs. mos. ds.

(Signed) Henry C Hunt M. D.

April 3, 1917. (Address) 1424 N Monroe Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: March 4, 191[illegible]

20 UNDERTAKER: David Easton — ADDRESS 916 Penna Ave

Louise Groomes

Sec.—8-24-14—M. & T.—2000 Bks.

D 4006

HEALTH DEPARTMENT—CITY OF BALTIMORE

42

D 4006

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 E. Prestman ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Groomes

(Residence in Baltimore: No. 1507 Prestman St. yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, March (Month) 12 (Day), 1870 (Year)

7-AGE, 47 yrs. 1 mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), md

PARENTS.

10-NAME OF FATHER, Wm Carroll

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Louisa Jayson

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ben Grooms

(Address) 1509 Prestman St

15-

APR 3 1917

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 1 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 10 1917, to April 1 1917, that I saw her alive on April 1 1917, and that death occurred, on the date stated above, at 5:45 p.m.

The CAUSE OF DEATH* was as follows:

Cancer of Uterus

and pneumonia

(Duration) yrs. 2 mos. 10 ds.

CONTRIBUTORY (Secondary) Blood Poison

(Duration) yrs. 2 mos. 10 ds.

(Signed) Dr Gulkenmard M. D.

April 2, 1917. (Address) 708 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Catonsville

19-PLACE OF BURIAL OR REMOVAL, Western Maryland — DATE OF BURIAL, April 191 7

20-UNDERTAKER Geo H Holland — ADDRESS 631 D St

important.

Rec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 4007.

CERTIFICATE OF DEATH.

120 D 4007.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 N. Bond St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Regina Biddison Doyle

(Residence in Baltimore: No. 1118 N. Bond St.; 27 yrs., 4 mos. 20 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, November (Month) 12 (Day), 1889 (Year).

7-AGE, 27 yrs. 4 mos. 20 da. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, William G. Biddison

11-BIRTHPLACE OF FATHER (State or Country), Balto Co Md

12-MAIDEN NAME OF MOTHER Fannie Wamaling

13-BIRTHPLACE OF MOTHER (State or Country), Georgia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Redmond Doyle

(Address) 1118 N. Bond st

15-

Filed APR 3 - 1917, 191.. ROBERT R. KRAUTER Registrar.

Important: Use Burial Permit Blank

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 1 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from March 30 1917, to April 1 1917, that I saw h or alive on April 1 1917, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Typhoid Regurgitation
(Toxs of Compensation)
Chronic Interstitial Nephritis

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY. Loss of Compensation of Heart
(Secondary)

(Duration) yrs. 3 mos. ds.

(Signed) G. G. Webster M. D.

April 2 1917. (Address) Owings Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Biddisons Cemetery Sudbrook Md. DATE OF BURIAL, Apr. 4th, 1917.

20-UNDERTAKER George Schilling & Sons ADDRESS 1125 E Monument st

Spec.—8-24-14—M. & T.—2000 Bks.

Peter J. Walker

D 4008 HEALTH DEPARTMENT—CITY OF BALTIMORE D 4008

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1119 Pelmore St. ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Thomas Walker

(Residence in Baltimore: No. 1119 Pelmore St. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 25th, 1857 (Month) (Day) (Year)

7-AGE, 59 yrs. 10 mos. 7 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Peter J. Walker

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Jane Kirby

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary J. Walker

(Address) 111 N. Fillmore St

15-Filed APR 3 - 1917 191.... ERNEST E. KRAUSER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April 3rd, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 30th 1917, to April 3rd 1917, that I saw h— alive on April 3rd 1917, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 10 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Thomas Gotwald M.D.

April 3rd, 1917. (Address) 353 Greenmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....dr.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Greenmount Cem't	April 5, 1917.
20-UNDERTAKER	ADDRESS
Wm. Cook	502 E. Monument

important.

pec.—8-24-14—M. & T.—2000 3ks.

D 4009

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 4009

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3928 Reisterstown Rd ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances V. Grobaker

(Residence in Baltimore: No. 3928 Reisterstown Rd St.; Life yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, Jan. 31, 1844 (Month) (Day) (Year)

7-AGE, 73 yrs. 4 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of indnstry, business, or establishment in which employed (or employer)..... at Home +

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, William H. Fields

11-BIRTHPLACE OF FATHER (State or Country), Washington D.C.

12-MAIDEN NAME OF MOTHER Maria Fondney

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Valentine Grobaker

(Address) 3928 Reisterstown Rd.

15-

Filed APR 3 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 2nd (Month) (Day), 191 7 (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 6 191 7, to April 2nd 191 7, that I saw h.. alive on March 31 191 7, and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH* was as follows:

.....

.....

Mitral Regurg

..... (Duration) 1 yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

..... (Duration) yrs. mos. 1 ds.

(Signed) Arthur H. Bell M. D.

April 3, 191 7. (Address) 730 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	Apr. 4, 191 7
20-UNDERTAKER Wm. Cook	ADDRESS 502 E. North Ave

Important. Use

...c.—8-24-14—M. & T.—2000 Bks.

D 4010

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1320 D 4010

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 251 W Hoffman ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy F Day

(Residence in Baltimore: No. 251 W Hoffman St.; 70 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan 12, 1853 (Month) (Day) (Year)

7-AGE, 64 yrs. 2 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... at Home +
(b) General nature of industry, business, or establishment in which employed (or employer) ... Nonesuch

9-BIRTHPLACE, (State or Country), West Virginia

PARENTS.

10-NAME OF FATHER, Jefferson Farnsworth

11-BIRTHPLACE OF FATHER (State or Country), W. Virginia

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), W. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Willard F. Day

(Address) 251 W Hoffman

15- Filed APR 3 - 1917, 191... ROBERT R. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 3, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 1 1917, to Apr 3 1917, that I saw her alive on April 3 1917, and that death occurred, on the date stated above, at 9a m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Chr. Interstitial Nephritis

(Duration) 1 yrs. ... mos. ... ds.

(Signed) J. L. Potter M. D.

Apr 3, 191... (Address) 24 E. W. Hoffman St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Charlestown W Va

DATE OF BURIAL, 4/5/17, 191...

20-UNDERTAKER William Cook

ADDRESS 501 E North

spec.—8-24-14—M. & T.—2000 Bks.

D 4011

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4011

CERTIFICATE OF DEATH.

152

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 Crystal Ave. ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Abbott

(Residence in Baltimore: No. 1711 Crystal Ave. St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) —

6-DATE OF BIRTH, 4 - 2 - 1917
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 12 hrs. or 15 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... —

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER James Abbott

11-BIRTHPLACE OF FATHER (State or Country). N. J.

12-MAIDEN NAME OF MOTHER Emma Rehl.

13-BIRTHPLACE OF MOTHER (State or Country). N. J.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. F. McGuire

(Address) Johns Hopkins Hospital

15- APR 3 1917 ROBERT R. KRAUTER

Filed....., 191.... Registrar.

Burial Permit Issued

important. See instructions.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 - 3 - 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4 - 2 1917, to 4 - 3 1917, that I saw her alive on 4 - 2 1917, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

..... (Duration) ..... yrs. ..... mos. 1/2 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John G. Shearer M. D.

Apr 3, 1917. (Address) Johns Hopkins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery DATE OF BURIAL, Apr. 3....., 1917.

20-UNDERTAKER Christian Miller ADDRESS 2334 Jefferson St

Nannie L. Bunn.

spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4012

X 123 D 4012

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Howard A. Kelly Park 14 ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nannie Long Bunn.

(Residence in Baltimore: No. 1418 Eutaw Place. St.; ..... yrs., ... mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... March ....., 1 ..... (Month) (Day) (Year)

7-AGE, 28 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Married Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Waldrop

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Pennington Bolton Husband

(Address) 1418 Eutaw Place

15- Filed APR 3 1917 191.... ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 3, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 14 1917, to Apr. 3 1917, that I saw her alive on Apr. 2 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) neoplasm of thyroid gland

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Howard A. Kelly M. D.

3 Apr., 1917. (Address) 1418 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 0 mos. 21 ds. In the State 0 yrs. 0 mos. 21 ds.

Where was disease contracted, if not at place of death? Greenville, N. C.

Former or usual residence Greenville - N. C.

19-PLACE OF BURIAL OR REMOVAL, Greenville N. C. DATE OF BURIAL, April 4, 1917.

20-UNDERTAKER Chas. G. Black 1201 ADDRESS Monument St

Important. See instructions

17
84

E. Rebecca Tipton

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4013

CERTIFICATE OF DEATH.

× 79 D 4013

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. Walbrook Jn. E. Chem 5 St.; Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME E. Rebecca Tipton.

(Residence in Baltimore: No. Ironsides, Md. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, September, 1833
(Month) (Day) (Year)

7-AGE, 84 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House
(b) General nature of industry, business, or establishment in which employed (or employer). Keeper

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Solomon Tipton

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Rebecca Gorsuch

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs H. M. Slocum

(Address) White Hall, Md

15. APR 3 . 1917 Filed....., 191.... ROBERT B. KRAUTER Registrar.

Burial Permit Stub

CAUSE OF DEATH must be plainly written and important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 3, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Senile Feebleness 1 day
Mitral Valvular Disease
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) H. Wolbrunn M. D.
(Coroner.)
April 3, 1917. (Address) 809 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Monkton, Md

DATE OF BURIAL, April 4, 1917.

20-UNDERTAKER P. Marbaker Son

ADDRESS White Hall, Md

...ec.—8-24-14—M. & T.—2000 Bks.

D 4014

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

xqv D 4014

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Lannon

(Residence in Baltimore: No. University Hospital St.; ..... yrs., ... mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, ... (Month) ..... (Day) 1861 (Year)

7-AGE, 56 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seaman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Michael Lannon

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER — McLean

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hospital Records

(Address) Theresa & Lombard Sts.

15- Filed APR 3 1917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit ...

Important. Use black ink.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 1st, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/26 1917, to 4/1 1917, that I saw him alive on 4/1 1917, and that death occurred, on the date stated above, at 6:10 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. E. Evans M. D.

4/3, 191.7 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 6 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? S.S. Manchester

Former or usual residence Liverpool England

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem.	April 4, 191.7
20-UNDERTAKER Joseph B. Cook	ADDRESS 1003 W Belt St

Dec.—8-24-14—M. & T.—2000 Bks.

D 4015

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital WARD) 4

REGISTERED No. C 170 D 4015

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Hartmayer

(Residence in Baltimore: No. University Hospital St.; yrs., 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1863 (Year)

7-AGE, 54 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seaman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Holland

PARENTS.

10-NAME OF FATHER, Alexander Hartmayer

11-BIRTHPLACE OF FATHER (State or Country), Holland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hospital

(Address) Greene & Lombard Sts.

15- Filed APR 3 1917, 191... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 2nd, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/2 1917, to 4 1917, that I saw him alive on 4/2 1917, and that death occurred, on the date stated above, at 6.55 A m.

The CAUSE OF DEATH* was as follows:

Chronic Diffuse Nephritis

(Duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary), Bronchopneumonia (Duration) yrs. 2 mos. ds.

(Signed) J. E. [illegible] M. D.

, 191... (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? U.S. Ward Vessel

Former or usual residence Holland

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, Apr. 4, 191.7

20-UNDERTAKER Joseph B Cook ADDRESS 1003 W Balto St

important. See instructions.

Nicholas Hepner.

D 4016

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

169 D 4016

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Found Dec 3 Pratt St. 2 ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nicholas Hepner

(Residence in Baltimore: No. 212 S Ann St.; 16 yrs., - mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Man	White	Married

6-DATE OF BIRTH, ..., 1900
(Month) (Day) (Year)

7-AGE, 27 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fabrik
(b) General nature of industry, business, or establishment in which employed (or employer): Government

9-BIRTHPLACE, (State or Country), Austria Poland.

PARENTS.

10-NAME OF FATHER, Walenty Hepner.

11-BIRTHPLACE OF FATHER (State or Country), Austria Poland

12-MAIDEN NAME OF MOTHER Anfemia Hrncz.

13-BIRTHPLACE OF MOTHER (State or Country), Austria Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Nicholas Hepner

(Address) 429 S. Durham St

15- APR 3 - 1917 Filed....., 191... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

CAUSE OF DEATH. Important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Found Dec 3, 1917.
Disappeared Feb 20-1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Found death on the day stated above.

The CAUSE OF DEATH* was as follows:

Found (?)
Accidental Drowning
Foundling
(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY .....
(Secondary)
..... (Duration) .....yrs. .....mos. .....ds.

(Signed) W J Riley (Coroner.) M. D.

Apr 3, 191.7 (Address) 1427 Bonner

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Ft. Stanwfans,	Apr 2 4th, 1917.

20-UNDERTAKER M. F. Sadowski ADDRESS 705 S. Ann

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 4017

CERTIFICATE OF DEATH.

9 D 4017

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 Dukeland ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Milton H. White

(Residence in Baltimore: No. 1103 Dukeland St.; 6 yrs., 6 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Child

6-DATE OF BIRTH, Sept (Month) 19 (Day), 1910 (Year)

7-AGE,	If LESS than 1 day,
6 yrs. 6 mos. 15 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Charles M. White

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Elizabeth C Buckmaster

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth C. White

(Address) 1103 Dukeland St.

15- Filed APR 3 - 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

4 30 P. M.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 14 1917, to April 3 1917, that I saw him alive on April 3 1917, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Diphtheria

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Paralysis of Throat -

(Duration) ....yrs. ....mos. 9 ds.

(Signed) Edw. J. Plummer M. D.

April 3, 1917. (Address) 522 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	April 4, 1917.
20-UNDERTAKER	ADDRESS
Geo W Little	531 N Fremont Av

important. See instructions on

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4018

CERTIFICATE OF DEATH.

D 4018

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret McNeill

(Residence in Baltimore: No. 1 Entrance pl Sparrows Point St.; ....yrs....mos....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, February 12, 1915
(Month) (Day) (Year)

7-AGE, 2 yrs. 1 mos. 11 da.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thomas McNeill

11-BIRTHPLACE OF FATHER (State or Country), md.

12-MAIDEN NAME OF MOTHER Sarah Zyphandt

13-BIRTHPLACE OF MOTHER (State or Country), md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A Smith

(Address) Johns Hopkins Hospital

15- APR 3 1917 [illegible]
Filed....., 191.....
[illegible] Permit Clerk.

important. See instructions on back.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 3, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 30 1917 to April 3 1917, that I saw her alive on April 2 1917, and that death occurred, on the date stated above, at 3.45 a. m.

The CAUSE OF DEATH* was as follows:

Meningitis, Cerebro-spinal Acute
(Meningococcus)

(Duration) ....yrs. 1 mos. 3 da.

CONTRIBUTORY.....
(Secondary)

(Duration) ....yrs. ....mos. ....da.

(Signed) Wilbur S. Miller M. D.

April 3, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 5 da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death? —

Former or usual residence 1 Entrance pl Sparrows Point md

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetary

DATE OF BURIAL, April 5, 1917.

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson st

Spec.—8-24-14—M. & T.—2000 Bks.

D 4019

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4019

CERTIFICATE OF DEATH.

REGISTERED No. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 N Glover ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis C. Shaffer

(Residence in Baltimore: No. 721 N. Glover St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Dec 22 (Month) (Day), 1856 (Year)

7-AGE, 60 yrs. 3 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Moulder
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Shaffer

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Shaffer

(Address) 724 N. Glover St

15- APR 3 1917 ROBERT R. KRAUTHR

Filed....., 191.... Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 2 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 26 1917, to Apr 2 1917, that I saw him alive on April 1 1917, and that death occurred, on the date stated above, at 2.30a m.

The CAUSE OF DEATH* was as follows:

Pneumonia - Lobar

(Duration) ....yrs. ....mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas W Chew M. D.

April 4, 191.7. (Address) 6 E Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetary

DATE OF BURIAL, Apr 4, 191.7

20-UNDERTAKER Wm. S. Hartley

ADDRESS Madison St

Important. Be sure

D 4020

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 4020

10

1 PLACE OF DEATH

Registered No. C .....

CITY OF BALTIMORE (No. 725 Eiston St. 21 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Charles Woods

(Residence in Baltimore: No. 725 Eiston St.; 53 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Black

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): single

6 DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7 AGE: 53 yrs. ... mos. ... ds. | If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Labourer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: Richard Woods

11 BIRTHPLACE OF FATHER (State or country): Va

12 MAIDEN NAME OF MOTHER: Lavinia Evans

13 BIRTHPLACE OF MOTHER (State or country): Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Nellie Braddock

(Address) 929 Eutaw alley

15. Filed APR 4 - 1917, 191 HARRY O. ANDREWS Burial Permit Clerk REGISTRAR

N. B.—Every effort should be made to state CAUSE OF DEATH in plain terms. This is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April 2, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 25, 1917, to April 2 1917, that I saw him alive on April 1, 1917, and that death occurred, on the date stated above, at 6 p. m.
The CAUSE OF DEATH* was as follows:

Grippe

(Duration) ... yrs. ... mos. 5 ds

Contributory (SECONDARY) Cardiac Failure

(Duration) ... yrs. ... mos. 3 ds.

(Signed), Nellie Braddock M. D.

April 3, 1917 (Address) 728 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Cem. | DATE OF BURIAL: Apr 5, 1917

20 UNDERTAKER: John H. Tradwin | ADDRESS: 1422 Druid St

D 4021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 4021

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 941 N Eutaw ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adaline Barnes

Residence in Baltimore: No. 941 N Eutaw St.; yrs. 40 yr mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	Col'd	Widow

6-DATE OF BIRTH, ... Unknown, 1861
(Month) (Day) (Year)

7-AGE, 56 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Brother

(Address) 941 N Eutaw

15- APR 4 - 1917 Filed....., 191.....

HARRY O. ARMSTRONG
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 1, 191 7
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Contusion of the Thorax

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) None

(Duration).....yrs.....mos.....ds.

(Signed) C. Mottu Rhoads M. D.
(Coroner.)

Apr 9, 191 7 (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State None yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Samuel Ann	Apr 4, 191 7
20-UNDERTAKER	ADDRESS 142
John H. Toadvine	Druid St

N.B. CAUSE OF DEATH must be stated in every case, as it is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4022

CERTIFICATE OF DEATH.

D 4022

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeth's Home ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evans Bond

(Residence in Baltimore: No. St. Elizabeth's Home, St. Paul St.; ... yrs. 7 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, May (Month) 3rd. (Day), 1916. (Year)

7-AGE,	If LESS than 1 day,
... yrs. 10 mos. 28 ds.	... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Bel Air, Md.

PARENTS.

10-NAME OF FATHER, William Bradley

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Nellie Bond

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev. Jas. M. Mildred

(Address) St. Elizabeths Home

15-

Filed APR 4 1917 191... HARRY C. ANDREWS Registrar.

Burial Permit Clerk

important. See instructions

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 1st. (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 25th 1916, to April 1st 1917, that I saw him alive on March 31st 1917, and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Edgar B. Tourdellot M. D.

..., 191... (Address) 1616 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 6 mos. 10 ds. In the State ... yrs. 10 mos. 28 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	Apr. 4, 1917.
20-UNDERTAKER George N. Holland	ADDRESS 1631 Druid Hill Ave.

spec.—8-24-14—M. & T.—2000 Blks.

D 4023

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

61 D 4023

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.) 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Budew

(Residence in Baltimore: No. 1038 Granby St.; 9 yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, December (Month), 1907. (Day) (Year)

7-AGE, 9 yrs. 4 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School boy.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Samuel Budew

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Anna Binkosovitz

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. Budew

(Address) 1038 Granby St

15- APR 4 - 1917 Filed....., 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 4 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 2 1917, to April 4 1917, that I saw h im alive on April 4 1917, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Epidemic Cerebo-Spinal Meningitis

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Convulsions + a cute Edema of Lungs

(Duration) yrs. mos. 1/2 ds.

(Signed) Israel Strauch M. D.

April 4, 1917. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 3/4 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? at residence

Former or usual residence 1038 Granby St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel — DATE OF BURIAL, April 4, 1917.

20-UNDERTAKER S. Levinson & Bro — ADDRESS 1107 E Balto St.

Important. See instructions on back.

D 4024 HEALTH DEPARTMENT—CITY OF BALTIMORE D 4024

CERTIFICATE OF DEATH.

153

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 223 N Spring ST. 5 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Bailey

(Residence in Baltimore: No. 223 N Spring st St.; yrs. life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	col	baby

6-DATE OF BIRTH, Feb 26 1917, 1
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Baby

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER Dorsey Bailey

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Sadie Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dorsey Bailey

(Address) 223 N Spring st

15- Filed APR 4 1917, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ~~April~~ APR 2 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lack Of Care

(Duration)...yrs...mos...ds.

CONTRIBUTORY (Secondary)

(Duration)...yrs...mos...ds.

(Signed) ..... (Coroner.) M. D.

Apr 2 1917 (Address) ..... 6 E. Eden St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Asbury Cemetery April 4	1917
20-UNDERTAKER	ADDRESS
Milton Davis 413 N	Eden St

Important. See instructions on back.

D 4025

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4025

CERTIFICATE OF DEATH.

80 ✓

REGISTERED No. C

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 849 Columbia ave ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Andrew C. Huber

(Residence in Baltimore: No. 849 Columbia ave St., Ave., Lane, Court or Place.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March (Month) 6 (Day), 1867 (Year)

7-AGE, 50 yrs. mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bar Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE. (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George Huber

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Catherine Weber

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henrietta Lang

(Address) 764 St Peter St

15-

APR 4 1917 HENRY C. ANDREWS

Filed....., 191.... Burial Permit Issued by Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to... death on the day stated above.

The CAUSE OF DEATH* was as follows: Angina Pectoris

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Rupture Coronary artery (Duration) yrs. Instant mos. ds.

(Signed) James M. Hamilton M. D. (Coroner.)

April 3 1917 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetary

DATE OF BURIAL, Apr. 6, 19....

20-UNDERTAKER Knell & Son

ADDRESS 1729 W Pratt st

CAUSE OF DEATH. See instructions on back of this certificate. Information required in items 16 to 20 is important.

...ec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

4026 — CERTIFICATE OF DEATH. — 10 D 4026

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE: (No. 1012 Ausgusta ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Melvin H. Douglas

(Residence in Baltimore: No. 1012 Ausgusta St.; yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, Dec 7, 1915 (Month) (Day) (Year)

7-AGE, 1 yrs. 3 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work — None
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Woltmar Douglas

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Daisy Douglas

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Woltmar Douglas (Father)

(Address) 1012 Ausgusta st.

15- Filed APR 4 1917, 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 3, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 28 1917, to April 3 1917, that I saw her alive on April 3 1917, and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) hx Empyema

(Duration) ... yrs. ... mos. 15 ds.

(Signed) Hubert C. Knapp M. D.

April 3, 1917. (Address) 1216 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, LOUDON PARK. DATE OF BURIAL, APR 4 1917

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

Important.

ec.—8-24-14—M. & T.—2000 Bks.

D 4027.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4027.

CERTIFICATE OF DEATH.

REGISTERED No. C 19

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 H alley ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucretia Matthews

(Residence in Baltimore: No. 1309 - H alley St.; 25 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col a. 9

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July 3, 1874 (Month) (Day) (Year)

7-AGE, 42 yrs. 8 mos. 30 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION;
(a) Trade, profession, or particular kind of work..... General Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)..... +

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Abraham Harris

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Adaline Givens

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nelson Harris

(Address) 1106 Laurel St.

15- APR 4 1917 [illegible]

Filed....., 191... Burial Permit Clerk.

Registrar.

important.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 2, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 31, 1917, to April 2, 1917, that I saw her alive on March 31, 1917, and that death occurred, on the date stated above, at 7a. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

..... (Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Influenza

..... (Duration) ....yrs. ....mos. 1/4 ds.

(Signed) J. M. D. K. Louis M. D.

April 2, 1917. (Address) 1530 Mommouth St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Asbury	April 4, 1917.
20-UNDERTAKER John W Henderson	ADDRESS 911 N Carolina

ec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 4028

4028

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1677 Druid Hill Ave 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cornelia Moore.

Residence in Baltimore: No. 1677 Druid Hill Ave St.; 33 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Fem

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1861 (Year)

7-AGE, 56 yrs. mos. ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Montreal Canada

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cornelia P Weaver

(Address) 1810 E Druid Hill Ave

15- Filed APR 4 1917, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

important. Sign name.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 3 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 7 191 7, to Apr. 3 191 7, that I saw h[illegible] alive on Apr. 2 191 7, and that death occurred, on the date stated above, at 12.00 m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) yrs. mos. 10 ds.

(Signed) [illegible] M. D.

Apr. 3, 191 7 (Address) 515 Mulberry

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, W. Laurel DATE OF BURIAL, Apr. 5, 191 7

20-UNDERTAKER Sam'l H. Clavel & Son ADDRESS 1100 Mosher

Dec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

4029

D 4029

CERTIFICATE OF DEATH.

61

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 Pin alley ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Earl Madden

(Residence in Baltimore: No. 702 Pin alley St.; 4 yrs., 1 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Child

6-DATE OF BIRTH, February 18, 1913 (Month) (Day) (Year)

7-AGE, 4 yrs. 1 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Joseph Edward Madden

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Lillie Robinson

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).... Chester Ryland M.D.

(Address).. 2532 Edmondson Ave

15- APR 4 1917 Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 12 1917, to April 4 1917, that I saw h im alive on April 3 1917, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Epidemic Cerebro-Spinal Meningitis

(Duration)....yrs....mos. 25 ds.

CONTRIBUTORY (Secondary) None

(Duration)....yrs....mos....ds.

(Signed) Chester Ryland M. D.

4-4-, 1917. (Address) 2532 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, 4/5/17 191...

20-UNDERTAKER P. A. Oliphant & Co ADDRESS 538 Dolphin St

Important.

...—8-24-14—M. & T.—2000 Elks.

D 4030

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 ✓ D 4030

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 Albemarle St. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Buccianelli

Residence in Baltimore: No. 507 Albemarle St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Mch (Month) 2 (Day), 1916 (Year)

7-AGE, 1 yrs. mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Vincent Buccianelli

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Millie Guarola

13-BIRTHPLACE OF MOTHER (State or Country), Balt

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Millie Buccianelli

(Address) 507 Albemarle

15-

Filed APR 4 1917 191.... HARRY C. ANDREWS Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 27 1917, to Apl 2 1917, that I saw h— alive on Mch 2 1917, and that death occurred, on the date stated above, at 3.5 m.

The CAUSE OF DEATH* was as follows:

Birth Trauma

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. J. Phelan M. D.

Apl 3, 1917. (Address) 6 S Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Apl 4, 1917

20-UNDERTAKER Wendell Ryffel & Son — ADDRESS 37 S Amm A

Important.

D 4031

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

89

D 4031

REGISTERED No. C.....

1-PLACE OF DEATH
OF BALTIMORE: (No. 1006 Harris Alley; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Barthowiak

(Residence in Baltimore: No. 1006 Harris Alley St.; — yrs., 6 mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Sept 26, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. 6 mos. 8 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frank Barthowiak

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Jadwiga Kalwejak

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Barthowiak

(Address) 1006 N Harris Alley

15-

Filed APR 4 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 3, 1917. (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 28 1917, to April 3 1917, that I saw h.r alive on April 3 1917, and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) yrs. 5 mos. 10 da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) H. Jannopes M. D.

April 3, 1917. (Address) 2431 Eastern

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus Cem — DATE OF BURIAL, April 5, 1917

20-UNDERTAKER Stephen J Stolkowski — ADDRESS 1019 N Kenwood Ave

FEE PAID

...c.—8-24-14—M. & T.—2000 Bks.

F 4032

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4032

CERTIFICATE OF DEATH.

47

REGISTERED No. C .....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 835 Harford Ave ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Louise Grogan

(Residence in Baltimore: No. 835 Harford Ave St.: 44 yrs., 11 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) Apr. (Day) 9 (Year) 1872

7-AGE, 44 yrs. 11 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Nurse
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Joseph Grogan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary T. Jennings

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Margaret A. Grogan

(Address) 835 Harford Ave

15-

Filed APR 4 1917, 191.....

HARRY C. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 3rd 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 27 191, to April 3rd 191 7, that I saw h[illegible] alive on April 3rd 191 7, and that death occurred, on the date stated above, at 2.30 m.

The CAUSE OF DEATH* was as follows:

.....
Acute Pneumonia
.....
..... (Duration) ..... yrs. ..... mos. 1 wk ds.

CONTRIBUTORY (Secondary) Endocarditis
..... (Duration) ..... yrs. ..... mos. 1 wk ds.

(Signed) [signature] M. D.
Mar 28, 191 7 (Address) 1501 E Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery

DATE OF BURIAL, Apr. 5, 191 7

20-UNDERTAKER Henry Hoeck Son

ADDRESS 130 E Eager St

important.

spec.—8-24-14—M. & T.—2000 Blks.

D 4033 HEALTH DEPARTMENT—CITY OF BALTIMORE D 4033

CERTIFICATE OF DEATH.

REGISTERED No. C 5 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Park Heights Ave & Howard Place St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lyttleton F. Johnson

(Residence in Baltimore: No. Park Heights Ave & Howard Place St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. Unknown (Month) (Day) 1849 (Year)

7-AGE. 68 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired
(b) General nature of industry, business, or establishment in which employed (or employer). Plasterer

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Lyttleton Johnson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. J. C. Biddle

(Address) Park Heights Ave & Howard Place

15- Filed APR 4 1917 HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1917, to Apr 3 1917, that I saw h in alive on Apr 3 1917, and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) 2 yrs. 7 mos. ds.

(Signed) J. C. Biddle M. D.

Apr 4, 1917 (Address) 3543 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Druid Ridge

DATE OF BURIAL, Apr 6, 1917

20-UNDERTAKER McLean & Jones

ADDRESS 832 Linden

important.

D 4034

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

172 D 4034

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 303 S. Dallas St. ST. 3 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Green

(Residence in Baltimore: No. Boarded at 225 S. Spring St. St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-CONDITION
male	negro	~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~DIVORCED~~ (Write the word) married

6-DATE OF BIRTH unknown (Month) (Day), 1 (Year)

7-AGE 23 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Coal dealer

9-BIRTHPLACE (State or country) Norfolk, Va.

PARENTS

10-NAME OF FATHER unknown

11-BIRTHPLACE OF FATHER (State or country) unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or country) unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C.J.Carroll from statement of deceased

(Address)

15- Filed APR 4 1917 ROBERT R. KRAUTER Registrar
Burial Permit

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 23rd. 1917, 191 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 15th, 1917, to March 23 1917, 191, that I saw him alive on march 22 nd., 191, and that death occurred, on the date stated above, at 5.30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis,

This man injured Feb, 15th. 1917 but had recovered from same prior to death.

(Duration) yrs. 2 mos. ds

Contributory (SECONDARY) Acute Broncho- Pneumonia

(Duration) yrs. mos. 3 ds.

(Signed) C J Carroll M. D.

Mar. 30th, 1917 (Address) 1740 E. Balto. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	, 191
20-UNDERTAKER	ADDRESS

N. B.—[illegible] state CAUSE OF DEATH in plain terms. [illegible] is very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND APR 5 19[illegible]

Commissioner Health.

Morfuel

D 4035

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

168 D 4035

REGISTERED No. C.

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 502 N. Eutaw ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Louis Snyder (or Charles Goldman)

(Residence in Baltimore: No. 160 N. Bay St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, 30 yrs 4 mos ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Mill Hand
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Rice Dr 21

(Address).....

15- APR 4 1917 ROBERT B. KRAUSE

Filed....., 191..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest on (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Destroyed and to Shock. Gas Accidental

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. F. Peters M. D. (Coroner.)

Apr 2, 191 7 (Address) 1639 Broad

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER Commissioner Health.	ADDRESS

CAUSE OF DEATH. See instructions on back of this certificate. Important.

UNIVERSITY OF MARYLAND

Burial Permit

Morgue

...c.—8-24-14—M. & T.—2000 Bks.

4036

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 D 4036

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Winnifred M. Nevis

(Residence in Baltimore: No. 1711 Bentalou St. 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov. 12, (Month) (Day) 1879 (Year)

7-AGE, 37 yrs. 4 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Conn.

PARENTS.

10-NAME OF FATHER, John Kennedy

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Winnifred Regan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs John G. Nevis

(Address) 1711 Bentalou St.

15- APR 4 1917 ROBERT R. KRAUTHER

Filed....., 191... Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4, 1917.. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4/3 1917, to 4/4 1917, that I saw her alive on 4/4 1917, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Clinical)

Don't know (Duration) yrs. mos. ds.

CONTRIBUTORY Nil
(Secondary)

(Duration) yrs. mos. ds.

(Signed) J. M. R. Johnson M. D.

4/4, 1917. (Address) St Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ?....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Don't know

Former or usual residence 1711 Bentalou St

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, April 6 1917.

20-UNDERTAKER Robt. J. Turner — ADDRESS 1422 W. Broadway

cc.—8-24-14—M. & T.—2000 Bks. Saml G. Stewett

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4037.

CERTIFICATE OF DEATH.

19 D 4037.

REGISTERED NO. C.....

1-PLACE OF DEATH
(a) OF BALTIMORE: (No. 2113 Division ST.; 14 WARD)
(b) FULL NAME Saml F Sterrett
(Residence in Baltimore: No. 2113 Division St.: ....yrs., ...mos. ....ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

3-DATE OF BIRTH, Dec (Month), ... (Day), 1854 (Year)

6-AGE, 62 yrs. 4 mos. — ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Contractor
(b) General nature of industry, business, or establishment in which employed (or employer): Carpenter & Builder

9-BIRTHPLACE, (State or Country), Glencoe Baltimore County Md.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Co Md

12-MAIDEN NAME OF MOTHER Hannah Sterrette

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore County Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) (Mrs) M M Sterrette

(Address) 2113 Division St

15-
Filed APR 4 1917 191.... ROBERT R. KRAUTH
Registrar
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 2nd (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2/28 1917, to 4/2 1917, that I saw h[er] alive on 4/2 1917, and that death occurred, on the date stated above, at 10 A.M. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

+ Uremic Convulsions

..... (Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) Uremia

..... (Duration) ....yrs. ....mos. 10 ds.

(Signed) Bru Rhett M. D.

4/3, 1917. (Address) 21 W. Dru 1866 Ln.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Etherald Cemetery

DATE OF BURIAL, 4-5 1917

20-UNDERTAKER Felix B. Pye

ADDRESS 1022 E. Mulberry St

ec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

4038

CERTIFICATE OF DEATH.

81 ✓ D 4038

REGISTERED NO. C.....

1-PLACE OF DEATH

Y OF BALTIMORE: (No. 1914 N Payson ST.: 15 WARD)

2-FULL NAME Solomon B McGreevy

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Residence in Baltimore: No. 1914 N Payson St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... January ....., 1843
(Month) (Day) (Year)

7-AGE, 75 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stone Cutter
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, James McGreevy

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Hannah Reardon

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susan B McGreevy

(Address) 1914 N Payson St

15- Filed APR 4 1917 ROBERT R. KRAUTHE Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 3, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1916, to April 3 1917, that I saw him alive on April 1 1917, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

April 4, 1917. (Address) 2757 Vernon Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral

DATE OF BURIAL, April ....., 1917.

20-UNDERTAKER M Fahey & Sons Co

ADDRESS Lafayette Av

ec—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4039

D 4039

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3055 Brighton ST.; 16 WARD)

REGISTERED NO. C 19

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Ann Bolte

Residence in Baltimore: No. 3055 Brighton St.; X yrs., 1 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, May (Month) 18 (Day) 1844 (Year)

7-AGE, 72 yrs. 9 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, — Leiplein

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs B. L. Bolden

(Address) 3055 Brighton St

15-

Filed APR 4 1917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 3 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15 1917, to Apr 3 1917, that I saw her alive on Apl 3 1917, and that death occurred, on the date stated above, at 11.55 p m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency
and Arteris-Sclerosis

about
(Duration) 3 yrs. X mos. X ds.

CONTRIBUTORY (Secondary) Dyspepsia,
(Duration) X yrs. X mos. 1 ds.

(Signed) P B Wilson M. D.

3/4, 1917 (Address) 1939 Mulberry

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Pauls Cemetery — DATE OF BURIAL, April 6, 1917

20-UNDERTAKER Carroll & McCormick — ADDRESS Reisterstown Md

J H Elsie

ec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4040

CERTIFICATE OF DEATH.

170 D 4040

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 21 N. Belnord ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert M. Rowe

Residence in Baltimore: No. 21 N. Belnord St. Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, January (Month) 1 (Day) ..... (Year)

7-AGE, 16 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Mover & Tenor
(b) General nature of industry, business, or establishment in which employed (or employer). None.

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Franklin Rowe

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Jane Emmett

13-BIRTHPLACE OF MOTHER (State or Country), York Pa.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Collinson

(Address) 1921 Harlem Ave

15- Filed APR 4 1917, 191.... ROBERT R. KRAUTER Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 3 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1917, to April 3 1917, that I saw him alive on April 1, 1917, and that death occurred, on the date stated above, at 4a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis and Chronic Myocarditis

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Eugene F. Cassano M. D.

April 3, 1917 (Address) 2314 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, April 5, 1917

20-UNDERTAKER Howe Cook — ADDRESS 30 E. North Ave

cc.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4011

CERTIFICATE OF DEATH.

91 D 4011

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 238 N. Carey ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emily Virginia Lees

(Residence in Baltimore: No. 238 N. Carey St.; 2 yrs., 1 mos., 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, June (Month) 29 (Day), 1836 (Year)

7-AGE, 80 yrs. 9 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... none

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, David B. Loyd Lee

11-BIRTHPLACE OF FATHER (State or Country), Delaware

12-MAIDEN NAME OF MOTHER Mary Q. May

13-BIRTHPLACE OF MOTHER (State or Country), Delaware

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Mary M. Lees

(Address) 238 N. Carey St.

15- Filed APR 5 1917, 191.... HARRY C. ANDREWS Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 6 1917, to April 3 1917, that I saw her alive on April 2 1917, and that death occurred, on the date stated above, at 2.30 a m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ....yrs. ....mos. 28 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis told

(Duration) ....yrs. ....mos. 10 ds.

(Signed) James M. Fenton M. D.

April 5 1917. (Address) 108 E. Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Wellington Tent Co Md — DATE OF BURIAL, April 5th, 1917.

20-UNDERTAKER Stewart & Bowen Co — ADDRESS 108 W North Ave

[illegible]—3-28-17—M.&T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4012

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. 646 N. Carey St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances C. Southall

(Residence in Baltimore: No. 646 N Carey St St.; — yrs. — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, April 4, 1843
(Month) (Day) (Year)

7-AGE, 73 yrs. 6 mos. ..... da.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Mortimer Cunningham

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Martha Haney

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. C. Cunningham

(Address) 646 N Carey St

15- APR 5 - 1917 HARRY C. ANDREWS
Filed ....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1917, to April 4 1917, that I saw her alive on April 3 1917, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. 3 mos. 3 da.

CONTRIBUTORY (Secondary) C. V. Insufficiency

(Duration) ..... yrs. ..... mos. 3 da.

(Signed) J. M. Cunningham M. D.

April 4, 1917. (Address) 826 N Carey St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn	April 7, 1917.
20-UNDERTAKER W. F. Kirkner & Bro	ADDRESS Pimlico Md

Impression

...—8-24-14—M. & T.—2000 Bks.

D 4013

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 4013

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 628 W. Conway ST.; 22 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles. Frederick. Hahnemann

Residence in Baltimore: No. 628 W. Conway St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, September 29, 1829. (Month) (Day) (Year)

7-AGE, 37 yrs. 6 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Straw Hat Maker
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frederick V. Hahnemann

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary E. Warner

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick V. Hahnemann

(Address) 628 W. Conway St

15-

Filed APR 5 - 1917, 191... HARRY C. ANDREWS Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 2, 1917. (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from April 1 1917, to April 2 1917, that I saw h— alive on April 1, 1917, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage

(Duration) yrs. mos. ds.

(Signed) E. Dead Coleman M. D.

4/4/17, 191... (Address) 24 N. Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudons Park Cem

DATE OF BURIAL, Apl 5, 1917.

20-UNDERTAKER Wm J Ecknerd Sons

ADDRESS Paca & Camden

...ec.—8-24-14—M. & T.—2000 Bks.

D 4044

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 4044

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 Hargrove Alley St. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Williams

Residence in Baltimore: No. 313 Hargrove alley St.; 39 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 39 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... General .....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Laborer .....

9-BIRTHPLACE, (State or Country), Richmond Virginia

PARENTS.

10-NAME OF FATHER, Richard Williams

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Sarah Williams

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hannah Roberts

(Address) 313 Hargrove alley

15- APR 5 - 1917 Filed ....., 191.. Burial Permit Clerk. HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 27th 1917, to April 4th, 1917, that I saw h[illegible] alive on April 2nd 1917, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

..... Pneumonia (Lobar)

..... (Duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. D. Wilson M. D.

March 4 1917. (Address) 607 N Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, 4—7..., 1917.

20-UNDERTAKER Felix B. Pye

ADDRESS 1022 E Pulteney St

ec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4045

CERTIFICATE OF DEATH.

91 D 4045

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 S Ellwood Ave 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter S Symonds

Residence in Baltimore: No. 126 S Ellwood Ave St.; 1 yrs., 4 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov (Month) 7 (Day), 1915 (Year)

7-AGE, 1 yrs. 4 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Charles F Symonds

11-BIRTHPLACE OF FATHER (State or Country) Baltimore

12-MAIDEN NAME OF MOTHER Elizabeth Heserk

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr John R Symonds

(Address) 126 S Ellwood Ave

15- APR 5 - 1917

Filed....., 191... HARRY C. ANDREWS

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 3 1917, to April 4 1917, that I saw him alive on April 4 1917, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ...yrs. ...mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) ...yrs. ...mos. 7 ds.

(Signed) J W Schneider M. D.

April 6 1917 (Address) 332 S Bond St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cem

DATE OF BURIAL, April 6, 1917

20-UNDERTAKER Peter Nicolaus

ADDRESS 2046 Eastern Ave

ec.—8-24-14—M. S. T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 4046

CERTIFICATE OF DEATH.

D 4046

REGISTERED NO. C 28

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 1388 Stockton ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Jefferson Folks

Residence in Baltimore: No. 1388 Stockton St (Or Length of Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec 23 (Month) (Day) 1876 (Year)

7-AGE, 40 yrs. 3 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Messenger
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John L Folks

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Josephine W Cooper

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ida Folks

(Address) 1388 Stockton

15- APR 5 - 1917 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 2 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 8 1917, to April 2 1917, that I saw h[illegible] alive on April 2 1917, and that death occurred, on the date stated above, at 5.10 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 8 yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm N Wingate M. D.

April 3, 191.7 (Address) 1209 Pharsalia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, 4/5/17, 191.

20-UNDERTAKER Samuel S Beasley ADDRESS 3[illegible] N 13th

Dec.—8-24-14—M. & T.—3000

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4047

64 D 4017

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 633 N. Paca St ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis Johnson

(Residence in Baltimore: No. 633 N Paca St St.; 7 yrs., 8 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Unknown (Month) , 1 (Day) (Year)

7-AGE, 69 yrs. 9 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Porter
(b) General nature of industry, business, or establishment in which employed (or employer) retired

9-BIRTHPLACE, (State or Country) Annapolis Md

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Johnson

(Address) 633 Paca St

15-

APR 5 1917 Filed....., 191.... HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 9th 1917, to Apl 3 1917, that I saw h im alive on Apl 2nd 1917, and that death occurred, on the date stated above, at 9.26 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ....yrs. ....mos. 25 ds.

CONTRIBUTORY (Secondary) General Atheroma

(Duration) — yrs. — mos. — ds.

(Signed) Gustave Goldsmith M. D.

....., 191... (Address) 656 W. Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
National Cem	Sept 4, 191 7

20-UNDERTAKER Samuel S Hensley

ADDRESS 5782 Belle

ec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4048

CERTIFICATE OF DEATH.

92 D 4048

1-PLACE OF DEATH
OF BALTIMORE: (No. 6081 Fulton Ave St. 19 WARD)
2-FULL NAME James Samuel Chaney
Residence in Baltimore: No. 6081 Fulton Ave St.; 40 yrs., — mos. — ds.)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 5 (Day) 1847 (Year)

7-AGE, 42 yrs. 10 mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Boiler maker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Balto County Md

PARENTS.

10-NAME OF FATHER, Remus A Chaney

11-BIRTHPLACE OF FATHER (State or Country) Balto County Md

12-MAIDEN NAME OF MOTHER Ella Barney

13-BIRTHPLACE OF MOTHER (State or Country) Balto County Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie L Chaney

(Address) 1714 Cole St

15- Filed APR 5 - 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 28 1917, to April 2 1917, that I saw h alive on April 2 1917, and that death occurred, on the date stated above, at .....m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) .....yrs. .....mos. 6 ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs. .....mos. .....ds.

(Signed) Walter A Cot M. D.

4-3-, 1917. (Address) Garrison Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Western cem	April 5., 1917.
20-UNDERTAKER	ADDRESS Calhoun & Hollins
Robert Brookes & Son	

pec.—8-24-14—M. & T.—2000 Bks.

D 4049 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

10 D 4049

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1730 N Port ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Rudolph

(Residence in Baltimore: No. 1730 N Port St. St.; 57 yrs., 2 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED OR DIVORCED,~~ (Write the word.) Widow

6-DATE OF BIRTH, Jan 17 (Month) (Day), 1860 (Year)

7-AGE, 57 yrs. 2 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)..... Her Home

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William Rudolph

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margarth Miller

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Rudolph

(Address) 1730 N Port St.

15- APR 5 - 1917 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April 3 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 29 1917, to April 3 1917, that I saw h[illegible] alive on April 3 1917, and that death occurred, on the date stated above, at 5.05 p m.

The C[illegible]E OF DEATH* was as follows:

Lo-Bronchopneumonia

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia and Exhaustion

(Duration) ....yrs. ....mos. 2 ds.

(Signed) Adolph Lee Eisenberg M. D.

April 3, 1917. (Address) 1201-3 Orleans St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cem — DATE OF BURIAL, Apr 6, 191..

20-UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans

pec.—8-24-14—M. & T.—2000 Bks.

D 4050 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

f92 D 4050

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospt. St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Vaugh

(Residence in Baltimore: No. Maryland General Hospital St.; ... yrs., ... mos. 2 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown 1 (Month) (Day) (Year)

7-AGE, 45 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION,
(a) Trade, profession, or particular kind of work Labor
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Jardin Vaughan

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Nelly Scott

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John A. Murray

(Address) 510 F. Street Sparrows Point

15- Filed APR 5 - 1917, 191.. HARRY C. ARCHER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 4th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 2nd 1917, to Apr 4th 1917, that I saw him alive on Apr 4th 1917, and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Delirium tremens

(Duration) ... yrs. ... mos. 2 ds.

(Signed) G. A. Bowden M. D.

Apr 4th, 1917. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. ... mos. 2 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Turners Station Balto Co Md

19-PLACE OF BURIAL OR REMOVAL, Asbury Cemetery

DATE OF BURIAL, 4-6..., 1917.

20-UNDERTAKER Felix B. Dip

ADDRESS 102 E. Mulberry St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4051

CERTIFICATE OF DEATH.

167 D 4051

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Johns Hopkins Hospital ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alonzia Wojiechowski

(Residence in Baltimore: No. 1029 S Curley st St.: 3 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Baby

6-DATE OF BIRTH, Unknown, 1 .....
(Month) (Day) (Year)

7-AGE, 3 yrs. ... mos. ... ds. | If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... baby
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Michael Woliechowski

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER, Josie Kledk

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Wojciechowski

(Address) 1029 S. Curley St.

15-

Filed APR 5 - 1917 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ...death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns accidental while playing with matches

..... (Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ...yrs. ...mos. ...ds.

(Signed) ..... M. D.
(Coroner.)

April 4 1917 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 14 ds. In the State 3 yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? 1029 S Curley St

Former or usual residence 1029 S Curley St

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. | DATE OF BURIAL, Apr. 5th, 1917.

20-UNDERTAKER M. F. Sadowski. | ADDRESS 705 S. Ann St.

ec.—8-24-14—M. & T.—2000 Bks.

4052 HEALTH DEPARTMENT—CITY OF BALTIMORE H D 4052

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 20 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anne Richardson

Residence in Baltimore: No. 1937 Edmondson ave St.; 47 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown (Month) (Day) 1870 (Year)

7-AGE, 47 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): Dress-making

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Saml Richardson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sarah Pannoal

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Deceased

(Address) 1937 Edmondson Ave

15- APR 5 - 1917 Filed, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 3 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 23 1917, to Apr 3 1917, that I saw h[illegible] alive on Apr 3 1917, and that death occurred, on the date stated above, at 9P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Sigmoid

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Perforation of Peritonitis (Duration) yrs. 10 mos. ds.

(Signed) M J Egan Jr M. D.

Apr 3, 191.7 (Address) Univ Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 11 ds. In the State 47 yrs. mos. ds.

Where was disease contracted, if not at place of death? Bal

Former or usual residence 1937 Edmondson Ave

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem DATE OF BURIAL, April, 191.7.

20-UNDERTAKER Chas E Franck ADDRESS 807 Madison ave

over

Spec.—8-24-14—M. & T.—2000 Bks.

D 4053

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4053

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2236 Orleans ST.; 6 WARD)

REGISTERED NO. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Lang

(Residence in Baltimore: No. 2236 Orleans St.; 50 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) 8 (Day) 1846 (Year)

7-AGE, 70 yrs. 6 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wood turner
(b) General nature of industry, business, or establishment in which employed (or employer): (Retired)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Lang

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Gertrude Vogel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Lang

(Address) 2236 Orleans St.

15- APR 5 - 1917 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

important. See instructions on

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1916, to April 4 1917, that I saw him alive on April 4 1917, and that death occurred, on the date stated above, at 10 A.m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(Organic heart disease)

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac failure

(Duration) yrs. mos. 1 ds.

(Signed) Adolph L. Eisenberg M. D.

April 4, 1917. (Address) 2201-3 Orleans St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	April 7, 191.
20-UNDERTAKER	**ADDRESS**
Jos. J. Kerr	156 N. Luzerne

D 4054 HEALTH DEPARTMENT--CITY OF BALTIMORE 92 D 4054

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1314 W Dataga St 19 WARD)

Registered No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Sarah Donovan

(Residence in Baltimore: No. 1314 W Dastoga St St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE, MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): Widow

6 DATE OF BIRTH: Unknown, 1 ..... (Month) (Day) (Year)

7 AGE: 68 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): Work at home

9 BIRTHPLACE (State or country): Ireland

PARENTS

10 NAME OF FATHER: James Riley

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sarah Burns

(Address) 1314 W Dastoga St

15 APR 5 - 1917 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April 3, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 1st, 1917, to April 3 1917, that I saw h.. alive on April 3, 1917, and that death occurred, on the date stated above, at 7 P. m.
The CAUSE OF DEATH* was as follows:

Chronic Endocarditis & Interstitial nephritis & Arteriosclerosis

(Duration) yrs. ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) J. T. Chesney M. D.

Apr 3, 1917 (Address) 1642 Eden and Dam ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St Peters | DATE OF BURIAL: April 6, 1917

20 UNDERTAKER: John F Cowan & Son | ADDRESS: 901 Hollins

N. B. In all cases state CAUSE OF DEATH fully and accurately, and state it in plain English. See instructions on back of certificate. This information is very important.

cc.—8-24-14—M. & T.—2000 Blks.

D 4055

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74 D 4055

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1313 Whatcoat st ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Freda Stein

Residence in Baltimore: No. 1313 Whatcoat street St.: 11 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... March ..... (Month) ..... (Day) 1837 (Year)

7-AGE, 80 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... At Home .....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... J. Stein .....

(Address) ..... 1411 E. Baltimore .....

15- APR 5 - 1917 ROBERT R. KRAUTER

Filed ....., 191.... Burial Permit ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March ..... 5 ....., 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 22nd 1917, to March 24th 1917, that I saw her alive on March 24 1917, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

..... Dr. Gauss Heart Disease .....

.....

.....

..... (Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Anasarca & Gen'l Asthenia (Duration) ..... yrs. 6 mos. ..... ds.

(Signed) ..... A. B. Blackstock ..... M. D.

Apr. 5th, 191.7 (Address) ..... 1545 Penna Ave .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Filesi Interment DATE OF BURIAL, 4/5 ....., 191.7.

20-UNDERTAKER Jack Sears 1411 E ADDRESS Bolto. St.

ec.—8-24-14—M. & T.—2000 Bks.

Enoch Wen.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4056 · 28 · D 4056

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1144 Russell St. 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Enoch Wen

Residence in Baltimore: No. 1144 Russell St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan. 18, 1917. (Month) (Day) (Year)

7-AGE, ...yrs. 2 mos. 17 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), East Md

PARENTS.

10-NAME OF FATHER, Enoch Wen

11-BIRTHPLACE OF FATHER (State or Country), Annap Md

12-MAIDEN NAME OF MOTHER Laura Krum

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laddie Wen

(Address) 1144 Russell St

15- Filed APR 5 - 1917 ROBERT R. KRAUTER Registrar. 191... Burial Permit ....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 25 1917, to March 1917, that I saw h— alive on April 4 1917, and that death occurred, on the date stated above, at 11.45 a.m.

The CAUSE OF DEATH* was as follows: Bronchitis 7 ds.

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ....yrs. ....mos. 10 ds.

(Signed) C. E. Lance M. D.

April, 191.7 (Address) 1142 S. Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	April 6 1917.
20-UNDERTAKER	ADDRESS
A. L. Brandt and Son	108 N. Monte

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4057

CERTIFICATE OF DEATH.

D 4057

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 Eutaw ST.; 22 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis Hall

Residence in Baltimore: No. 608 Eutaw St.; 5 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March, 1878
(Month) (Day) (Year)

7-AGE, 39 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Hall

11-BIRTHPLACE OF FATHER (State or Country), Do not know

12-MAIDEN NAME OF MOTHER Do not know

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Wallis

(Address) 819 Green

15-

Filed APR 5 1917 191.. ROBERT R. KRAUTER Registrar.

Burial Permit 3507

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April, 4, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 2 1917, to April 4 1917, that I saw him alive on April 3 191.., and that death occurred, on the date stated above, at 1 P.M. m.

The CAUSE OF DEATH* was as follows:

Tubercular Meningitis

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D Wesley Hoof M. D.

April 4, 191.. (Address) 819 Eutaw ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, April 6, 1917

20-UNDERTAKER John H Jordan — ADDRESS 1432 Russell

D 4058 HEALTH DEPARTMENT—CITY OF BALTIMORE D 4058

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Church Home St.: 8 WARD) 186

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena H Bruff

(Residence in Baltimore: No. 1915 E Federal st St.: yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March (Month) 31 (Day), 1880 (Year)

7-AGE, 37 yrs. 0 mos. 3 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework at Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, August Geller

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Louise Staddard

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James B. Bruff

(Address) 1915 E Federal St

15- [illegible]

Filed....., 191.... ROBERT R. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 3 (Day) 1917 (Year), 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Abortion
self induced
(Duration)....yrs....mos....da.

CONTRIBUTORY (Secondary)
(Duration)....yrs....mos....da.

(Signed) J. Wm. Tuschey M. D. (Coroner.)

April 5 1917, 191.. (Address) W EC Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....da. In the State....yrs....mos....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence 1915 E Federal

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, April 6, 1917.

20-UNDERTAKER Wm. Cook — ADDRESS 502 E. Monument Ave.

important. See instructions

ec.—8-24-14—M. & T.—2000 Bks.

D 4059 ✓ D 4059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

REGISTERED NO. C.....

1. PLACE OF DEATH

(a) CITY OF BALTIMORE: (No. 1720 Aisquith ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Julia C Kettlewell

(b) Residence in Baltimore: No. 1720 Aisquith St.; 59 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 23, 1856 (Month) (Day) (Year)

7-AGE, 61 yrs. ..... mos. 17 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... at Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, Samuel H. Kettlewell

11-BIRTHPLACE OF FATHER (State or Country), England.

12-MAIDEN NAME OF MOTHER Emily Blanckenhagen

13-BIRTHPLACE OF MOTHER (State or Country), England.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Pennock J. Cole

(Address) 1720 Aisquith St.

15-

Filed APR 5 - 1917, 191.. ROBERT R. KRAUTH Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April 4, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 12 1917, to April 4 1917, that I saw h.. alive on April 3 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Nephritis, Hemorrhagic

Pulmonal (Duration) ..... yrs. 3 mos. ..... ds.

(Signed) Wm. C. Keenan M. D.

April 4, 1917. (Address) 718 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Pk. DATE OF BURIAL, April 6, 191..

20-UNDERTAKER Wm. Cook ADDRESS 502 E. North Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4060 705 D 4060

CERTIFICATE OF DEATH

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2733 Prospect St. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill ont No. 18.)

2 FULL NAME Gladys Parrish

(Residence in Baltimore: No. 2733 Prospect St. St.: yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: September (Month) 3rd (Day), 1913 (Year)

7 AGE: 3 yrs. 7 mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): Child

9 BIRTHPLACE (State or country): Balto. md.

PARENTS

10 NAME OF FATHER: Warren W. Parrish

11 BIRTHPLACE OF FATHER (State or country): Balto. Co.

12 MAIDEN NAME OF MOTHER: Kate Blanchefield.

13 BIRTHPLACE OF MOTHER (State or country): Balto. Co. md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Warren W. Parrish.

(Address) 2733 Prospect St

15 APR 5 - 1917 Filed ....., 19.. ROBERT E. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Apr (Month) 3 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 3, 1917, to Apr 3 1917, that I saw her alive on apr 3, 1917, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Acute intestional intoxication

(Duration) yrs. mos. 2 ds

Contributory (SECONDARY) Convulsions

(Duration) yrs. mos. 1 ds.

(Signed) W. S. Nyblett M. D.

Apr 4, 1917. (Address) Garrison & Eby Blvd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Woodlawn cem — DATE OF BURIAL: apr 6, 1917

20 UNDERTAKER: Wm. Cook — ADDRESS: 502 E North ave

State CAUSE OF DEATH ... is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

4061 D 4061

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 219 E. Hamburg ST.; 22 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Freeberger

(Residence in Baltimore: No. 219 E. Hamburg St.: 56 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Widower

6-DATE OF BIRTH, Dont Know (Month) (Day) (Year)

7-AGE, 56 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bricklayer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto, Md.

PARENTS.

10-NAME OF FATHER, George W. Freeberger

11-BIRTHPLACE OF FATHER (State or Country), Balto, Md.

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Freeberger (Son)

(Address) 219 E. Hamburg St.

15-

Filed ..... 1917 Robert B. Krauth

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 15 1917, to April 4, 1917, that I saw h im alive on April 3, 1917, and that death occurred, on the date stated above, at 1.30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 10 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cerebral apoplexy (Duration) yrs. mos. 1 ds.

(Signed) D. Carroll Trenholm M. D.

4/4/, 1917. (Address) 172 W. Lee St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, April 7, 1917.

20-UNDERTAKER M. J. Flynn

ADDRESS 1422 Light St.

ec.—8-24-14—M. & T.—2000 Bks.

D 4062

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4062

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. Church Home & Infirmary ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Lulu M. Radcliffe

(Residence in Baltimore: No. Overlea Md.; St.; 16 yrs. 1 mos. 18 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, February 12th, 1895.
(Month) (Day) (Year)

7-AGE, 22 yrs. 1 mos. 18 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Thomas A Deaver

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER Augusta A Hartung

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas A Deaver

(Address) Overlea Apt Overlea Md

15-

APR 5 - 1917

Filed....., 191.....

Burial Permit Olork Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 29 1917, to Apr 4 1917, that I saw her alive on Apr 4 1917, and that death occurred, on the date stated above, at 8.10 p.m.

The CAUSE OF DEATH* was as follows:

Septicaemia, mild
Endocarditis,

(Duration) yrs. mos. 10 da.

CONTRIBUTORY (Secondary) Cardiac Arrhythmia

(Duration) yrs. mos. 1 da.

(Signed) W H Tetery M. D.

Apr 4, 1917. (Address) Church Home

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, April 7, 1917.

20-UNDERTAKER George Schilling & Son — ADDRESS 1126 E Monument

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4063

CERTIFICATE OF DEATH.

38 ✓ D 4063

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Mary Davis

Residence in Baltimore: No. 1218 Druid Hill Ave St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, [illegible] (Month) [illegible] (Day) 1863 (Year)

7-AGE, 44 yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... H W
(b) General nature of industry, business, or establishment in which employed (or employer)..... P.S. Accupation

9-BIRTHPLACE, (State or Country). North Carolina

PARENTS.

10-NAME OF FATHER. Wm Sullivan

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Maria Steward

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [illegible]

(Address) 1218 N Hton

15. APR 5 - 1917 Filed....., 191.... ROBERT R. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 5 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from [illegible] 1917, to [illegible] 5 1917, that I saw her alive on [illegible] 5 1917, and that death occurred, on the date stated above, at 7:30 p.m.

The CAUSE OF DEATH* was as follows:

Pys Salpingitis & pelvic peritonitis / 00 M

(Duration) 7 yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Salpingitis

(Duration) Several yrs.....mos.....ds.

(Signed) [illegible] M. D.

Apr 6, 1917 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death .....yrs. .....mos. 5 ds. In the State .....yrs. 6 mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1218 Druid Hill Ave

19-PLACE OF BURIAL, OR REMOVAL, Woodlawn Md

DATE OF BURIAL, Apr 7, 1917

UNDERTAKER Samuel Stanley

ADDRESS 1375 W Balto

D 4064

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4064

CERTIFICATE OF DEATH.

167

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital St.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Simon Burowitz

(Residence in Baltimore: No. 607 W. Franklin St.: 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: Unknown (Month), 1 (Day), ... (Year)

7-AGE: 30 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Unknown

PARENTS.

10-NAME OF FATHER: "

11-BIRTHPLACE OF FATHER (State or Country): "

12-MAIDEN NAME OF MOTHER:

13-BIRTHPLACE OF MOTHER (State or Country):

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hospital Records

(Address) Green & Lombard

15-

Filed APR 6 - 1917 191.... HALEY O. ADDISON Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: March (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock following burns about face and body caused by oil Lamp overturning Accidental.

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert L. Dorsett M. D.
(Coroner.)

April 3 1917 (Address) 3127 Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place University Hospital in the of death ..... yrs. ..... mos. 3 days State 5 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? .....

Rear of 607 W Franklin St

Former or usual residence 607 W Franklin St

19-PLACE OF BURIAL, OR REMOVAL: Hebrew Mt Carmel

DATE OF BURIAL: April 6, 1917

20-UNDERTAKER: J. Kruman & Bro

ADDRESS 1107 E Balto St

Important. See instructions

c.—8-24-14—M. & T.—2000 Blks.

D 4065

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4065

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

ITY OF BALTIMORE: (No. 503 N. Rose ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Wisdish

Residence in Baltimore: No. 503 N. Rose St.; 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, July 21, 1898 (Month) (Day) (Year)

7-AGE, 18 yrs. 8 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Iron Worker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Hungary

PARENTS.

10-NAME OF FATHER, Joseph Wisdish

11-BIRTHPLACE OF FATHER (State or Country) Hungary

12-MAIDEN NAME OF MOTHER Elizabeth Merlay

13-BIRTHPLACE OF MOTHER (State or Country) Hungary

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Wisdish

(Address) 503 N Rose St

15- Filed APR 6 - 1917, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 6 191 7, to April 4 191 7, that I saw h[illegible] alive on April 4 191 7, and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Uraemia

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dropsy

(Duration) yrs. mos. ds.

(Signed) W. J. K. Gibson M. D.

April 5, 191 7 (Address) 2008 Oakton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery | DATE OF BURIAL, Apr 7, 191...

20-UNDERTAKER Henry Hauck Son | ADDRESS 1301 E Lanvale

D 4066

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

D 4066

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No 439 W Conway St.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oscar Cornish

(Residence in Baltimore: No. 439 W Conway St.; 23 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colloid

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: May 1 (Month) (Day) 1884 (Year)

7-AGE: 32 yrs. 10 mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balt city

PARENTS

10-NAME OF FATHER: Simon Cornish

11-BIRTHPLACE OF FATHER (State or country): Jefferson Co Ky

12-MAIDEN NAME OF MOTHER: Julia Bianket

13-BIRTHPLACE OF MOTHER (State or country): Jefferson Co Ky

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Simon Cornish

(Address) 439 W Conway St

15- APR 6 - 1917 Filed ..... 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 5 (Month) (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15, 1917, to, April 5 1917, that I saw h[illegible] alive on April 4 1917, and that death occurred, on the date stated above, at 12 [illegible] m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) yrs 6 mos ds.

Contributory (SECONDARY)

(Duration) yrs mos ds.

(Signed), H S M Caul M. D.

4/5, 1917 [Address] 7005 Wallace

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: April 7, 1917

20-UNDERTAKER: Geo H Hooper

ADDRESS: 607 Eutaw Place

TION is very important. See [illegible]

D A K S · A F E

ec.—8-24-14—M. & T.—2000 Bks.

D 4067 HEALTH DEPARTMENT—CITY OF BALTIMORE D 4067

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 2710 N. Charles ST.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice E. Funk

Residence in Baltimore: No. 2710 N Charles St

St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb 10, 1846
(Month) (Day) (Year)

7-AGE, 71 yrs. 1 mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wm Funk

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elen J Wood

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Hickey

(Address) 2710 N Charles St

15- Filed APR 6 - 1917, 191... HARRY C. ANDREWS Registrar.

Dr H McGuess 2706 Druid Pl

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April X, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 26 191..., to April X 191..., that I saw her alive on April 3, 1917, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

..... (Duration) ....yrs. ....mos. X ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Lee Thompson M. D.

April 6, 191... (Address) 1206 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem — DATE OF BURIAL, Oct 6, 1917

20-UNDERTAKER W L Lickner Sons — ADDRESS Lime & Pratt

Sec.—8-24-14—M. & T.—2000 Bks.

D 4068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 4068

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose M. Waterberger

Residence in Baltimore: No. 1919 Riggs Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Aug 31, 1848 (Month) (Day) (Year)

7-AGE, 68 yrs. 7 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Louis Weber

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Waterberger

(Address) 1919 Riggs Ave

15- Filed APR 6 - 1917, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 28 1917, to Apr 5 1917, that I saw h[illegible] alive on Apr 5 1917 and that death occurred, on the date stated above, at 7.45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Lloyd T. Smith M. D.

Apr 5, 1917 (Address) 1919 Riggs Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 8 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 1919 Riggs Ave.

Former or usual residence 19[illegible] Riggs Ave.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, April, 1917

20-UNDERTAKER H. J. Tschiesinger

ADDRESS 1000 North Eden

D 4069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

D 4069

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1233 Columbia ave ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Phillip C. Fritz

(Residence in Baltimore: No. 1233 Columbia ave St.: yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Feb (Month) 8 (Day), 1834 (Year)

7-AGE, 81 yrs. 1 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Fritz

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Susanna Zimmerman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wilbur Silberzahn

(Address) 1233 Columbia ave

15- APR 6 - 1917 Filed....., 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Myocarditis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation of heart (Duration) 1 yr. Sudden

(Signed) James M Taylor M. D. (Coroner.)

April 5, 191.7 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn Cem	April 8, 1917

20-UNDERTAKER W. J. & W. J. Tschudy | ADDRESS Woodlawn Cem

CAUSE OF DEATH. Important. See instructions on back.

D 4070

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4070

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Town Tyr 3 Pratt St. WARD) 169

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marian Legree

3-Residence in Baltimore: No. Unknown St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, Unknown, 1
(Month) (Day) (Year)

7-AGE, 21 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md.?

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm H Owens

(Address) Walbrook 538

15- APR 6 - 1917 HARRY C. ANDREWS Burial Permit Clerk
Filed....., 191.....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquest
(Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowned
Found in water - accidental
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) W. F. Tuley M. D.
(Coroner.)
Apl 4, 1917 (Address) 16 E Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Denton Md	April 6, 1917
20-UNDERTAKER John H Owens	ADDRESS 538 Walbrook

Important. See information

C—5-19-13—M. & T.—500 Bks.

D 4071 HEALTH DEPARTMENT—CITY OF BALTIMORE 43 D 4071

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 136 N. Calhoun St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Murray

Residence in Baltimore: No. 136 N Calhoun St.; 53 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1864 (Year)

7-AGE, 53 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Teacher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Jacob A. Murray

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Eliza Hanson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henrietta Goldsborough

(Address) 1361 N. Calhoun

15- HARRY C. ANDREWS

Filed APR 6 1917 191. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 3 (Day), 1917 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar. 25 1917, to Apr. 3 1917, that I saw her alive on Apr. 2 1917, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of left mammary gland. Operation 1 yr. ago

(Duration) 1 yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) metastases in thyroid cord & intestine

(Duration) 2 yrs. mos. 10 ds.

(Signed) Wm F. Carey Jr. M. D.

Apr. 5th, 1917. (Address) 515 Mosher St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem DATE OF BURIAL, Apr 6, 1917

20-UNDERTAKER Sam'l H. Chase & Son ADDRESS 1101 Mosher St

Important. See instructions.

...—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4072

D 4072

CERTIFICATE OF DEATH.

151

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 S Chester ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adam Baron

Residence in Baltimore: No. 217 S Chester St.; ..... yrs., ... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Single

6-DATE OF BIRTH, April 5, 1917
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 1 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, Pawel Baron

11-BIRTHPLACE OF FATHER (State or Country), Galicia

12-MAIDEN NAME OF MOTHER Antonina Snigowska

13-BIRTHPLACE OF MOTHER (State or Country), Galicia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Pawel Baron

(Address) 217 S. Chester

15- Filed APR 6 - 1917 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 5 191 7, to April 5 191 7, that I saw h... alive on April 5 191 7, and that death occurred, on the date stated above, at 1.16 m.

The CAUSE OF DEATH* was as follows:

Congenital Debility

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) None

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. D. C. Bauk M. D.

April 6, 191 7 (Address) 2208 Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, April 7, 191 7.

20-UNDERTAKER William Fiasook

ADDRESS 618 Eastern Ave

D 4073

HEALTH DEPARTMENT—CITY OF BALTIMORE

151 D 4073

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2324 Eastern ave ST. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Popkins

(Residence in Baltimore: No. 2324 Eastern ave

St.: yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April 5, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 1 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER, Dominic Popkins

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Zekla Pokrowska

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dominic Popkins

(Address) 2324 Eastern ave

15-

Filed APR 6 - 1917 191.... HARRY C. ANDREWS Clerk

Burial Permit Issued Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 6, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquisition (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) and that said deceased came to h.... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Debility

.... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

.... (Duration) ....yrs. ....mos. ....ds.

(Signed) Henry Ayas Jr. M. D.
(Coroner)

April 6, 1917 (Address) 1610 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, St Hannahans DATE OF BURIAL, Apr 6 1917

20-UNDERTAKER Wm Fiaufowski ADDRESS 1611 Eastern ave

CAUSE OF DEATH must be stated plainly and fully. See instructions on back of this blank. Every certificate must be filled out in all its parts. Every question must be answered. Every item is important.

...ec.—8-24-14—M. & T.—2000 Bks.

D 4074

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50 ✓ D 4074

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 Wilcox St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Striefel Stiefel

Residence in Baltimore: No. 725 Wilcox St.; 55 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Sept (Month) 18 (Day), 1851 (Year)

7-AGE, 65 yrs. 6 mos. 16 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Christian Mink

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. F. Striefel

(Address) 725 N. Wilcox St.

15- Filed APR 6 - 1917, 191. HARRY C. ANDREWS Burial Permit Clerk... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 28 1917, to April 4 1917, that I saw h.r alive on April 3rd 1917, and that death occurred, on the date stated above, at 7 m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Ldo Mt Knows (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Gangrene of right foot

..... (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) F. R. Riley M. D.

April 5, 1917. (Address) 924 N. Carey St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem.	April 6th, 1917.
20-UNDERTAKER E. Schloman & Son	ADDRESS 1034 Hanover

D 4075 HEALTH DEPARTMENT—CITY OF BALTIMORE D 4075

CERTIFICATE OF DEATH. 186

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 3296 W. Baltimore St.: 13 WARD)
2-FULL NAME David Halle
(Residence in Baltimore: No. Lake Court Apts.

REGISTERED No. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)
St.; yrs., Lifetime mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, January 11, 1849
(Month) (Day) (Year)

7-AGE, 68 yrs. 2 mos. 21 ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoe Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.
10-NAME OF FATHER, Simon Halle
11-BIRTHPLACE OF FATHER (State or Country), Baltimore
12-MAIDEN NAME OF MOTHER Unknown
13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Simon Halle
(Address) Lake Court Apts.

15- Filed APR 6 - 1917 191. HARRY C. ANDREWS Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquest find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of skull and internal injuries, caused by Water closet falling through floor, crushing him
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Gilbert L. Duncan M. D.
(Coroner)
April 6, 1917 (Address) 312 N. Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Hebrew Cemetery DATE OF BURIAL, April 6, 1917
20-UNDERTAKER David Sondheim ADDRESS 1180 N. Royal Ave

Important. See instructions on back.

c.—8-24-14—M. & T.—2000 Bks.

D 4076 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH. 119 D 4076

1-PLACE OF DEATH Franklin Sq. Hospital REGISTERED NO. C

CITY OF BALTIMORE: (No. Fayette & Calhoun ST.; 14 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Adisan

Residence in Baltimore: No. 556 Robert St. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, April 20, 1872 (Month) (Day) (Year)

7-AGE, 44 yrs. 11 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer Day
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), a.a.c.a.n.u.d.e.l Co Md

PARENTS.

10-NAME OF FATHER, James adison

11-BIRTHPLACE OF FATHER (State or Country), Ann a.r.u.n.d.e.l Co Md

12-MAIDEN NAME OF MOTHER Amila Smith

13-BIRTHPLACE OF MOTHER (State or Country), Ann a.r.u.n.d.e.l Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amila Adison

(Address) Annapolis Md

15- Filed APR 6 - 1917, 191.... HARRY C. ANDREWS Registrar.
Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 5 1917, to April 5 1917, that I saw h.i.m alive on April 5 1917, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) ....yrs. ....mos. 1 ds.

(Antecedent) CONTRIBUTORY (Secondary) Hypostasis

(Duration) ....yrs. ....mos. ....ds.

(Signed) T. L. Marshall M. D.

April 6 191.7 (Address) Franklin Sq. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Annapolis Md — DATE OF BURIAL, April 6, 1917.

20-UNDERTAKER H. L. Hopkins — ADDRESS Annapolis Md

...c.—8-24-14—M. & T.—2000 Bks.

D 4077

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4077

64

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 N. Calvert ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Evans Bresee.

Residence in Baltimore: No. 1121 N. Calvert St.; 10 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, April 30", 1855 (Month) (Day) (Year)

7-AGE, 61 yrs. 11 mos. 5 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Louis Passano

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Mary Ann Taylor

13-BIRTHPLACE OF MOTHER (State or Country), Delaware

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. Marshall B. Best

(Address) Catonsville Md.

15-

Filed APR 6 - 1917, 191... MARY C. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 5" (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1916, to April 191?, that I saw h[illegible] alive on April 2" 191?, and that death occurred, on the date stated above, at 4.50 P m.

The CAUSE OF DEATH was as follows:*

Cerebral Hemorrhage

Coronary Occlusion 6 or 7

Attacks

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Arteriosclerosis

(Duration) 3 yrs. mos. ds.

(Signed) [illegible] M. D.

April 6, 191? (Address) 1008 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, April 7th, 1917.

20-UNDERTAKER H. W. Jenkins & Son Co — ADDRESS Mt. Lucas & Orchard Sts

D 4078

HEALTH DEPARTMENT—CITY OF BALTIMORE.

1917 14

CERTIFICATE OF DEATH.

186 D 4078

REGISTERED No. C.....

PLACE OF DEATH

CITY OF BALTIMORE (No. 3396 W Baltimore St.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Solomon

(Residence in Baltimore: No. 719 Asquith St.: Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, April — 1893
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
19 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Abe Solomon

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Sarah Goldstein

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E Baltimore

15-

Filed APR 6 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Fracture of Skull & ribs Caused by being Falling Timbers Crushing body. Ajar- Water tank fell through floor

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert L Duncan M. D.
(Coroner)

Apl 6 1917 (Address) 312 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Ferncliff Park	4/6 1917
20-UNDERTAKER	**ADDRESS**
Jack Lewis	1411 E Baltimore

Important. See instructions on this

D 4079

HEALTH DEPARTMENT—CITY OF BALTIMORE.

186 D 4079

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 329 W. Baltimore ST.: 4 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Meyer Levi

(Residence in Baltimore: No. 507 Sharp St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, June (Month) 17 (Day), 1896 (Year)

7-AGE, 21 yrs. 2 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Book Keeper
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore ~~Russia~~

PARENTS.

10-NAME OF FATHER, ~~Russia~~ Samuel Levi

11-BIRTHPLACE OF FATHER (State or Country) ~~Otto Goldberg~~ Russia

12-MAIDEN NAME OF MOTHER Hetta Goldberg

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Levis

(Address) 1411 E Baltimore St

15- APR 6 - 1917

Filed....., 191.... HARRY C. ANDREWS Clerk

Registrar.

Burial Permit

important. See instructions on

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Fracture of Skull & Ribs also internal injuries caused by being Crushed by falling floors after wall fell through roof (Duration) 0 yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Geo. J. Donovan M. D.

April 6 1917 (Coroner) (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington Blvd

DATE OF BURIAL, 4/6..., 191.7

20-UNDERTAKER Jack Levis

ADDRESS 1411 E Baltimore

rc.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4080 | CERTIFICATE OF DEATH. | 120 | D 4080

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME, Dora Kogan

Residence in Baltimore: No. 14 N. Chester St. St.; 10 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 40 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russian

PARENTS.

10-NAME OF FATHER, Ruben Katz

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. Levin

(Address) 1411 E. Baltimore St

15- Filed APR 6 - 1917, 191.. HARRY C. AMBERS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 6, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 31 - 1917, to Apr. 6 1917, that I saw her alive on Apr. 6 1917, and that death occurred, on the date stated above, at 11.30 Am.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) yrs. mos. 7 ds.

(Signed) Norwood W. Voss M. D.

Apr. 6, 191.7. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State 12 yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 14 N. Chester Street

19-PLACE OF BURIAL OR REMOVAL, Mt. Sinai

DATE OF BURIAL, Apr. 7, 191.7.

20-UNDERTAKER Jos. Levin

ADDRESS 1411 E. Baltimore St

D 4081 HEALTH DEPARTMENT—CITY OF BALTIMORE D 4081

CERTIFICATE OF DEATH. 169 REGISTERED NO. C.....

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE (No. Foot of President St ST.: 3 WARD)

2-FULL NAME George P. Everest

(Residence in Baltimore: No. unknown St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	unknown

6-DATE OF BIRTH, unknown, 1 (Month) (Day) (Year)

7-AGE, 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. unknown
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). unknown

PARENTS.

10-NAME OF FATHER. unknown

11-BIRTHPLACE OF FATHER (State or Country). unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country). unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Patrol Boat Seaman

(Address).....

15-

Filed APR 6 - 1917 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 3, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

Signed) Henry Ryan (Coroner) M. D.

3/5, 1917 (Address) 1610 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western — DATE OF BURIAL, 4-6, 19 17

20-UNDERTAKER Graham F. Walker — ADDRESS 723 W. Lafayette

important. See instructions on back.

cc.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4082

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90 D 4082

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1920 Hemmeman Ave St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Smalls

Residence in Baltimore: No. 1920 Hemmeman Ave St.; yrs., 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept 1, 1916
(Month) (Day) (Year)

7-AGE, yrs. 7 mos. 5 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Wm Smalls

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Ella Lowden

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo Jones

(Address) 1922 Hemmeman St

15- Filed APR 6 - 1917, 191... HARRY O. ANDREWS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 2, 1917, to April 5, 1917, that I saw h[illegible] alive on April 4, 1917, and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

Capillary Bronchitis

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(Duration) yrs. 8 mos. ds.

(Signed) J. M. O'Connor M. D.

April 6, 1917 (Address) 1522 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Arbury Conn — DATE OF BURIAL, April 7, 191...

20-UNDERTAKER Harry A. Vodery — ADDRESS 1723 Orleans

D 4083

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 D 4083

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 219 S. Sharp ST. 22 WARD)

2-FULL NAME albinas Matulevich

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 219 S. Sharp St.; yrs. 2 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: January 25, 1917 (Month) (Day) (Year)

7-AGE: yrs. 2 mos. 12 ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Antony Matulevich

11-BIRTHPLACE OF FATHER (State or country): Lithuania

12-MAIDEN NAME OF MOTHER: Tafile Dimiute

13-BIRTHPLACE OF MOTHER (State or country): Lithuania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Matulevich

(Address) 219 So Sharp St.

APR 6 - 1917 Filed ....., 191.....

HARRY C. ANDREWS, Burial Permit Clerk
REGISTRAR

TION is very impor[illegible]

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 3, 1917, to April 6 1917, that I saw h[illegible] alive on April 6 1917, and that death occurred, on the date stated above, at 7:30 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. ..... mos. 3 ds.

Contributory (SECONDARY): Chr. Gastroenteritis

(Duration) yrs. 2 mos. ..... ds.

(Signed) John A Miladowsky M. D.

April 6 1917 [Address] 629 Columbia Av

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence: 219 S Sharp St

19-PLACE OF BURIAL OR REMOVAL: St Stanislaus — DATE OF BURIAL: April 7, 1917

20-UNDERTAKER: John Grebliauckas — ADDRESS: 425 S Paca St

ect.—8-24-14—M. & T.—2000 Bks.

D 4084

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 D 4084

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 Hanover St.; 23 WARD)

REGISTERED No. C

2-FULL NAME Charles R. Prinz

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Residence in Baltimore: No. 1622 Hanover St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH (Month) Aug (Day) 30 (Year) 1873

7-AGE, 43 yrs. 7 mos. 5 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hamess
(b) General nature of industry, business, or establishment in which employed (or employer): Maker

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Ferdinand F. Prinz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Gertrude Bernhardt

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Christina Prinz

(Address) 1622 Hanover St.

15-

Filed APR 6 - 1917, 191.... MARY C. ANDREWS Registrar.

Burial Permit ... Dr.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended, deceased from Dec 2 191 6, to April 4 191 7, that I saw h[illegible] alive on April 2 191 7, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Phthisis

(Cause) Pulmonalis

(Duration) yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John A. Foley M. D.

April 4, 191 7. (Address) 736 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. LOUDON PARK. DATE OF BURIAL. APR. 7 1917

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

...c.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4085

CERTIFICATE OF DEATH.

79 D 4085

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 Light ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Catherine Wagner

Residence in Baltimore: No. 1022 Light St.; 40 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, January 25, 1852
(Month) (Day) (Year)

7-AGE, 65 yrs. 2 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House-work
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Howard Co. Md.

PARENTS.

10-NAME OF FATHER, Lemuel Mark

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Susan A. Ferguson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Adam A. Wagner

(Address) 1022 Light St

15-

Filed APR 6 - 1917 191.....

HARRY C. ARCHER
Burial Permit Clerk

(Signature) Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1916, to April 3 1917, that I saw h... alive on April 3 1917, and that death occurred, on the date stated above, at 11:00 a. m.

The CAUSE OF DEATH* was as follows:

Heart disease
Hypertension + mitral insufficiency

(Duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ... yrs. ... mos. ... ds.

(Signed) E. H. Tulloch M. D.

414, 191 7 (Address) 1230 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Frederick Md.

DATE OF BURIAL, APR 7 1917

20-UNDERTAKER ARMSTRONG-DENNY CO.

ADDRESS 715 Light St

D 4086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

172 D 4086

REGISTERED NO. C.

PLACE OF DEATH
CITY OF BALTIMORE (No. 8 University Hospital ST.; 4 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)
1-FULL NAME Martha Webb.
(Residence in Baltimore: No. 715 W. Pratt ST.) (If non-resident, give St. yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow
6-DATE OF BIRTH, April 10, 1844 (Month) (Day) (Year)
7-AGE, 72 yrs. 11 mos. 25 ds.
If LESS than 1 day, hrs. or min.?
8-OCCUPATION: (a) Trade, profession, or particular kind of work, Housework (b) General nature of industry, business, or establishment in which employed (or employer), at home
9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.
10-NAME OF FATHER, John Zimmerman
11-BIRTHPLACE OF FATHER (State or Country), Germany.
12-MAIDEN NAME OF MOTHER, Mary Germand
13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) C. A. Webb
(Address) Philadelphia

15- Filed APR 6 - 1917, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

important. See instructions on back.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 1, 1917 (Month) (Day) (Year)
17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:
Hypostatic pneumonia following fall from porch (accidental)
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.
(Signed) Albert D. Foscoe M. D. (Coroner.)
April 6, 1917. (Address) 512 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death? 715 W Pratt St
Former or usual residence 715 W Pratt St

19-PLACE OF BURIAL OR REMOVAL, Frederick Md
DATE OF BURIAL, April 7th, 1917
20-UNDERTAKER John D Fields
ADDRESS 1200 W Fayette

D4087

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

79

REGISTERED No. D4087

1.PLACE OF DEATH

CITY OF BALTIMORE (No. 1615 Elizabeth Lane. St.: 23 WARD)

2.FULL NAME Laura M.Ireland.

(Residence in Baltimore: No. 1615 Elizabeth Lane St.: 69 mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and add out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH. May 25th. 1848 (Month) (Day) , 1 (Year)

7-AGE. 68 yrs. 11 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.f

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, ---------Smith

11-BIRTHPLACE OF FATHER (State or Country). Do not know.

12-MAIDEN NAME OF MOTHER Do not know.

13-BIRTHPLACE OF MOTHER (State or Country). Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F.Ireland.(Son)

(Address) 1615 Elizabeth Lane.

15- FILED APR 7 - 1917 ROBERT R. KRAUTER Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4th. 1917. (Month) (Day) , 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the dny stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Otto M Reinhardt M. D.
(Coroner)

April,5,1917 (Date) 1017 S.Charles (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetary — DATE OF BURIAL, April 7, 1917

20-UNDERTAKER, Wm J. L. Evans — ADDRESS, 428 E Chase

Burial Permit Issued

Please write plainly. See instructions on back of certificate. All questions must be answered if important.

D 4088

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4088

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 329 W. Baltimore St.; 4 WARD)

2-FULL NAME William C. Dorsey

(Residence in Baltimore: No. Westminster Md St.; yrs., mos. ds.)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Feby. 28, 1865 (Month) (Day) (Year)

7-AGE. 52 yrs. 1 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: John A. Dorsey

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Deborah Degafford

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Mrs. Rosa May Dorsey

(Address): Westminster

15- Filed APR 7 - 1917 191.. ROBERT B. KRAUTH Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 4, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Coroner, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Fracture of Skull, and internal injuries caused by water tank falling through floor, crushing him

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Gilbert D. Dorsey M. D.

(Coroner) April 6, 1917 (Address) 317 N. Arlington Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Westminster Md	April 7 1917
20-UNDERTAKER	ADDRESS
W. M. Mouton	230 N. Green

Important. See instructions on back.

...c.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 4089 — 92 D 4089

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1443 Patapsco ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles A. Johnson

(Residence in Baltimore: No. 1443 Patapsco St.; 49 yrs., 9 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, June (Month) 9th (Day) 1867 (Year)

7-AGE, 49 yrs. 8 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Bartender
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Samuel Johnson

11-BIRTHPLACE OF FATHER (State or Country), Tennessee

12-MAIDEN NAME OF MOTHER Christian Meinberg

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Johnson

(Address) 1443 Patapsco St.

15-APR 7 - 1917 ROBERT R. KRAUTH Registrar.

Filed....., 191.. Burial Permit Clerk.

Important.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 4th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 1 1917, to April 4th 1917, that I saw h[im] alive on April 4th 1917, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(Duration) ....yrs. ....mos. ....ds.

(Signed) Henry Gray M. D.

April 6, 1917 (Address) 1508 McDonough

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem — DATE OF BURIAL, 4/7..., 1917

20-UNDERTAKER I. Frew McNeely — ADDRESS 130 E Fort

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4090 ✓ D 4090

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH Robert Garrett Hospital

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 27 N. Carey ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clyde Enocks

(Residence in Baltimore: No. 422 E Oston St. (If Not Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 6 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, George H. Enocks

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Cornelius Myrtle

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George H. Enocks

(Address) 422 E Oston St.

15- APR 7 - 1917 HARRY C. ANDREWS

Filed....., 191..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 6th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 5 1917, to April 6th 1917, that I saw him alive on April 5th 1917, and that death occurred, on the date stated above, at 6 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) general weakness Lobar Pneumonia 6 wks ago.

(Duration) yrs. mos. ds.

(Signed) Frank S. Hundley M. D.

....., 191... (Address) 634 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State Life mos. ds.

Where was disease contracted, if not at place of death? at Camp

Former or usual residence 422 E Oston St.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, April 8, 1917.

20-UNDERTAKER John J. Cowan ADDRESS 901 Hollins St.

Important.

...ec.—8-24-14—M. & T.—2000 Bks.

D 4091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 4091

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 N. Exeter ST.; 5 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry C. Scherer

(Residence in Baltimore: No. 422 N. Exeter St. Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Dec. 23, 1874 (Month) (Day) (Year)

7-AGE, 42 yrs. 3 mos. 12 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Dower
(b) General nature of industry, business, or establishment in which employed (or employer)..... Transfer Wagon

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, George Scherer

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Florence Bright

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Scherer

(Address) 422 N. Exeter

15-

Filed APR 7 - 1917, 191.. HARRY O. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 23d 1917, to April 3d 1917, that I saw him alive on April 3d 1917, and that death occurred, on the date stated above, at 1.20 p. m.

The CAUSE OF DEATH* was as follows:

Chronic parenchymatous nephritis

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Apoplexy

(Duration) yrs. 1 mos. 11 ds.

(Signed) Benjamin Kadis M. D.

4-5, 191.. (Address) 252 N. Payson St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, April 7, 1917

20-UNDERTAKER John H. Bowen & Son — ADDRESS 701 Hollins St.

D 4092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175 D 4092

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Pronounced dead at Lutheran Emergency Hospital 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Hickey

(Residence in Baltimore: No. 223 S Strieker St.; yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	single

6-DATE OF BIRTH, May (Month) 4 (Day), 1913 (Year)

7-AGE, 3 yrs. 11 mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Patrick Hickey

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Catherine Curran

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Patrick Hickey

(Address) 223 S Strieker

15-

Filed APR 7 1917, 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

important. See instructions for ca...

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Fracture of Skull & Crushed body, Accidently Caused by Auto Truck

(Duration) ..... yrs. Instant mos. ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. mos. ds.

(Signed) James M Keelan M. D. (Coroner.)

May 5, 1917. (Address) 712 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	Apl 7th, 1917.
20-UNDERTAKER	ADDRESS
John J Brown & Son	901 Hollins St

D 4093 HEALTH DEPARTMENT—CITY OF BALTIMORE D 4093

CERTIFICATE OF DEATH. 186

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3296 W Baltimore St.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Helen Neuenhahn

(Residence in Baltimore: No. 1844 N Collington Ave St.: 23 yrs., 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept 6 (Month) (Day), 1893 (Year)

7-AGE, 23 yrs. 7 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stenographer.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Charles A. Neuenhahn

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Emelia Schilling

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. A. Neuenhahn

(Address) 1844 N. Collington Ave

15- Filed APR 7 - 1917 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April. (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows: Fracture of skull & ribs also internal injuries. Caused by being crushed by falling timber & water came pulling through floor (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Albert S. Donnell M. D.

age 67 19... (Coroner) (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, London Park Cem — DATE OF BURIAL, Apr. 8 19 17

20-UNDERTAKER Mrs Jno W. Teufel — ADDRESS 801 N. Fayette

Important. See instructions on reverse side.

D 4094

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

109 ✓ D 4094

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 S. Chester St. 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stephen King

(Residence in Baltimore: No. 410 S. Chester St. 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Dec. 25th 1836 (Month) (Day) (Year)

7-AGE: 80 yrs. 3 mos. 9 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: Coleman King

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Bridget Devine

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bridget King

(Address) Ireland

15-

Filed APR 7 - 1917

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 4 (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4-2, 1917, to, 4-3 1917, that I saw h.im alive on 4-3 1917, and that death occurred, on the date stated above, at 9.25 m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart
(chronic endocarditis)

(Duration) ..... yrs ..... mos ..... ds.

Contributory (SECONDARY): Strangulated Inguinal Hernia

(Duration) ..... yrs ..... mos. 2 ds.

(Signed), J E Gale M. D.

4-4, 1917. [Address] 111 S Belnord

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: Apr 7, 1917

20-UNDERTAKER: Jno. A. Moran

ADDRESS 3000 E Balto St

If state CAUSE OF DEATH, TION is very important. See instructions

...cc.—8-24-14—M. & T.—2000 Blks.

D 4095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

417 D 4095

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Inf. St.; 11 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Mildred Neff

Residence in Baltimore: No. 31 W. Lanvale St.; ....yrs., 4 mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, July (Month) 8th (Day) 1885 (Year)

7-AGE, 31 yrs. 8 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Kansas

PARENTS.

10-NAME OF FATHER, W. H. Murdock

11-BIRTHPLACE OF FATHER (State or Country), W. Va

12-MAIDEN NAME OF MOTHER Virginia Smith

13-BIRTHPLACE OF MOTHER (State or Country), W. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... M. D. Neff

(Address)..... Balto.

15-

Filed..... APR 7 1917, 191.....

HARRY C. ANDREWS
CLERK [illegible]

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 30 191 7, to April 6 191 7, that I saw h[illegible] alive on April 6 191 7, and that death occurred, on the date stated above, at 12:09 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of sigmoid flexture of colon

Operated in Jan 1917

(Duration) 1 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Contusion

(Duration) [illegible] yrs. 1 mos. ....ds.

(Signed) M. D. Neff M. D.

April 6, 191 7 (Address) Church Home & Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 3 mos. 7 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Manila Philippine Isl'd

19-PLACE OF BURIAL OR REMOVAL, Kingswood Beston Co W. Va. DATE OF BURIAL, April 8, 1917

20-UNDERTAKER H. Sander's Sons ADDRESS 1101 East N.

ec.—8-24-14—M. & T.—2000 Bks.

D 4096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

85 D 4096

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1909 Mc Elderry ST.; 14 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Luther Brockman

(Residence in Baltimore: No. 1909 Mc Elderry St.: Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept 10th, 1898 (Month) (Day) (Year)

7-AGE, 18 yrs. 6 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)..... Box Factory

9-BIRTHPLACE, (State or Country), Baltimore City Md.

PARENTS.

10-NAME OF FATHER, John H. Brockman

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City Md.

12-MAIDEN NAME OF MOTHER Lena Muller

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Brockman

(Address) 1909 Mc Elderry

15- Filed APR 7 - 1917 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 4 1917, 191..., to April 5 1917, 191..., that I saw h[illegible] alive on April 4 1917, 191..., and that death occurred, on the date stated above, at 3 1/4 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthma

(Duration) yrs. Heart Block mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. Francis McGlannan M. D.

April 7, 191... (Address) 1324 McElderry

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, April 7, 191...

20-UNDERTAKER A. Sauder Sons ADDRESS 1124 E. Lafayette

...cc.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4097

CERTIFICATE OF DEATH.

154 ✓ D 4097

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2617 Eastern Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Cramblitt

(Residence in Baltimore: No. 2617 Eastern Ave St.; 74 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, April 21st, 1845
(Month) (Day) (Year)

7-AGE, 74 yrs. 11 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... Boo

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Karl Weber

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Eva Schneider

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Cramblitt

(Address) 2617 Eastern Ave.

15- APR 7 - 1917 Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 6th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 23 1917, to Apr 6 1917, that I saw h[illegible] alive on April 6 1917, and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

General Debility and
Old Age

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. L. Dashiell M. D.

Apr 6, 1917 (Address) 2927 St Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cem. DATE OF BURIAL, Apr 7, 1917

20-UNDERTAKER H. Sander Sons ADDRESS 1210 Eutaw St

Important. See instructions on reverse.

(over)

cc.—8-24-14—M. & T.—2000 Bks.

D 4098

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4098

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3511 Hickory Ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorthea E. Fisher

(Residence in Baltimore: No. 3511 Hickory Ave St.; ....yrs. ....mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Infant

6-DATE OF BIRTH, April 5, 1917 (Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 2 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Baltimore City

PARENTS.

10-NAME OF FATHER, Elmer Fisher

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Rosie Bexroth

13-BIRTHPLACE OF MOTHER (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elmer Fisher

(Address) 3511 Hickory Ave

15- APR 7 - 1917 Filed....., 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 5 1917, to April 5 1917, that I saw h.r alive on April 5 1917, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Broncho Atelectasis

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia & Influenza

(Duration) ....yrs. ....mos. ....ds.

(Signed) R. C. Heath Dr. M. D.

April 7, 191.. (Address) 1120 W. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Moriah Hamden	....., 191...
20-UNDERTAKER	ADDRESS
Ellwood & Son	1708 Eastern Ave

D 4099 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ 175 D 4099

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital ST.: 4 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry C. Anderson

(Residence in Baltimore: No. 657 Raborg St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH. Unknown, 1908
(Month) (Day) (Year)

7-AGE. 9 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Harry C. Anderson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mamie Talbott

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mamie Anderson
(Address) 657 Raborg St.

15- Filed APR 7 - 1917, 191 HARRY C. ANDREWS Registrar.
Burial Permit Issued by Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage following Fracture of Skull Caused by being Struck by Bay Ry Car. Accident

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Albert L. Driscoll M. D.
(Coroner)
Apl 6, 1917. (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death University Hospital 1 da. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem.	Apr. 8, 1917
20-UNDERTAKER John H Toadvine	ADDRESS 142 W Hill St

important. See instructions on back.

FILMED

Spec.—8-24-14—M. & T.—2000 Bks.

D 4100 HEALTH DEPARTMENT—CITY OF BALTIMORE 120 D 4100

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1126 Druid Hill Ave St.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary F. Cromwell

(Residence in Baltimore: No. 1126 Druid Hill Ave St.; 60 yrs., — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1857 (Year)

7-AGE, 60 yrs. ..... mos. ..... da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), md

PARENTS.

10-NAME OF FATHER, Isiah Cromwell

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Julia Darby

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maggie Parker

(Address) 1126 Druid Hill Ave

15- Filed APR 7 - 1917, 191.... HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 18 1917, to April 4 1917, that I saw h[illegible] alive on April 4 1917, and that death occurred, on the date stated above, at 10.00 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Acute Cerebro Malaria

Malformation

(Duration) ..... yrs. 5½ mos. ..... da.

CONTRIBUTORY (Secondary) Arteriosclerosis

with Oedema (Duration) ..... yrs. ..... mos. 14 da.

(Signed) Geo. H. Lamensdorf M. D.

April 5, 191.7. (Address) 2210 N. Monroe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, April 7, 191.7

20-UNDERTAKER John H. Toadvine — ADDRESS 14½ Wilkens Ave

...ec.—8-24-...—M. & T.—2000 Bks.

~~D 4190~~ D 4101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED No. D 4101

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur W. Foster

Residence in Baltimore: No. 830 University Pkwy St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, November 9, 1872
(Month) (Day) (Year)

7-AGE, 44 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Rueben Foster

11-BIRTHPLACE OF FATHER (State or Country), N.J.

12-MAIDEN NAME OF MOTHER Sarah Stand

13-BIRTHPLACE OF MOTHER (State or Country). N.J.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed APR 7 1917, 191... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 6, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20 1917, to April 6 1917, that I saw him alive on April 6 1917, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Emphysema — probably tuberculous
Pulmonary Embolism
following Right Femoral
Thrombosis — (Duration) ... yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) was operated upon ... (Duration) ... yrs. ... mos. ... ds.

(Signed) Edward R. Baird M. D.

April 6, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 17 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 830 University Parkway

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cem — DATE OF BURIAL, 4 8, 1917

20-UNDERTAKER Henry M. Jenkins & Sons Co — ADDRESS Orchard nr Eutaw

ec.—8-24-14—M. & T.—2000 Bks.

D 4102

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4102

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1400 Park ave ST.; 14 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George P Morse

Residence in Baltimore: No. 1400 Park ave. St.; 65 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec 20, 1851 (Month) (Day) (Year)

7-AGE, 65 yrs. 3 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Operating Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), N. Y.

PARENTS.

10-NAME OF FATHER, Jos Morse

11-BIRTHPLACE OF FATHER (State or Country), Conn.

12-MAIDEN NAME OF MOTHER Ruth Perkins

13-BIRTHPLACE OF MOTHER (State or Country), Conn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marie M. H. Morse

(Address) 1400 Park Ave

15-

Filed APR 7 1917 191 HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 23 1917, to April 5 1917, that I saw h in alive on April 4 1917, and that death occurred, on the date stated above, at 9.30 P.M.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. 2 mos. ds.

(Signed) John A Evans M. D.

191... (Address) 101 E Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, April 7, 1917

20-UNDERTAKER C M Mitchell & Co

ADDRESS 1201 N Fayette St E

D 4103

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

29

D 4103

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 150 W. Lanvale ST. 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME J Addison Cooke

(Residence in Baltimore: No. 150 W Lanvale St.; 4 yrs. 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH Oct 8, 1853 (Month) (Day) (Year)

7-AGE 63 yrs. 5 mos. 28 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): accountant

9-BIRTHPLACE (State or country): North Carolina ~~Vermont~~

PARENTS

10-NAME OF FATHER: Wm. D. Cooke

11-BIRTHPLACE OF FATHER (State or country): Vermont

12-MAIDEN NAME OF MOTHER: Lucy Haddell

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary L. Cooke

(Address) 150 W. Lanvale St

15

Filed APR 7 - 1917, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Apr 6, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 2, 1917, to Apr 6 1917, that I saw h~~e~~ alive on Apr 4, 1917, and that death occurred, on the date stated above, at 8 ½ m.

The CAUSE OF DEATH* was as follows:

My trouble

(Duration) 2 yrs. — mos. — ds

Contributory (SECONDARY) Heart trouble (Duration) yrs. mos. 3 ds.

(Signed) J. H. Buckheim M. D.

Apr 6, 1917 (Address) 2201 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Norfolk Va. DATE OF BURIAL: April 7, 1917

20-UNDERTAKER: E. W. Mitchell & Co ADDRESS: 1201 W. Fayette

State CAUSE OF DEATH ... is very important. See instructions on back of certificate.

pec.—8-24-14—M. & T.—2000 Bks.

D 4104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1679 ✓ D 4104

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 Laurens ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nina E Mitchell

(Residence in Baltimore: No. 1709 Laurens St St.; 10 yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) S

6-DATE OF BIRTH, April 19, 1907.
(Month) (Day) (Year)

7-AGE, 9 yrs. 11 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Joseph E Mitchell

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Nina E Gardner

13-BIRTHPLACE OF MOTHER (State or Country), Carroll Co Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. N. E. Mitchell

(Address) 1709 Laurens St.

15-

Filed APR 7 - 1917, 191..... HARRY C. ANDREWS
Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 22 1917, to April 5 1917, that I saw h.. alive on April 5 1917, and that death occurred, on the date stated above, at 20. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Valvular Heart

(Duration) 3 yrs. ....mos. ....ds.

(Signed) Joseph T. Herring M. D.

April 7, 1917 (Address) 1621 St Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn County — DATE OF BURIAL, April 8, 1917.

20-UNDERTAKER W M Routson — ADDRESS 230 N Gaurens

Dec.—8-24-14—M. & T.—2000 Bks.

D 4105 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 4105

CERTIFICATE OF DEATH.

170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 S. Regester ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Armeling

(Residence in Baltimore: No. 605 S. Regester St. 64 yrs. 6 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept 9th, 1852 (Month) (Day) (Year)

7-AGE, 64 yrs. 6 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House-Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Henry Bradenkoff

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Armeling

(Address) 605 S. Regester

15- Filed APR 7 1917 191.. HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4th (Month) (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 3rd 1917, to April 4th 1917, that I saw her alive on April 3rd 1917, and that death occurred, on the date stated above, at 12.45 P m.

The CAUSE OF DEATH* was as follows:

Coma

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Bright's Disease

(Duration) ... yrs. 6 mos. ... ds.

(Signed) Jacob L. Winnis M. D.

4-4 1917. (Address) 30 S. Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem. DATE OF BURIAL, April 8, 1917.

20-UNDERTAKER Joseph Flook ADDRESS 1003 Madison St.

Dec.—8-24-14—M. & T.—2000 Bks.

D 4106

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 4106

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2159 Hollins ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Dietrich

Residence in Baltimore: No. 2159 Hollins St.; 68 yrs., ... mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, March 25, 1849. (Month) (Day) (Year)

7-AGE, 68 yrs. ..... mos. 11 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... housemaid
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, William E. Eichman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Mau: Shaw

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William E. Dietrich

(Address) 120 N. Milton Ave

15-

Filed APR 7 1917 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 20 1914, to April 5 1917, that I saw her alive on April 4, 1917, and that death occurred, on the date stated above, at 5.00 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis — chronic

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary), Chronic nephritis & arteriosclerosis (Duration) 3 yrs. ..... mos. ..... ds.

(Signed) Maurice E. Shaman M. D.

April 5, 1917. (Address) 2300 N. Monroe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Hallmore Md — DATE OF BURIAL, April 8, 1917

29-UNDERTAKER Joseph Cook & — ADDRESS 1003 W. Balto St

ec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4107

CERTIFICATE OF DEATH.

120

D 4107

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2838 Booth ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward J. Crook

Residence in Baltimore: No. 2838 Booth St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, November 18, 1846
(Month) (Day) (Year)

7-AGE, 66 yrs. 4 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): P. & O.R.R.

9-BIRTHPLACE, (State or Country): Liverpool, England.

PARENTS.

10-NAME OF FATHER, James Crook

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Catherine Campbell

13-BIRTHPLACE OF MOTHER (State or Country), Barton, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Edward J. Crook

(Address) 2838 Booth St.

15- APR 7 - 1917

Filed....., 191.... HARRY C. ANDREWS
Burial Permit Clerk Registrar.

Important

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April 5, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 22 1916, to April 5 1917, that I saw him alive on April 5 1917, and that death occurred, on the date stated above, at 12.30 p.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
& Chronic Nephritis ?

(Duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) 3 hours yrs. mos. ds.

(Signed) Theo. A. Oldewurtel M. D.

April 6, 1917. (Address) 301 S. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	Apr. 9, 1917

20-UNDERTAKER Jos B Cook

ADDRESS 1003 W. Balto.

Rec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4108

CERTIFICATE OF DEATH.

29 D 4108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 21 S. Carey ST.; 18 WARD) REGISTERED NO. C

2-FULL NAME Bernard Keller

Residence in Baltimore: No. 21 S. Carey St. St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) M

6-DATE OF BIRTH, April (Month) 11th (Day), 1856 (Year)

7-AGE, 60 yrs. 11 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Watch Maker

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Frederick Keller

11-BIRTHPLACE OF FATHER (State or Country), Frederick Md.

12-MAIDEN NAME OF MOTHER Mary Jane Synall

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Ida C. Keller

(Address) 21 S. Carey St.

15-

Filed....., 191.....HARRY C. ANDREWS.....
Registrar.
Burial Permit Oleck

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 6th (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1915, to April 6th 1917, that I saw h.im alive on April 6th 1917, and that death occurred, on the date stated above, at 10.40A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
Aortic Stenosis and
Mitral Regurgitation

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos. 2d ds.

(Signed) J. Bunnett Witherspoon M. D.

4/6, 1917. (Address) 1533 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn. DATE OF BURIAL, April 8., 1917.

20-UNDERTAKER Wm. Cook ADDRESS 503 E. North Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4109

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 4109

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4107 Belview Ave St.; 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachael Hasinski

(Residence in Baltimore: No. 4107 Belview ave St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED,~~ OR DIVORCED, (Write the word.) (Married)

6-DATE OF BIRTH, Jan 4 (Month) (Day), 1851 (Year)

7-AGE, 66 yrs. 3 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....None....
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Thomas Summers

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Matilda Jane Peters

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William L Hasinski

(Address) 4105 Belview ave

15- Filed APR 7 - 1917, 191.... HARRY C. ANDREWS Registrar.

Burial Permit 0[illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1917, to April 5 1917, that I saw h[illegible] alive on April 5 1917, and that death occurred, on the date stated above, at 4.5 m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) 6 yrs. mos. ds.

(Signed) Wm. L Hasinski M. D.

April 7, 1917. (Address) Gaunenau + Belview

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, April 8, 1917

20-UNDERTAKER Geo J. Smith — ADDRESS [illegible]

Spec.—8-24-14—M. & T.—2000 Blks.

John Krysiak

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 4110

4110

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 727 S Dallas ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Krysiak

(Residence in Baltimore: No. 727 S. Dallas St.; yrs., 6 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Sept 30, 1 (Month) (Day) (Year)

7-AGE, ...yrs. 6 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Michael Krysiak

11-BIRTHPLACE OF FATHER (State or Country), Poland Germany

12-MAIDEN NAME OF MOTHER Francis Dulla

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Krysiak

(Address) 727 S. Dallas St.

15- HARRY T. ANDREAE
Filed....., 191. Burial Permit Clerk
Registrar.

APR 7 - 1917

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 6, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 5 1917, to April 5 1917, that I saw h[illegible] alive on April 5 1917, and that death occurred, on the date stated above, at 6 30A m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis, tuberculosis meningitis (Direct)

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchial pneumonia hemorrhage

(Duration) ....yrs. ....mos. 1 ds.

(Signed) [illegible] M. D.

4-6-, 191.7 (Address) 427 S. Ann

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus

DATE OF BURIAL, Apr 7th, 1917.

20-UNDERTAKER W. F. Sadowski

ADDRESS 705 S. Ann St

D 4111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

156 D 4111

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2507 Dail Ave ST.: 1 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Rychwalski

(Residence in Baltimore: No. 2507 Dail Ave St.: 37 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Marrie

6-DATE OF BIRTH, Not known ....., 1..... (Month) (Day) (Year)

7-AGE 67 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Suzie Wisniewska

(Address) 2507 Dail Ave

15- APR 7 - 1917 MARY C. ANDREWS

Filed....., 191..... Deputy Forest Clerk

Registrar.

Cause of Death important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 6, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) investigations find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicidal Asphyxiation by illuminating gas (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Henry Lyon Mosby M. D. (Coroner)

4/6/17, 1917 (Address) 2606 Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Stanislaus	April 9 1917
20-UNDERTAKER	ADDRESS
W. F. Sadowski	905 S. Ann St

Dec.—8-24-14—M. & T.—2000 Bks.

D 4112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 ✓ D 4112

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 19 S. Curley ST.; 1 WARD)
REGISTERED NO. C
2-FULL NAME Joseph Cawley
(Residence in Baltimore: No. 19 S. Curley St ST.; 1 yrs., mos. da.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single
6-DATE OF BIRTH, April 5, (Month) (Day) 1887 (Year)
7-AGE, 30 yrs. mos. da.
If LESS than 1 day, hrs. or min.?
8-OCCUPATION:
(a) Trade, profession, or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer)
9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Frankie Cawley
11-BIRTHPLACE OF FATHER (State or Country), Maryland
12-MAIDEN NAME OF MOTHER Bridget Tierney
13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Frank Cawley
(Address) 1310 W. Lexington

15-
Filed APR 7 - 1917, 191.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 2 1917, to April 5 1917, that I saw h alive on April 4 1917, and that death occurred, on the date stated above, at 4.30 p.m.

The CAUSE OF DEATH* was as follows:

1 Tuberculosis of Lungs
(Duration) 5 yrs. mos. da.
CONTRIBUTORY (Secondary) Chronic Myocarditis
(Duration) yrs. mos. da.

(Signed) H. B. Fuller M. D.
April 7, 191 (Address) 2035 O'Donnell

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. da. In the State yrs. mos. da.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Catholic Cem. DATE OF BURIAL, April 9, 191 7
20-UNDERTAKER Stephen J. Walkowski ADDRESS 1019 S. Kenwood Ave.

D 4113

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

109 D 4113

(PLACE OF DEATH) REGISTERED No. C

CITY OF BALTIMORE (No. 2924 Edmondson Ave. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilhelmina Schwartz

(Residence in Baltimore: No. 2924 Edmondson Ave St.; 65 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: April 15, 1832 (Month) (Day) (Year)

7-AGE: 82 yrs. 11 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany.

PARENTS

10-NAME OF FATHER: Frank Timm

11-BIRTHPLACE OF FATHER (State or country): Gumany.

12-MAIDEN NAME OF MOTHER: Unknown,

13-BIRTHPLACE OF MOTHER (State or country): —

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma B. Schwartz

(Address) 527 Brune St

15 APR 7 - 1917

ROBERT R. KRAUTER
Burial Permit Clerk
REGISTRAR

State CAUSE OF DEATH very carefully and in plain language. See instructions on back of certificate. Statement of FACTS is very important.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 6 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1917, to Apr. 6 1917, that I saw her alive on Apr. 5, 1917, and that death occurred, on the date stated above, at 8 6 m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Duration) yrs. mos. 5 ds

Contributory (SECONDARY) Senility

(Duration) yrs. mos. ds.

(Signed), J. T. Ruark M. D.

Apr 5, 1917 (Address) 1092 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Com. DATE OF BURIAL: April 8, 1917

20 UNDERTAKER: Frank A. Fink ADDRESS: 915 N. Gay St

ec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Registered No. C. 24114

CERTIFICATE OF DEATH

1-PLACE OF DEATH Robert Garrett Hospital

TY OF BALTIMORE: (No. 27 N Carey ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Hertz

esidence in Baltimore: No. 3046 Odonald St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

-SEX. male

4-COLOR OR RACE, white

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

-DATE OF BIRTH, March (Month) 2 (Day), 1917 (Year).

7-AGE, ... yrs. 1 mos. 5 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Phila Pa.

PARENTS.

10-NAME OF FATHER, Robert S. Hertz

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Linda Hertz

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Robert Hertz

(Address) Md.

15-

Filed APR 7 1917 191... HARRY O. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 7th (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from April 4 191 7, to April 7 191 7, that I saw him alive on April 7 191 7, and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. Hundley M. D.

April 7, 191 7 (Address) 634 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Pahlemann General Hospital Phila Pa.

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Lebanon Cem. | DATE OF BURIAL, Apl 8, 1917

20-UNDERTAKER J. E. Hughes | ADDRESS 17 S Broadway

Dec.—8-24-14—M. & T.—2000 Bks.

D 4115

HEALTH DEPARTMENT—CITY OF BALTIMORE

63 D 4115

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 833 N. Madeira ST.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Frank Lobata

Residence in Baltimore: No. 833 N. Madeira St.; ..... yrs., ... mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) S

6-DATE OF BIRTH, March 10, 1917
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 27 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Frank J. Lobata

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Mary Cline

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Frank Lobata

(Address) ..... 833 N. Madeira

15-

APR 7 - 1917

Filed ....., 191... HARRY C. ANDREWS Deputy Health Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1917, to April 6 1917, that I saw h.im alive on April 6th 1917, and that death occurred, on the date stated above, at 12 A. m.

The CAUSE OF DEATH* was as followa:

Congenital Spinal Paraplegia

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... Frank J. Cayl M. D.

....., 191... (Address) 1937 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, April 9, 1917

20-UNDERTAKER Frank Brachson — ADDRESS 1706 Eutaw

D 4116

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4116

CERTIFICATE OF DEATH.

175

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Hall

Residence in Baltimore: No. 1261 Jame[illegible]

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Divorced

6-DATE OF BIRTH, December 25, 1888
(Month) (Day) (Year)

7-AGE, 28 yrs. 3 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Robert L. Hall

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Amelia Schalley

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Amelia Hall
(Address) 1261 James St

15-
Filed APR 7 - 1917, 191.....
Burial Permit Granted
Registrar.

important. See Instruction [illegible]

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and, from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows: Fracture of Skull, Caused by being thrown from Automobile when same was struck by W. B. & A. Electric Car.
(Inquest later on)
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary).....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert A. Doscher M. D.
(Coroner.)
April 6 1917 (Address) 512 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. 10 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....
Ridgley + Scott
Former or usual residence 1261 James St

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, April 8 1917

20-UNDERTAKER Neal J. Turner — ADDRESS 442 Broadway

...ec.—8-24-14—M. & T.—2000 Bks.

D 4117

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 4117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 827 Rutland Ave ST.; 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia Y Satterfield

Residence in Baltimore: No. 827 Rutland Ave St.; 44 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept 6 (Month) (Day), 1874 (Year)

7-AGE, 42 yrs. 6 mos. 30 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, George Middendorf

11-BIRTHPLACE OF FATHER (State or Country), Kentucky

12-MAIDEN NAME OF MOTHER Mary Reese

13-BIRTHPLACE OF MOTHER (State or Country), Kentucky

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas C Satterfield

(Address) 1827 Rutland Ave

15- Filed APR 7 - 1917, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 24 1917, to April 5 1917, that I saw h.er alive on April 5th 1917, and that death occurred, on the date stated above, at 10 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm J Walton M. D.

Apl 7, 1917. (Address) 2128 St Paul

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, April 9 1917

20-UNDERTAKER Robt J Turner — ADDRESS 742 N Broadway

...cc.—8-24-14—M. & T.—2000 Bks.

D 4118

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4118

CERTIFICATE OF DEATH.

108

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Johanna Lurich.

(Residence in Baltimore: No. 3216 Fairmount Av. St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH. April 13, 1878
(Month) (Day) (Year)

7-AGE. 39 yrs. 11 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). +

9-BIRTHPLACE, (State or Country). Austria

PARENTS.

10-NAME OF FATHER. Josef Lourneier

11-BIRTHPLACE OF FATHER (State or Country). Austria

12-MAIDEN NAME OF MOTHER not Known

13-BIRTHPLACE OF MOTHER (State or Country). Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rudolph Lurich

(Address) 3216 E. Fairmount Ave

15- APR 7 - 1917 HARRY C. ANDREWS

Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 5, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 3 1917, to April 5 1917, that I saw her alive on April 5 1917, and that death occurred, on the date stated above, at 10.45 P m.

The CAUSE OF DEATH* was as follows:

(a) Cholelithiasis

* Chronic Appendicitis

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Post Operation Shock

(Duration) yrs. mos. 1 ds.

(Signed) Louis Frings M. D.

April 6, 1917. (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. V ds. In the State ....yrs. ....mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 3216 E Fairmount Ave

19-PLACE OF BURIAL OR REMOVAL. Oak Lawn Cem. DATE OF BURIAL. April 8, 1917

20-UNDERTAKER McGinnis & Carroll ADDRESS 608 N Howard St

D 4119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

186 D 4119

REGISTERED No. C.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 3796 W. Baltimore ST.: 6 WARD)
2-FULL NAME George Eisenmann
(Residence in Baltimore: No. 20 N. Lakewood Ave

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.: yrs. 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	

6-DATE OF BIRTH. Jan 14 (Month) (Day), 1893 (Year)

7-AGE. 24 yrs. 2 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Clerk
(b) General nature of industry, business, or establishment in which employed (or employer). J. Hale Shoe Co

9-BIRTHPLACE. (State or Country). Pa

PARENTS.

10-NAME OF FATHER. Paul E. Eisenman
11-BIRTHPLACE OF FATHER (State or Country). Ill
12-MAIDEN NAME OF MOTHER. Caroline J. Zobel
13-BIRTHPLACE OF MOTHER (State or Country). Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Paul E. Eisenman
(Address) 20 N. Lakewood Ave

15-
Filed APR 7 1917 191 HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 4 (Month) (Day), 191 7 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Fracture of Skull, ribs & right leg. Caused by falling walls after explosion tank had fallen through floors.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Albert L. Doscher M. D.
(Corner.)
April 6 191 7 (Address) 112 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Hanover Pa	April 5 1917
20-UNDERTAKER H. Sanders & Sons	ADDRESS 1710 Eutaw St

Important. See instructions on back.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4120

HEALTH DEPARTMENT—CITY OF BALTIMORE

1√ D 4120

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 Hebrew Hospital ST.: ? WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Haselbach

(Residence in Baltimore: No. 803 N. Chapel St.: 1 yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Not Known, ... (Month) ..... (Day) 1 (Year)

7-AGE, 1 yrs. 4 mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balt

PARENTS.

10-NAME OF FATHER, John Haselbach

11-BIRTHPLACE OF FATHER (State or Country), Balt

12-MAIDEN NAME OF MOTHER Barbara Holst

13-BIRTHPLACE OF MOTHER (State or Country), Balt

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Haselbach

(Address) 803 N. Chapel St

15-

Filed APR 8 1917 191... HARRY C. ARNOLD Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 16, 1917, to April 7 1917, that I saw her alive on April 7 1917, and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever
Erysipelas

(Duration) yrs. 1 mos. 1/2 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(Duration) yrs. mos. 1 ds.

(Signed) Israel L. Feinglo M. D.

April 7, 191 7. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? at residence

Former or usual residence 803 N. Chapel St

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, April 10, 1917.

20-UNDERTAKER Frank Coach Son — ADDRESS 1716 Eastland

Important

Dec.—8-24-14—M. & T.—2000 Blks.

D 4121

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4121

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Little Sisters of the Poor 91 REGISTERED NO. C

CITY OF BALTIMORE: (No. ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes Cleary

(Residence in Baltimore: No. Little Sisters of the Poor St.; 45 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Wid.

6-DATE OF BIRTH, March 4 1850
(Month) (Day) (Year)

7-AGE, 67 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Leonard

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Sarah Leonard

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- APR 8 - 1917 HARRY C. ARCHER,
Filed ....., 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 6th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Record 191 , to 191 ,
that I saw h Sr alive on April 6 191 7 ,
and that death occurred, on the date stated above, at 9:15 m.
The CAUSE OF DEATH* was as follows:

Broncho pneumonia
(Secondary)
Senility
(Duration) 1 wk. (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) 4 yrs. mos. ds.

(Signed) P. O'Connor M. D.
April 6 191 7. (Address) 1133 Valley St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. 2 mos. ds. In the State 45 yrs. mos. ds.
Where was disease contracted, if not at place of death? Little Sisters of the Poor
Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery — DATE OF BURIAL, April 9, 1917

20-UNDERTAKER M. J. Flynn — ADDRESS 1422 Light St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4122

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4122

CERTIFICATE OF DEATH.

169

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 Harvey ST.; 24 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Keren H. Council

(Residence in Baltimore: No. 717 Harvey St.; 50 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Jan. 1, 1840 (Month) (Day) (Year)

7-AGE, 77 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Reddick Butler

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country). Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. L. Harman

(Address) 717 Harvey St.

15-

Filed APR 8 - 1917, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, apr. 6, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from apr. 3 1917, to apr. 6 1917, that I saw h-er alive on apr. 6 1917, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Auto Dexemia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Strangulated Hernia

(Duration) yrs. mos. 7 ds.

(Signed) Philip B. Towles M. D.

4/7, 1917. (Address) 1432 William St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, April 8, 1917

20-UNDERTAKER M. A. Filyaw ADDRESS 1422 Light St.

CAUTION—Answer all questions fully and accurately, as the information is important. See instructions on this side.

D 4123

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 ✓ D 4123

1 PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 1024 N. Monroe ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Emma E. Post

(Residence in Baltimore: No. 1024 N. Monroe St.: ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~ (Write the word): married

6 DATE OF BIRTH: Aug (Month) 2 (Day), 1856 (Year)

7 AGE: 60 yrs. 8 mos. 4 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Md.

PARENTS

10 NAME OF FATHER: Louis T. Ensminger.

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Ruff

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) David A Post

(Address) 1024 N Monroe st

15. Filed APR 8 - 1917, 191 HARRY O. ANDREWS Burial Permit Clerk REGISTRAR

State CAUSE OF DEATH very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 6 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 29th, 1917, to April 6, 1917, that I saw h[illegible] alive on April 6th, 1917, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Bronchitis

..... (Duration) ..... yrs. ..... mos. 10 ds

Contributory (SECONDARY): None

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Williams Theusick M. D.

April 7th, 1917. (Address) 1700 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Wood Lawn Cemet — DATE OF BURIAL: April 8, 1917

20 UNDERTAKER: Hilbert G. Shriver, — ADDRESS: 1018 Edmondson Ave

cc.—6 24 14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

4124

CERTIFICATE OF DEATH.

90 D 4121

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 W Lafayette Ave ST.; 16 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte Lahnschow

Residence in Baltimore: No. 1005 W Lafayette Ave St.; 64 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Sept 23rd (Month) (Day), 1836 (Year)

7-AGE, 80 yrs. 6 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Otto Trantwein

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Lucie Meyer

13-BIRTHPLACE OF MOTHER (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Lonschow

(Address) 4801 Homer Ave

15-APR 8 - 1917 Filed....., 191.... HARRY O. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, apr (Month) 6th (Day), 1917 (Year).

17-I HEREBY CERTIFY, That I attended deceased from apl 5 1917, to apl 6 1917, that I saw h[illegible] alive on apl 5 1917, and that death occurred, on the date stated above, at 1030 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(Duration) yrs. 6 mos. ds.

(Signed) Lon Wm Blake M. D.

apl 7, 191 7. (Address) 1014 W Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, London Park DATE OF BURIAL, apr 8, 191 7

20-UNDERTAKER Graham J. Weeks ADDRESS 723 W Fay

ec.—8-24-14—M. & T.—2000 Bks.

D 4125

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4125

CERTIFICATE OF DEATH.

28 ✓

1-PLACE OF DEATH University Hospital 19 REGISTERED NO. C

CITY OF BALTIMORE: (No. ..... ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Estella Brown

Residence in Baltimore: No. 321 S. Vincent St.; ..... yrs., 2 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown, 1900? (Month) (Day) (Year)

7-AGE, 17 yrs. ? mos. ? ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Brown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Kathryn Dorsey

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Brown

(Address) 321 S. Vincent St.

15- HARRY C. ANDREWS

Filed APR 8-1917 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1917, to April 4, 1917, that I saw her alive on April 4, 1917, and that death occurred, on the date stated above, at 8¹⁵ A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) History 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Bernard J. Derry M. D.

4/4/17, 191... (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 2½ mos. ..... ds. In the State 17 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 321 S. Vincent St.

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, April 6, 191...

20-UNDERTAKER A. Jones ADDRESS 207 S. Sharp St

cc.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4126

CERTIFICATE OF DEATH.

28 D 4126

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2111 Broad ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick J. O'Toole

Residence in Baltimore: No. 2111 Bond St.; (Lifetimes yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June 16, 1899 (Month) (Day) (Year)

7-AGE, 17 yrs. 9 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Clerk
(b) General nature of industry, business, or establishment in which employed (or employer). B&O R R

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John O'Toole

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Margaret Lee

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Magee

(Address) 2111 Broad St

15-

Filed APR 8 - 1917 191...

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 6, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10 1917, to April 6 1917, that I saw h[illegible] alive on April 4 1917, and that death occurred, on the date stated above, at 6.05 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) yrs. mos. ds.

(Signed) Reginald C. Tovey M. D.

Apr 7, 1917 (Address) 414 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Cathedral Cem. DATE OF BURIAL. April 10th 1917

20-UNDERTAKER Chas R Evans & Son ADDRESS 11 Bond Royal Exs

ec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4127

CERTIFICATE OF DEATH.

170 D 4127

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 832 Maugold ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philip Steinberg

Residence in Baltimore: No. 832 Maugold St.; 54 yrs.,.. mos.... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1843 (Year)

7-AGE 74 yrs. — mos. — da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cigar Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Germany

PARENTS.

10-NAME OF FATHER, Herman Steinberg

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Caroline Steinberg

(Address) 832 Maugold St.

15- APR 8 - 1911

Filed....., 191.. HARRY C. ANDREWS Burial Permit Clerk... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April 6, 1911 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 191?, to April 191?, that I saw h.. alive on April 191?, and that death occurred, on the date stated above, at 10a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 6 mos. da.

CONTRIBUTORY (Secondary) Dropsy

(Duration) yrs. 6 mos. da.

(Signed) Thomas Isaacs M. D.

April .., 191... (Address) 832 Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Hebrew Friendship DATE OF BURIAL. April 8, 191..

20-UNDERTAKER David Sondheim ADDRESS 118 W. Mt. Royal Ave

...ec.—8-24-14—M. & T.—2000 Bks.

D 4128

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 4128

CERTIFICATE OF DEATH.

120

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3111 Cedar Ave. (St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary G. Heubeck.

(Residence in Baltimore: No. 3111 Cedar Ave. St.; 15 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Aug. 2, 1888 (Month) (Day) (Year)

7-AGE, 28 yrs. 8 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer)..... House Wife

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Clinton C. Hammond

11-BIRTHPLACE OF FATHER (State or Country) Virginia

12-MAIDEN NAME OF MOTHER Ida

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. H. Heubeck

(Address) 3111 Cedar Ave.

15- HARRY C. ANDREWS

Filed APR 8 - 1917 191.. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 7, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 4 1917, to Apr 7 1917, that I saw her alive on Apr 7, 1917, and that death occurred, on the date stated above, at 12-20 P. m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(Duration) ...yrs. ...mos. 3 ds.

CONTRIBUTORY (Secondary) Chr.

(Duration) ...yrs. ...mos. ...ds.

(Signed) [illegible] M. D.

Apr. 7, 191 7. (Address) 3843 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Mary's Hampden — DATE OF BURIAL, April 9, 1917.

20-UNDERTAKER Horace Burgee & Son — ADDRESS 1631 Hollins St.

ec.—8-24-14—M. & T.—2000 Bks.

D 4129

HEALTH DEPARTMENT—CITY OF BALTIMORE

40 ✓ D 4129

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 W. Hamburg ST.; 31st WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob F. Fink,

Residence in Baltimore: No. 1105 W. Hamburg St.; 56 yrs., 5 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, October (Month) 13 (Day), 1860 (Year)

7-AGE, 56 yrs. 5 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Policeman
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, George F. Fink

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Catherine Zatus

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis F. Fink

(Address) 2670 Wilkens Ave

15-

Filed APR 8 - 1917, 191... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 3 191 7, to April 5 191 7, that I saw h— alive on April 5 191 7, and that death occurred, on the date stated above, at 1305 m.

The CAUSE OF DEATH* was as follows:

Cancer of Liver
Clinical Diagnosis

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

April 7, 191 7 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery

DATE OF BURIAL, April 9, 191 7

20-UNDERTAKER, James Dignan Son

ADDRESS 1000 E. Baltimore St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4130 64 D 4130

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3259 Chestnut Ave. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella C. Warfield

(Residence in Baltimore: No. 3259 Chestnut Ave. St.; Life yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Jan. (Month) 14th. (Day) 1865 (Year)

7-AGE, 52 yrs. 2 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): House Wife

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Charles E. Cox

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Lydia Kelbaugh

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Warfield

(Address) 3259 Chestnut Ave.

15- Filed APR 8 - 1917, 191.... HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4/5 191 7, to 4/7 191 7, that I saw h[illegible] alive on 4/6/ 191 7, and that death occurred, on the date stated above, at 1:30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cerebral Compression

(Duration) yrs. mos. 1 ds.

(Signed) W.H. Smith M. D.

4/7, 191 7 (Address) W.H. Smith

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge

DATE OF BURIAL, Apr. 9th., 191 7

20-UNDERTAKER A.S. Marshall

ADDRESS 3539 Falls Road

ec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

4131

D 4131

CERTIFICATE OF DEATH.

152

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 310 E Fort Ave ST.; 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Alice Cooper

Residence in Baltimore: No. 310 E Fort Ave St.; yrs.. mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... Mar (Month) 29 (Day), 1917 (Year)

7-AGE, ... yrs. ..... mos. 10 ds.

If LESS than 1 day. ....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Alice Cooper

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Cooper

(Address) 310 E Fort Ave

15-

APR 8 1917

Filed ..... 191.. Burial Permit Clerk.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 29 1917, to April 8 1917, that I saw h~~im~~ alive on April 7 1917, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Hemophilia

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) C. D. Campbell M. D.

April 8, 1917. (Address) 1644 Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, April 9, 1917

20-UNDERTAKER, J. Pohlmeyer Sons

ADDRESS 1318 Eutaw

D 4132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 4132

91

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2706 Maryland Ave St. 17 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan H Cooper

(Residence in Baltimore: No. 2705 Maryland Ave St.; 75 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Unknown (Month) (Day), 1844 (Year)

7-AGE: 73 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Keeps house
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE (State or country): Rochester Co Mass

PARENTS

10-NAME OF FATHER: Josiah Woodland

11-BIRTHPLACE OF FATHER (State or country): Rochester Co Mass

12-MAIDEN NAME OF MOTHER: Amanda Abbot

13-BIRTHPLACE OF MOTHER (State or country): Dorchester Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H C Cooper

(Address) 2705 Marylandave

15. Filed APR 8 - 1917, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

State CAUSE OF DEATH ... is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 5th (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 30 - 1916 to April 5th 1917, that I saw her alive on April 5th 1917, and that death occurred, on the date stated above, at 8 30 P m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia -

(Duration) yrs. mos. 7 ds

Contributory (SECONDARY) Pulmonary Edema (acute)

(Duration) yrs. mos. 1 ds.

(Signed) Robert Underhill M. D.

Apr 6 -, 1917 (Address) 211 Mulberry St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Lorraine Cem — DATE OF BURIAL: Apl 8 1917

20-UNDERTAKER: Jno F Foley & Sons — ADDRESS: 1318 Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

D 4133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 D 4133

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 W. Balto. ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Mc Donald

(Residence in Baltimore: No. 1023 W. Balto. St.; 65 yrs., 10 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widow

6-DATE OF BIRTH, May 10, 1851. (Month) (Day) (Year)

7-AGE, 65 yrs. 10 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... Carpenter

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Laurence McDonald

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Sarah Martin

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mich M. Donald

(Address) 1023 W Balto St

15- Filed APR 7 - 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

N.B.—Every item of information should be given. CAUSE OF DEATH in plain terms, so that it may be properly classified. Information important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 22 1917, to April 5 1917, that I saw him alive on April 5 1917, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Gastric carcinoma (clinical)

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) yrs. mos. ds.

(Signed) J. L. Baum M. D.

Apr. 6, 1917. (Address) 1202 W. Lombard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Apr. 9, 1917.

20-UNDERTAKER, John Heavan Son ADDRESS 901 Holliday St.

D 4134 HEALTH DEPARTMENT—CITY OF BALTIMORE D 4134

CERTIFICATE OF DEATH.

156

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1332 Aisquith st ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert T ~~Bamberger~~ Bamberger

(Residence in Baltimore: No. 1332 Aisquith st St.: ~~yrs.~~ Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word.)
male	white	married

6-DATE OF BIRTH, Aug. 13 1858, (Month) (Day) (Year) 1

7-AGE, 58 yrs. 7 mos. 25 ds. If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Moterman
(b) General nature of industry, business, or establishment in which employed (or employer): street car

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, William Bamberger

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Christiana Bamberger

(Address) 1332 Aisquith st

15- Filed APR 8 - 1917, 191 HARRY C. ANDREWS Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 7 (Day) 1917, 191 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide

by illuminating gas

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] (Coroner.) M. D.

April 7 1917 (Address) N. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State 58 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Apr. 10, 1917
20-UNDERTAKER	ADDRESS
Wm Cook	607 E Northern

important. See instructions on back.

AFFIDAVIT

D 4135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 4135

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital St.: 10 WARD)

REGISTERED No. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Sampson

(Residence in Baltimore: No. 1212 N Spring st St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
male	col	Married

6-DATE OF BIRTH, July 31 1872, 1
(Month) (Day) (Year)

7-AGE, 42 yrs. 8 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer (Day)
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), MD

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Sampson

(Address) 1212 N. Spring st

15- Filed APR 8 - 1917 191 HARRY C. ANDREWS Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 6 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] (Coroner.) M. D.

April 7 1917 (Address) N. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos. 1 ds. In the State 42 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1212 N Spring St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel	4/9, 19 17
20-UNDERTAKER	ADDRESS
Jno Cook	702 E North Ave

Important. See instructions on back.

KODAK

D 4136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

186 D 4136

REGISTERED NO. C

PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital ST.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Lydia Dolle

(Residence in Baltimore: No. 411 Belvedere ave St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
female	white	married

6-DATE OF BIRTH. Nov. 24 1892, 1
(Month) (Day) (Year)

7-AGE. 24 yrs. 4 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Yockin Dolus

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Chas Dolle
(Address) 411 Belvedere ave

15- APR 8 - 1917
Filed ..... 191.. HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

abortion self induced

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] Coroner.

April 6 1917 (Address) NE Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State 5 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 411 Belvedere Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Westerns	Apr. 8, 1917
20-UNDERTAKER	ADDRESS
Wm Cook	602 E North Ave

important. See instructions on back

pec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4137

CERTIFICATE OF DEATH.

92 ✓ D 4137

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2735 W. Lafayette Ave. St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carroll Franklin Darnall

(Residence in Baltimore: No. 2735 W. Lafayette Ave. St.; 2 yrs., ... mos., 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 30, 1915
(Month) (Day) (Year)

7-AGE, 2 yrs. ... mos. 7 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER Albert C. S. Darnall

11-BIRTHPLACE OF FATHER (State or Country), Charles Co Md

12-MAIDEN NAME OF MOTHER Emma M. Cain

13-BIRTHPLACE OF MOTHER (State or Country), Charles Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert C. S. Darnall

(Address) 2735 W. Lafayette Ave

15- APR 8 - 1917 MARY C. ANDREWS

Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7, 1917
(Month) (Day) (Year)

17- I HEREBY ~~CERTIFY~~, That I attended deceased from Mar 18 1917, to April 7 1917, that I saw h[illegible] alive on April 7 1917, and that death occurred, on the date stated above, at 11.45 m.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia Both Lungs

(Duration) ... yrs. ... mos. 20 ds.

CONTRIBUTORY (Secondary) Measles & Bronchitis

(Duration) ... yrs. ... mos. 4 ds.

(Signed) David F. Wells M. D.

4/8, 191.7 (Address) 2042 Gilmor St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, April 9, 1917.

20-UNDERTAKER Mary W. Ellen ADDRESS 1944 N. North Ave

D 4138

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

43 ✓ D 4138

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 414 W 29th ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes Ford

(Residence in Baltimore: No. 414 W 29th St.; 4 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Dec 13, 1866 (Month) (Day) (Year)

7-AGE: 50 yrs. 3 mos. 17 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto

PARENTS

10-NAME OF FATHER: Luke Kelly

11-BIRTHPLACE OF FATHER (State or country): don't know

12-MAIDEN NAME OF MOTHER: Mary Scott

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robt J. Ford

(Address) 414 W 29th st

15-

Filed APR 8 - 1917, 191 MARY C. ANDREWS Burial Permit Clerk

REGISTRAR

TION is very important.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 5th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1916, to, April 5 1917, that I saw h.. alive on April 4 1917, and that death occurred, on the date stated above, at 3-20 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of right breast (Clinical) (Duration) 1 yr — mos. — ds.

Contributory (SECONDARY) Pulmonary Tuberculosis (Duration) yrs 10 mos. — ds.

(Signed) W A Fair M. D.

April 6, 1917. [Address] 12 E ... St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Marys Cem Hampden — DATE OF BURIAL: Apr 8 1917

20-UNDERTAKER: E. LeRoy Stiffler — ADDRESS: 844 W 36th St

D 4139

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 D 4139

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 2905 Brighton St. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Sarah E. Standiford

(Residence in Baltimore: No. 2905 Brighton St. 20 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	white	widowed

6 DATE OF BIRTH Oct (Month) 6 (Day) , 1847 (Year)

7 AGE 69 yrs. 6 mos. 2 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Home wife at home +
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) Fort Riem Pa

PARENTS

10 NAME OF FATHER James R Markey

11 BIRTHPLACE OF FATHER (State or country) U.S.

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (State or country) —

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Walter Hearn

(Address) 2905 Brighton St

15. Filed APR 8 - 1917, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

State CAUSE OF ... is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April (Month) 8 (Day) , 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 3, 191 7, to April 8 191 7, that I saw h[er] alive on Mch 6th, 191 7, and that death occurred, on the date stated above, at 1256 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) ... yrs. ... mos. 2d ds

Contributory (SECONDARY) Chronic Nephritis

(Duration) ... yrs. 6mos. ... mos. ... ds.

(Signed) Jno S Love M. D.

..... 191 ... (Address) 886 S. Front A.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Freedom Pa	Apr 10, 191 7
20 UNDERTAKER Geo J Smith	ADDRESS 1000 E Fayette St

Walter C. Hearn

Spec.—5-19-13—M. & T.—500 Bks.

D 4140

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4140

CERTIFICATE OF DEATH.

64

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 9151 Calhoun ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Reese Sr

(Residence in Baltimore: No. 9151 Calhoun St.; yrs. 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March 10th, 1844
(Month) (Day) (Year)

7-AGE 73 yrs. — mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Brick Layer

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Samuel Reese

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Eliz Peach

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry V Reese

(Address) 915 N Calhoun St

15-

Filed APR 8 - 1917, 191.. HARRY O. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7th, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1st 1917, to April 7th 1917, that I saw h[illegible] alive on April 6th 1917, and that death occurred, on the date stated above, at 5:2[illegible] m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Hemiplegia Left

(Duration) 2 yrs. 6 mos. ds.

(Signed) Robt F. Mortimer M. D.

April 9th 1917 (Address) 5300 Fullerton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Olivet Cemetery

DATE OF BURIAL, April 9, 1917.

20-UNDERTAKER Geo J Smith

ADDRESS 1001 Fayette st

Spec.—8-24-14—M. & T.—2000 Bks.

B 4141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 4141

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins H. ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Abraham Schwartz

Residence in Baltimore: No. 127 S. Bond St.; (Or Length of Time in Baltimore: .....yrs. .....mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Nov (Month) ..... (Day), 1915 (Year)

7-AGE. 1 yrs. 5 mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto. City

PARENTS.

10-NAME OF FATHER. Benj Schwartz

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Stein

(Address) John Hopkins Hospital

15- APR 8 - 1917 Filed....., 191..... HARRY C. [illegible] Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1917, to April 7 1917, that I saw h.m alive on April 7 1917, and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) .....yrs. .....mos. 7 ds.

CONTRIBUTORY (Secondary) Little's Disease

(Duration) 1 yrs. .....mos. .....ds.

(Signed) I. F. Huray M. D.

....., 191... (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. 7 ds.

Where was disease contracted, if not at place of death? 127 S Bond St

Former or usual residence 127 S Bond St

19-PLACE OF BURIAL OR REMOVAL. Bet New Roudale Cemetery

DATE OF BURIAL. April 8, 1917

20-UNDERTAKER J Lennon & Bro

ADDRESS 1117 E Balto St

pec.—8-24-14—M. & T.—2000 Bks.

D 4142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 D 4142

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2648 Maryland Ave., St.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Gertrude V Hodges

(Residence in Baltimore: No. 2648 Maryland Ave St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, December 14, 1857. (Month) (Day) (Year)

7-AGE, 59 yrs. 3 mos. 24 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Joseph Benson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary A Kelly

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Regina H. Hodges

(Address) 2648 Maryland Ave

15- Filed APR 8 - 1917, 191... HARRY C. ANDREWS Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1917, to April 7 1917, that I saw h[illegible] alive on April 7 191..., and that death occurred, on the date stated above, at 2:24 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Heart Disease

Loss of Blood Circulation

(Duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) ... yrs. ... mos. ... ds.

(Signed) H. E. Edmunds M. D.

April 8, 1917. (Address) 601 Eastern Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery — DATE OF BURIAL, April 9, 1917.

20-UNDERTAKER — ADDRESS

M. McCabe & Co 1201 Fayette St

cc.—8-24-14—M. & T.—2000 Bks.

D 4143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hebrew AGED HOME

CITY OF BALTIMORE: (No. 115 Asquith St ST.; 5 WARD)

REGISTERED No. C 120 ✓ D 4143

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Moses MONES BLUMBORG

Residence in Baltimore: No. 115 ASquith St St.; 21 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. MALE

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) MARRIED

6-DATE OF BIRTH, UNKOWN (Month) (Day) 1837 (Year)

7-AGE, 80 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Butcher
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), RUSSIA

PARENTS.

10-NAME OF FATHER, RAphel BLumBerG

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unkown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J Levin

(Address) 1411 E Balto St

15- APR 8 - 1917 Filed....., 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 7 191 7, to April 7 191 7, that I saw him alive on April 7 191 7, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) 10 yrs. 2 mos. ds.

(Signed) Wm F Baylin M. D.

April 7, 191 7 (Address) 1141 Eastpratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 11 ds. In the State 21 yrs. mos. ds.

Where was disease contracted, if not at place of death? NOT Known

Former or usual residence Hebrew Aged Home

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington DC — DATE OF BURIAL, 4/9, 191 7

20-UNDERTAKER Jack Levin — ADDRESS 1411 E Balto St

D 4144

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 D 4144

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1509 E Lombard ST. 3 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jake Ginsberg

(Residence in Baltimore: No. 1509 E Lombard st St.; 1 yrs. 3 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH Dec 25, 1915 (Month) (Day) (Year)

7-AGE 1 yrs. 3 mos. 12 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Baltimore

PARENTS

10-NAME OF FATHER Morris Ginsberg

11-BIRTHPLACE OF FATHER (State or country) Russia

12-MAIDEN NAME OF MOTHER Minnie Herman

13-BIRTHPLACE OF MOTHER (State or country) Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Lewis

(Address) 1411 E Balto St

15. Filed APR 8 - 1917 191 HARRY O. ANDREWS Burial Permit Clerk REGISTRAR

State CAUSES of death in plain English. See instructions on back of certificate. It is very important.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 6, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 6, 1917, to April 6 1917.
that I saw him alive on ..... 1917.
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:

Acute Indigestion

(Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. J. Kurtzman M. D.

4/6 1917 (Address) 918 E Fayette st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Fairview Rosedale	4/8, 1917
20-UNDERTAKER	**ADDRESS**
Jake Lewis	1411 E Balto

Dec.—8-26-14—M. & T.—2000 Bks.

~~4145~~

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4145

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 N. Calvert ST.; 11 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Jane Jamison

(Residence in Baltimore: No. 508 N. Calvert St.; 85 yrs., 4 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov. 3, 1831 (Month) (Day) (Year)

7-AGE, 85 yrs. 5 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Martinsburg W. Va.

PARENTS.

10-NAME OF FATHER, John

11-BIRTHPLACE OF FATHER (State or Country). W Va

12-MAIDEN NAME OF MOTHER Mary Ann Dacon

13-BIRTHPLACE OF MOTHER (State or Country). W Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard McMurray

(Address) 1301 St. Paul St.

15- Filed APR 8 - 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 6th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 13 1917, to April 6th 1917, that I saw her alive on April 6th 1917, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) .....yrs. .....mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs. .....mos. .....ds.

(Signed) Richard McMurray M. D.

April 7th, 1917. (Address) 1301 St Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cemetery. DATE OF BURIAL, April 7, 1917.

20-UNDERTAKER Henry W. Means & Son ADDRESS 608 N. Calvert St.

Dec.—8-24-14—M. & T.—2000 Bks.

D 4146

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

D 4146

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 430 Belt St. ST. 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Douglass Daniel

(Residence in Baltimore: No. 430 Belt St. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1888 (Year)

7-AGE, 29 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). Day

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Gilbert Daniel

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Eliza Whiteing

13-BIRTHPLACE OF MOTHER (State or Country). Gloster Co Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Lee Wife Mary E. Daniel

(Address) Belt St Next Called

15- APR 8 - 1917 Hartsley Lawlis

Filed ..... 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1917, to April 6 1917, that I saw h— alive on April 6 1917, and that death occurred, on the date stated above, at 8.10 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Arthritis

(Duration) yrs. mos. 6 ds.

(Signed) C. H. Marlow M. D.

April, 1917 (Address) 711 S. Stricker St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Union Prospect Cem

DATE OF BURIAL, April 10, 1917

20-UNDERTAKER Mrs Robert A. Elliott

ADDRESS 506 East St

Information

Spec.—8-24-14—M. & T.—2000 Bks.

B 4147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 12 D 4147

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Sarah Shapiro

(Residence in Baltimore: No. Hebrew Asylum and Hospital St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, March (Month) 22 (Day), 1867 (Year)

7-AGE, 90 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Jacob Shapiro

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Do not know

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Aaron J. Kahn

(Address) 1914 Eutaw Place

15- APR 8 - 1917 Filed....., 191. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 12 1917, to April 8 1917, that I saw h er alive on Apr. 8 1917, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Fracture of neck of left femur

(Accidental fall on floor)

(Duration) yrs. mos. 27 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 1 ds.

(Signed) Norwood M. Vogel M. D.

Apr. 8, 191.7. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. 27 ds. In the State 50 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Hebrew Asylum & Hospital

19-PLACE OF BURIAL OR REMOVAL, Balto Hebrew Cem. DATE OF BURIAL, April 9 191.7

20-UNDERTAKER J. A. Truslow ADDRESS 1611 Mad

D 4148 HEALTH DEPARTMENT—CITY OF BALTIMORE 56 D 4148

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Cruiser Police station ST.; 4 WARD)

2-FULL NAME ~~W. D Price~~ Edward Tearsins

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 104 N. Gay St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 55 — yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Wm Tearsins

11-BIRTHPLACE OF FATHER (State or Country). Maryland.

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). " "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Son

(Address) —

15- APR 8 - 1917 ROBERT R. KRAUTHER
Filed....., 191..... Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apl. 5, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest,
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry
(Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental

Drowning

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exposure Contributory

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. S. Pilly M. D.
(Coroner.)

Apl 8, 1917 (Address) 1629 Ruxton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Harvedale Grace — DATE OF BURIAL, 4-8, 19.17

20-UNDERTAKER E & B Hale — ADDRESS 115 E Mt St.

Important. See instructions.

pec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 4149

CERTIFICATE OF DEATH.

50 D 4149

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 947 W Lexington ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Custy.

(Residence in Baltimore: No. 947 W Lexington St St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept. 1, 1877 (Month) (Day) (Year)

7-AGE, 40 yrs. 8 mos. 5 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Seamstress

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Patrick Custy

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Julia Coonin

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno D Custy

(Address) 947 W Lexington

15- APR 9 - 1917 Filed....., 191.... ROBERT R. KRAUTER Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr ✓ (Month) (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1916, to April ✓ 1917, that I saw h[illegible] alive on Apl ✓. 1917, and that death occurred, on the date stated above, at 11 pm

The CAUSE OF DEATH* was as follows:

Diabetis

10 (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) N. e. N. E.

(Duration) ....yrs. ....mos. ....ds.

(Signed) M C Faulenger M. D.

4-7, 191.7 (Address) 62 Chamberlain

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral | DATE OF BURIAL, 4-9-, 1917

20-UNDERTAKER H. Braunsdorf | ADDRESS 517 N Schroeder St

D 4150

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

D 4150

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1544 N Fremont ave ST. 15 WARD)

2 FULL NAME Pearl Finch

(Residence in Baltimore: No. 1544 Fremont ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: colored

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): married

6 DATE OF BIRTH: April (Month) 6 (Day), 1883 (Year)

7 AGE: 34 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): N. C.

PARENTS

10 NAME OF FATHER: Wash Thomas

11 BIRTHPLACE OF FATHER (State or country): N. C.

12 MAIDEN NAME OF MOTHER: Susan Grey

13 BIRTHPLACE OF MOTHER (State or country): N. C.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wash Thomas
(Address) 1544 N Fremont

15 Filed APR 9 - 1917 ROBERT R. KRAUTER Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Apr (Month) 6 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 18, 1917, to Apr 6 1917
that I saw h.. alive on Apr 5, 1917
and that death occurred, on the date stated above, at 1 A m.
The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

Duration: yrs. mos. ds

Contributory (SECONDARY): Tot emia, Heart failure

Duration: 9 yrs. 12 mos. ds.

(Signed) E. Edward Fisher M. D.

April 9, 1917 (Address) 1612 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: April 9 1917

20 UNDERTAKER: Edward Rungold — ADDRESS: 1403 N Caroline

State CAUSE OF DEATH very carefully. See instructions on back of certificate. This is very important.

Albert Turner

D 4151

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4151

CERTIFICATE OF DEATH.

92

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1100 N. Stockton St.; 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Turner

(Residence in Baltimore: No. 1100 N. Stockton St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colo

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, [illegible], 188[illegible]
(Month) (Day) (Year)

7-AGE, 30 yrs. [illegible] mos. [illegible] ds.

If LESS than 1 day, [illegible] hrs. or [illegible] min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farm
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, [illegible]

11-BIRTHPLACE OF FATHER (State or Country) [illegible]

12-MAIDEN NAME OF MOTHER [illegible]

13-BIRTHPLACE OF MOTHER (State or Country), [illegible]

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Smith

(Address) 1105 N. Stockton

15- Filed APR 9 - 1917, 191.. ROBERT R. KRAUTER Registrar.

Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apl 7, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

[illegible] Pneumonia

[illegible] Contributory

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cold & Exposure

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner)

, 191.. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State [illegible] yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn

DATE OF BURIAL, April 9, 19 17

20-UNDERTAKER Edward Ringgold

ADDRESS 750 N. Carey

important. See instructions on back of certificate.

D 4152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 4152

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1637 N. Mount ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sally A Morsell

(Residence in Baltimore: No. 1637 N. Mount St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov 17, 1875
(Month) (Day) (Year)

7-AGE, 41 yrs. 4 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House
(b) General nature of industry, business, or establishment in which employed (or employer) wife

9-BIRTHPLACE, (State or Country). Calvert Co, Md.

PARENTS.

10-NAME OF FATHER, Benj Jones

11-BIRTHPLACE OF FATHER (State or Country). Calvert Co Md

12-MAIDEN NAME OF MOTHER Ellen Chambers

13-BIRTHPLACE OF MOTHER (State or Country). Calvert Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rebecca Morsell

(Address) 1637 N. Mount St

15. Filed APR 9 - 1917, 191.... ROBERT R. KRAUTER (City) Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 30 1917, to April 6 1917, that I saw her alive on April 6 1917, and that death occurred, on the date stated above, at 4.55a m.

The CAUSE OF DEATH* was as follows:

Chron. Nephritis

Unknown (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Acute Inflammatory Rheumatism (Duration) ....yrs. mos. 10 ds.

(Signed) Chas. C. Conner M. D.

4-7-, 191.7 (Address) 1101 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, April 10, 1917

20-UNDERTAKER Edward Ringgold — ADDRESS 1463 N. Bond

pec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4153

CERTIFICATE OF DEATH.

D 4153

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2104 Oak Street ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Ann Keller

(Residence in Baltimore: No. 2104 Oak Street St.; 12 yrs., ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widow

6-DATE OF BIRTH, ... September (Month) ..... 7 (Day), 1831 (Year).

7-AGE, ... 75 yrs. 6 mos. 30 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Mr. Lawson

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER not Known

13-BIRTHPLACE OF MOTHER (State or Country). Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. G.H.Gorsuch,

(Address) 2104 Oak St.

15- Filed APR 9 - 1917 191.....

ROBERT R. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) ..... 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1917, to April 6 1917, that I saw h[illegible] alive on April 5 1917, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

Clinical Diagnosis

..... (Duration) ...1... yrs. ...6... mos. ..... ds.

CONTRIBUTORY (Secondary) Septicemia

..... (Duration) ..... yrs. ..... mos. ...6... ds.

(Signed) [illegible] M. D.

April 7 1917 (Address) 741 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ---yr.---mos.---ds. In the State ---yrs.---mos.---ds.

Where was disease contracted, if not at place of death? ----------

Former or usual residence ----------

19-PLACE OF BURIAL OR REMOVAL, Hampstead, Carroll Co. Md

DATE OF BURIAL, April 9/17

20-UNDERTAKER Stewart & Mowen Comp'y.

ADDRESS 108W. North Av

Important. Secure

D 4154

HEALTH DEPARTMENT—CITY OF BALTIMORE

17

D 4154

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital ST.: 6 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Millston

(Residence in Baltimore: No. 1738 Orleans St.; yrs., 4 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Unknown, 1912.
(Month) (Day) (Year)

7-AGE, 4 yrs. 6 mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. Ben Millston

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ben Millston

(Address) 1738 Orleans St.

15-
Filed APR 9 - 1917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

important. See instructions on back.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Glass Au. sip & Brem Arteriosclerosis

(Duration) yrs. mos.

(Signed) M. D.
(Coroner.)

April 7, 1917 (Address)

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos...6...ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? 1738 Orleans St.

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Hebrew Herring Run

DATE OF BURIAL, April 9 1917

20-UNDERTAKER D. Levinson Bro

ADDRESS 1107 E Balto St

Sec.—8-24-14—M. & T.—2000 Blks.

Lena E. Brown

HEALTH DEPARTMENT—CITY OF BALTIMORE

4155

CERTIFICATE OF DEATH.

92

D 4155

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1531 Hanover ST.; 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena E Brown

(Residence in Baltimore: No. 1531 Hanover St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ..., 1 ..... (Month) (Day) (Year)

7-AGE, 38 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Pd. Accountant

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Thomas. Roddie

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Susan Payne

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Brown.

(Address) 217 Myrtle Ave.

15- APR 9 - 1917 ROBERT R. KRAUTER

Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 6, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 25 1917, to April 6 1917, that I saw h.e alive on April 6 1917, and that death occurred, on the date stated above, at 7.45 a. m.

The CAUSE OF DEATH* was as follows: Pneumonia Lobar

..... (Duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

..... (Duration) ..... yrs. ..... mos. 12 ds.

(Signed) C. P. Hoover M. D.

April 6, 1917. (Address) 1546 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Lebanon Cemetery DATE OF BURIAL, April 9, 1917.

20-UNDERTAKER Charles B. Jones ADDRESS 2357 N. Powell

Laura Dawy.

D 4156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D. 4156

REGISTERED No. C 79

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. House of the Good Shepherd St. Monmt & Hollins Sts WARD)

2-FULL NAME Laura Dewy

(Residence in Baltimore: No. House of Good Shepherd St.; 69 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: October —, 1848 (Month) (Day) (Year)

7-AGE: 69 yrs. mos. ds. If LESS than 1 day, hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Pd Occupation

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sisters of the Good Shepherd
(Address) Mount & Hollins St.

15 Filed APR 9 - 1917 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

State CAUSE OF DEATH very carefully and fully. Every item is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 8th (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ——, 1909, to Apr. 8th 1917.
that I saw her alive on Latter part of March 1917.
and that death occurred, on the date stated above, at 6.30 A m.
The CAUSE OF DEATH* was as follows:

Rheumatism

(Duration) 8 yrs. mos. ds

Contributory (SECONDARY) Valvular disease of heart

(Duration) yrs. 3 mos. ds.

(Signed) James R. Browne M. D.

Apr 8th, 1917. (Address) 570 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death 5 yrs. mos. ds. In the State 24 yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence House Good Shepherd

19-PLACE OF BURIAL OR REMOVAL: Woodlawn — DATE OF BURIAL: April 9, 1917

20-UNDERTAKER: W. H. Feehley Sons — ADDRESS: 1318 Eutaw St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40

D 4157

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 430 S. Carline ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Sorofsky

(Residence in Baltimore: No. 430 S. Carlinst St.; 32 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unkown (Month), (Day), 1845 (Year)

7-AGE, 72 yrs. mos. da.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Second hand
(b) General nature of industry, business, or establishment in which employed (or employer) clothing Merchant

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Jacob Sorofsky

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unkown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E. Baltst

15-

Filed APR 9 - 1917, 191. ROBERT R. KRAUTHE

Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 8 1917, to April 8 1917, that I saw h in alive on April 8 1917, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach.

Hosp. Consult. Diagnosis

(Duration) 2 yrs. 6? mos. da.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. da.

(Signed) Benj. Rushkin M. D.

April 9, 1917. (Address) 1503 E. Baltst.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State 3? yrs. mos. da.

Where was disease contracted, if not at place of death? [illegible]

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Herman Run

DATE OF BURIAL, 4/9, 1917

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E Baltst

Important. Do

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4158 ✓ 120 D 4158

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1027 Watson A ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Fiengold.

(Residence in Baltimore: No. 1027 Watson st St.; 19 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1865 (Year)

7-AGE, 52 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Herself

(Address)..... 141 E Baltimore St.

15-

Filed APR 9 1917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 6th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 4 1917, to April 6 1917, that I saw her alive on April 6th 1917, and that death occurred, on the date stated above, at 10:30 m.

The CAUSE OF DEATH* was as follows:

..... Nephritis

Chronic Interstitial Nephritis

..... (Duration) ..... yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Maurice Blumenthal M. D.

April 7, 1917. (Address) 216 N Howard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Beth Shalom Memorial Park

DATE OF BURIAL, 4/9, 1917

20-UNDERTAKER Jack Lewis

ADDRESS 141 E Baltimore St

Impotent.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4159

CERTIFICATE OF DEATH.

64 D 4159

REGISTERED NO. C.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 224 Peter St ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barnett Benjamin Joffe (Joffie)

(Residence in Baltimore: No. 224 Peter St

St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, unknown, ... (Month) ....., 1 ..... (Day) (Year)

7-AGE,	If LESS than 1 day,
49 yrs. ..... mos. ..... da.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Simon Joffe

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Rachael

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) 1411 E Baltimore St

15- Filed APR 9 - 1917, 191.... ROBERT R. KRAUTER (Registrar)

Burial Permit

important. See instructions on

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 6, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

..... (Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... da.

(Signed) Edward Tyson Faust M. D.
(Coroner.)

4/8, 1917 (Address) 1411 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Ahavai Shalom Cem	4/9, 1917
20-UNDERTAKER Jack Lewis	ADDRESS 140 E Balto St

D 4160

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 D 4160

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 S. Pulaski St.; 20 Ward)

2-FULL NAME Unnamed Baby Wroner

(Residence in Baltimore: No. 17 S. Pulaski St.; ___ yrs. ___ mos. ___ ds.)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Apr 6 (Month) (Day), 1917 (Year)

7-AGE: ..... yrs. ..... mos. ..... ds. If LESS than 1 day, 5 hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Chas Wroner

11-BIRTHPLACE OF FATHER (State or country): Balto Md

12-MAIDEN NAME OF MOTHER: Bessie Brooks

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas Wroner

(Address) 17 S. Pulaski St

15- APR 9 - 1917 Filed ..... 191 ..... ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

TION is very important.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Apr 7 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 6, 191 7, to, Apr 7 191 7, that I saw h.. alive on Apr 6 191 7, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Premature Birth 6 mo. foetus
Caused by Uterine
Hyperation
(Duration) ..... yrs ..... mos. ..... ds.

Contributory (SECONDARY) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. S. Dalby M. D.

4/7 191 7 [Address] 1958 Monument

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: APR 9 1917

20-UNDERTAKER: Geo A Gerber

ADDRESS: Baltimore Pa

pec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4161

CERTIFICATE OF DEATH.

79 D 4161

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1951 W. Mulberry ST.: 20 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adverta Soper

(Residence in Baltimore: No. 1951 Mulberry St.: 70 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, Not Known, 1845
(Month) (Day) (Year)

7-AGE, 72 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Elkridge Md

PARENTS.

10-NAME OF FATHER, Samuel Jeffries

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Hannah Giles

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Albert Soper

(Address) 1951 W. Mulberry St.

15- APR 9 - 1917 Filed 191 ROBERT B. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 6th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 6th 1917, to April 6th 1917, that I saw h[illegible] alive on April 6th 1917, and that death occurred, on the date stated above, at 2:50 p. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) yrs. mos. 3 ds.

(Signed) Barton McClung M. D.

5/18, 191[illegible] (Address) H.W.N. Toomey

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Elkridge Md

DATE OF BURIAL, APR 9 - 1917 191

20-UNDERTAKER Geo. A. Gerber

ADDRESS Baltimore St

Spec.—8-24-14—M. & T.—2000 Bks.

Frances Cr. Helsby.

HEALTH DEPARTMENT—CITY OF BALTIMORE

4162 D 1162

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1236 Fremont Ave ST.; 10 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis O Helsby

(Residence in Baltimore: No. 1236 Fremont Ave St.; .....yrs.,.....mos.....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Wht.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Dec 17, 1857
(Month) (Day) (Year)

7-AGE, 59 yrs. 3 mos. 21 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Talbot Co Md

PARENTS.

10-NAME OF FATHER, Wm Mulligan

11-BIRTHPLACE OF FATHER (State or Country), Talbot Co Md

12-MAIDEN NAME OF MOTHER Hanna Cole

13-BIRTHPLACE OF MOTHER (State or Country), Talbot Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie Harbaugh

(Address) 1236 Fremont Ave

15-
Filed APR 9 - 1917, 191.....
Burial Permit Registered

ROBERT R. KRAUTER
Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 7, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 3 1917, to Apr. 7 1917, that I saw h.d alive on Apr. 6 1917, and that death occurred, on the date stated above, at 4.30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 2 da.

CONTRIBUTORY (Secondary) Cerebral Sclerosis

(Duration) Indefinite yrs. ....mos. ....da.

(Signed) [illegible] M. D.

....., 191.. (Address) 231 Hanford

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem — DATE OF BURIAL, 4-10-17.

20-UNDERTAKER Robt Brack & Son — ADDRESS 178 Calhoun St

Spec.—8-24-14—M. & T.—2000 Bks.

D 4163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 4163

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1003 Vine ST.; 18 WARD) REGISTERED NO. C

2-FULL NAME Emma R Simpson

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1003 Vine St.; 19 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, January (Month), 1 (Day), (Year)

7-AGE, 19 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) Pk Association

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER. Chas H Simpson

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Florence White

13-BIRTHPLACE OF MOTHER (State or Country), Md,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) C H Simpson
(Address) 1003 Vine St

15-
Filed APR 9 - 1917 191 ROBERT R. KRAUTER Registrar.
Burial Permit 61611

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month), 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1917, to April 6 1917, that I saw h alive on April 5 1917, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary

(Duration) yrs. 1 mos. ds.

(Signed) E L Norwood M. D.
April 6 191 7. (Address) 439 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, April 9 1917

20-UNDERTAKER Wilbert L Brown — ADDRESS 306 N Mount St

Spec.—8-24-14—M. & T.—2000 Bks.

105 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

4164 D 4164

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard W. Frickenstein

(Residence in Baltimore: No. Johns Hopkins Hosp. St.; ..... yrs. ..... mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, November 16, 1912
(Month) (Day) (Year)

7-AGE, 4 yrs. 4 mos. 24 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Frederick C. Frickenstein

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Clara Fuhleter

13-BIRTHPLACE OF MOTHER (State or Country), N.Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address) Johns Hopkins Hospital

15- APR 9 - 1917 ROBERT R. KRAUTH
Filed....., 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 9, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 8 1917, to April 9 1917, that I saw h.. alive on April 9 1917, and that death occurred, on the date stated above, at 6 45 a. m.

The CAUSE OF DEATH* was as follows:

Acute gastro-intestinal
Intoxication

(Duration)..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration)..... yrs. ..... mos. 2 ds.

(Signed) K. Flexner M. D.

April 9, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 523 Park Ave N.Y.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cem	April 9, 1917.
20-UNDERTAKER	ADDRESS
Albert C Fuller	224 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

108 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4165 D 4165

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilbur Willis

(Residence in Baltimore: No. Johns Hopkins Hosp St.; yrs. mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH Sept. 9, 1901 (Month) (Day) (Year)

7-AGE. 15 yrs. 7 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Sheet iron work

9-BIRTHPLACE, (State or Country), N. C

PARENTS.

10-NAME OF FATHER, David Wilbs

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Hattie Selby

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter C. Snyder

(Address) Johns Hopkins Hosp.

15- APR 9 - 1917

Filed....., 191.... ROBERT R. KRAUTHER Registrar

Burial Permit ...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 191 7, to April 7 191 7, that I saw h.m alive on April 7 191 7, and that death occurred, on the date stated above, at 4.45 p.m.

The CAUSE OF DEATH* was as follows:

Diphtheria

Obstruction of Larynx (Diphtheria)

..... (Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) none

..... (Duration) yrs. mos. ds.

(Signed) J. E. Rogers M. D.

April 7, 1917. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 14 Canton St. Spar Point

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem. DATE OF BURIAL, Apr 9, 1917

20-UNDERTAKER Elliott C Fuller ADDRESS 221 N Bond

pec.—8-24-14—M. & T.—2000 Bks.

Geo W. Dunn.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4166

CERTIFICATE OF DEATH.

45 ✓ D 4166

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 8 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W Dunn

(Residence in Baltimore: No. 1501 E Oliver St St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April 15, 1879
(Month) (Day) (Year)

7-AGE, 37 yrs. 11 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Special Watchman
(b) General nature of industry, business, or establishment in which employed (or employer): Br Westinghouse Co

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Geo Dunn

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Elvira Funk

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Deceased

(Address) 1501 E Oliver St

15-

APR 9 - 1917 ROBERT B. KRAUTER

Filed....., 191.... Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 6, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 26 1917, to April 6 1917, that I saw h[illegible] alive on April 6 1917, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Catarrhal pneumonia
acute pulmonary edema
Nephritis

(Duration) yrs. 3 mos. 3 ds.

CONTRIBUTORY
(Secondary)

(Duration) yrs. mos. ds.

(Signed) C Fisher Bass M. D.

4/6, 1917. (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 4 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Former residence

Former or usual residence 1501 E Oliver St

19-PLACE OF BURIAL OR REMOVAL, London Park Cem

DATE OF BURIAL, Apr 7, 1917.

20-UNDERTAKER J Herring & C

ADDRESS 2008 Aisquith

(Over)

D 4167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 4167

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 2094 Pulaski St. St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John S. McCarthy

(Residence in Baltimore: No. 2094 N Pulaski St. St.; 1 yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Male	White	Married

6 DATE OF BIRTH August 10, 1856 (Month) (Day) (Year)

7 AGE 60 yrs. 7 mos. 27 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) Nurse

9 BIRTHPLACE (State or country) Baltimore

PARENTS

10 NAME OF FATHER John T. McCarthy

11 BIRTHPLACE OF FATHER (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Brennan

13 BIRTHPLACE OF MOTHER (State or country) Ireland

14 THE ABOVE IS ~~TRUE~~ TO THE BEST OF MY KNOWLEDGE

(Informant) Frances McCarthy

(Address) 2094 Pulaski St

15 Filed APR 9 - 1917, 191 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 6, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1917, to April 6, 1917, that I saw him alive on April 6, 1917, and that death occurred, on the date stated above, at 10.35 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

6 - 10 Mo (Duration) yrs. mos. ds

Contributory (SECONDARY) Cardiac Asthenia

(Duration) yrs. mos. ds.

(Signed) H E Hourt, MD

April 9, 1917 (Address) 19 W Eutaw Pl

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL New Cathedral — DATE OF BURIAL April 10, 1917

20 UNDERTAKER Josiah Lyon — ADDRESS 1600 W North Ave

State CAUSE OF DEATH very carefully. Every item is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 4168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 4168

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 Franklin Terrace ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J Rhodes

(Residence in Baltimore: No. 501 Franklin Terrace St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Octo (Month) 26 (Day), 1827 (Year)

7-AGE, 90 yrs. 5 mos. 13 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Harbor Board
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Rhodes

11-BIRTHPLACE OF FATHER (State or Country), Calvert Co. Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Atta Mullikin

(Address) 1707 N Broadway

15-

Filed APR 9 - 1917 191.....

ROBERT R. KRAFFT
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 8th (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Mar 20 1917, to Apr 7 1917, that I saw h alive on Apr 7 1917, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

a Chronic Endocarditis

.....

..... (Duration) 7 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Diarrhoea

..... (Duration) 5 yrs. ..... mos. 10 ds.

(Signed) J Wallace Thomas M. D.

Apr 8 1917. (Address) 1228 N Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem

DATE OF BURIAL, April 11 1917

20-UNDERTAKER William Cook

ADDRESS 502 E Pratt

pec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4169

CERTIFICATE OF DEATH.

79 ✓ D 4169

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. University Hospital ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Thomas

(Residence in Baltimore: No. 1139 Hanticoke St St.; 6 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May 18, 1892
(Month) (Day) (Year)

7-AGE, 24 yrs. 11 mos. dz.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John P Bafford

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Emma Crockler

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hospital Records

(Address) Greene & Lombard Sts.

15- APR 9 - 1917 Filed, 191. ROBERT B. KRAUTER Registrar.
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4/6 1917, to 4/8 1917, that I saw her alive on April 8 1917, and that death occurred, on the date stated above, at 7.30 P.M.

The CAUSE OF DEATH* was as follows:

Mastoid Suppuration

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. mos. 1 ds.

(Signed) J. E. Evans M. D.

4/8, 1917. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State 24 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1139 Hanticoke St.

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, April 10, 1917

20-UNDERTAKER William Cook — ADDRESS 502 E North

pec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

P 4170

CERTIFICATE OF DEATH.

79 D 4170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 Collington Ave ST.; 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Priedinger

(Residence in Baltimore: No. 1810 Collington Ave. St.; ....yrs.,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, April 6 (Month) (Day), 1853 (Year)

7-AGE, 64 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Priesinger

(Address) 1810 N. Collington Ave

15-

Filed APR 9 - 1917, 191.... ROBERT P. FRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 7 1916, to April 6 1917, that I saw h.. alive on April 6 1917, and that death occurred, on the date stated above, at 12 A m.

The CAUSE OF DEATH* was as follows:

Aortic Valvular Heart Disease

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jacob Frahm M. D.

April 7, 1917 (Address) 1523 N. Wood St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cem.	April 10 1917.
20-UNDERTAKER	ADDRESS
Frank A. Fink	915 N. Gay St.

pec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4171

CERTIFICATE OF DEATH.

63 ✓ D 4171

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1304 Kuper Place St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Shebik

(Residence in Baltimore: No. 1304 Kuper St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug 21, 1881
(Month) (Day) (Year)

7-AGE 35 yrs. 7 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Painter House
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER John Shebick

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Shebik

(Address) 1304 Kuper place

15- APR 9 - 1917 ROBERT R. KRAUTER

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 30 1917, to April 7 1917, that I saw her alive on April 7 1917, and that death occurred, on the date stated above, at 1:30 m.

The CAUSE OF DEATH* was as follows:

7.

Pneumonia Migelitis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 2 ds.

(Signed) E. D. Cronkhite M. D.

4/8, 1917. (Address) 14 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery

DATE OF BURIAL, April 10, 1917.

20-UNDERTAKER John Offield

ADDRESS 1200 W. Lombard st

Spec.—8-24-14—M. & T.—2000 Bks.

D 4172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 4172

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 15 (WARD) 40

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James E Flynn

(Residence in Baltimore: (No. 4003 Groveland ave West Arlington St.) 60 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March (Month) 9th (Day), 1853 (Year)

7-AGE, 63 yrs. mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer) Flynn & Emerick

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James Flynn

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Catherine Emrich

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Christine Flynn

(Address) 4003 Groveland ave

15- APR 9 - 1917 Filed....., 191.....

ROBERT R. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 23 1917, to April 7 1917, that I saw h[illegible] alive on Apr 7 1917, and that death occurred, on the date stated above, at 5 10 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of pylorus (post-operative)

(Duration) unk mos. yrs. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C M Harrison M. D.

4/7, 1917 (Address) Church Home & Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 15 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 4003 Groveland Ave W. Arlington

19-PLACE OF BURIAL OR REMOVAL. Druid Ridge Cemetery

DATE OF BURIAL. April 10 1917

20-UNDERTAKER George Schilling & Sons

ADDRESS 1126 E Monument st

Dec.—5-19-12—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4173

CERTIFICATE OF DEATH.

154 D 4173

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Schneider

(Residence in Baltimore: No. 1938 N. Baltimore St.; 60 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug. 6, 1839 (Month) (Day) (Year)

7-AGE, 77 yrs. 8 mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Johann Schneider

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Miss Hellman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) German aged Home / Records

(Address) Balto. and Payson Sts.

15-

Filed APR 9 - 1917 191 ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1917, to Apr 8 1917, that I saw h-r alive on Apr. 1st 1917, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Senile debility

(Duration) yrs. 8 mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) F. W. Holtzmann M. D.

Apr. 8, 1917. (Address) 1908 W. Balto. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 20 yrs. — mos. — ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence German Aged Home.

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, Apr 9, 1917

20-UNDERTAKER Joseph Ford ADDRESS 1003 W. Balto St.

pec.—3-24-14—M. & T.—2000 Blks.

D 4174

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4174

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hahnemann General Hospital REGISTERED NO. C

CITY OF BALTIMORE: (No. ..... ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr. Fred Bruhlman

(Residence in Baltimore: No. 2117 Clifton Ave. St.; ..... yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 29, 1888 (Month) (Day) (Year)

7-AGE, 28 yrs. 9 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Iron
(b) General nature of industry, business, or establishment in which employed (or employer) Worker

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Jacob Bruhlman

11-BIRTHPLACE OF FATHER (State or Country), Deutschland

12-MAIDEN NAME OF MOTHER Barbara Shard

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Bruhlman

(Address) 2117 Clifton Ave

15- Filed APR 9 - 1917, 191.... ROBERT R. KRAUTHER Registrar.
Burial Permit No. ....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7 1917, to April 7 1917, that I saw him alive on April 7 1917, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) ... yrs. 1 mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Charles E. Clark M. D.

April 7, 1917. (Address) 1310 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 10 ds. In the State ... yrs. Life mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence 2117 Clifton Ave

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cemetery — DATE OF BURIAL, April 9, 1917.

20-UNDERTAKER H. Sudbrink & Son — ADDRESS Monument

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4175

CERTIFICATE OF DEATH.

151 ✓

D 4175

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1808 Ashburton St.; 15 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roy B. Lucy Jr. (Baby)

(Residence in Baltimore: No. 1808 Ashburton St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 24, 1917
(Month) (Day) (Year)

7-AGE, ..yrs. ..mos. 11 ds.

If LESS than 1 day, ..hrs. or ..min.

8-OCCUPATION;
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Roy B Lucy

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mary Anna Rayner

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Roy B. Lucy

(Address) 1808 Ashburton St.

15- APR 9 - 1917 Filed, 191.. ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7, 1917, to April 7, 1917, that I saw h[illegible] alive on April 7, 1917, and that death occurred, on the date stated above, at 4-30 P.m.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) ..yrs. ..mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Enteritis

(Duration) ..yrs. ..mos. 5 ds.

(Signed) H. V. Billups M. D.

April 8, 191.. (Address) 2222 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Farmer or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Lorraine Cemetery

DATE OF BURIAL, April 9, 191..

20-UNDERTAKER H. Buckmaster Sons

ADDRESS Norwood

Spec.—8-24-14—M. & T.—2000 Bks.

D 4176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 S. Castle St ; ST.; WARD) REGISTERED NO. C 189 D 4176

2-FULL NAME John Elmer Wise

(Residence in Baltimore: No. 11 S Castle St

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; 2 yrs., 3 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec (Month) 23 (Day), 1914 (Year)

7-AGE, 2 yrs. 3 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, George Wise

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Ella L Smith

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis A Smith

(Address) 11 S. Castle St

15- APR 9 - 1917 ROBERT R. KRAUTER

Filed....., 191.... Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-7 191.., to April 7 1917, that I saw h.. alive on April 7 191.., and that death occurred, on the date stated above, at 6 m.

The CAUSE OF DEATH* was as follows:

Intoxication

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Inanition

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Edward L Cook M. D.

417, 191.. (Address) 413 N Wolfe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Carl Lawn Cemetery

DATE OF BURIAL, Apr. 9, 191..

20-UNDERTAKER Henry Worell Son

ADDRESS 1301 E Eager

Rec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4177

92 ✓

CERTIFICATE OF DEATH.

D 4177

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1302 E. Chase ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie R. Garvey

(Residence in Baltimore: No. 1302 E Chase St.; 10 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, not known, 1 (Month) (Day) (Year)

7-AGE, About 45 yrs. 1 mos. ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Co. Md

PARENTS.

10-NAME OF FATHER, Francis Rolf

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary J. Wolf

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Amelia Schuller

(Address) 1312 E. Chase St

15- Filed APR 9 - 1917 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 3, 1917, to April 7, 1917, that I saw her alive on April 6, 1917, and that death occurred, on the date stated above, at 4.30 p. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edwin A. B. Fenby M. D.

April 7, 1917. (Address) 1223 N. Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, New Cathedral Cemetery

DATE OF BURIAL, April 10, 1917.

20-UNDERTAKER Henry Hauck & Son

ADDRESS 1301 E. Eager St

...ver. —8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4178

CERTIFICATE OF DEATH.

D 4178

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1908 E Biddle ST.; 8 WARD) REGISTERED NO. C

2-FULL NAME John Meisel

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1908 E Biddle St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Apr. 6, 1863 (Month) (Day) (Year)

7-AGE, 54 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... Grocery Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Joseph Meise

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Roet

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mollie Meisel

(Address) 1908 E Biddle St

15-APR 9 - 1917 ROBERT B. KRAUTER

Filed ..., 191... Registrar

Burial Permit ...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 7 (Day), 1917. (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 20 1917, to April 7 1917, that I saw h[er] alive on Apr 7 1917, and that death occurred, on the date stated above, at 10[00] m.

The CAUSE OF DEATH* was as follows:

Mitro carditis Aortic
Renal Arteriosclerosis
(Duration) ... yrs. 1 mos. ... ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia
(Duration) ... yrs. ... mos. 7 ds.

(Signed) Walter W. White M. D.

Apr 9, 1917 (Address) 1101 Bolton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, Apr. 10, 1917.

20-UNDERTAKER Young Storck Son

ADDRESS 130 E Eager St

pec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4179

CERTIFICATE OF DEATH.

1917 D 4179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeths Home ST.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leroy Boyer

(Residence in Baltimore: No. St. Elizabeths Home, St. Paul St.; 1 yrs., 3 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. ~~Blk.~~ Male

4-COLOR OR RACE, Blk.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, March 7th 1915, 1 (Month) (Day) (Year)

7-AGE, ... yrs. 1 mos. 1 ds.; If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- Filed APR 9 - 1917, 191... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 15, 1917, to April 4th 1917, that I saw him alive on April 3rd, 1917, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

..... Malnutrition .....

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Scurvy (Duration) ..... yrs. 1 mos. 2 ds.

(Signed) Edgar A. Goodwin M. D.

....., 191... (Address) 1 to 16 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 3 mos. 24 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

Commissioner Health.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4180

CERTIFICATE OF DEATH.

D 4180

29

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 St. Elizabeth Home ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Bentley

(Residence in Baltimore: No. St. Paul St

St.; 4 yrs. 4 mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, Dec. ..... (Month) ..... (Day), 1912 (Year)

7-AGE, 4 yrs. 4 mos. ..... da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Frederick Co

PARENTS.

10-NAME OF FATHER, ?

11-BIRTHPLACE OF FATHER (State or Country), ?

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed APR 9 - 1917 by ROBERT R. KRAUTER. Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 31 1915, to Apr 4 1917, that I saw him alive on Apr 4 1917, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Acute Miliary Tuberculosis

(Duration) ..... yrs. 2 mos. ..... da.

CONTRIBUTORY (Secondary) Glandular U. B.

(Duration) 2 yrs. ..... mos. ..... da.

(Signed) Edgar B. Tunderwald M. D.

Apr. 6, 1917 (Address) 616 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 3 mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? 2

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, | DATE OF BURIAL, ..., 191...

20-UNDERTAKER | ADDRESS

Commissioner of Health.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4181

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4181

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.: 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Squires

(Residence in Baltimore: No. 615 E St Sparrows Point St.: ...yrs...mos...da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ...August..., 1... (Month) (Day) (Year)

7-AGE, At 71 yrs...mos...ds.

If LESS than 1 day, ...hrs. or...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)... General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Cushman

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)...

(Address) Johns Hopkins Hospital

15- Filed APR 9 1917 191... ROBERT R. KRAUTER Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7 1917 to April 7 1917, that I saw h... alive on April 7 1917, and that death occurred, on the date stated above, at 9.40 P m.

The CAUSE OF DEATH* was as follows:

...Acute Lobar Pneumonia

(Duration)...yrs...mos. 6 ...ds.

CONTRIBUTORY (Secondary)

(Duration)...yrs...mos...ds.

(Signed) W. Osler M. D.

April 8, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death...yrs...mos...ds. In the State...yrs...mos...ds.

Where was disease contracted, if not at place of death?...

Former or usual residence 615 E St Sparrows Point

19-PLACE OF BURIAL OR REMOVAL. Pikesville Cemetery

DATE OF BURIAL, April 10..., 1917.

20-UNDERTAKER F. B. Ogle

ADDRESS 1025 E. Baltimore St.

pec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4182

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Sq. Hospital 1917 D 4182 REGISTERED NO. C

CITY OF BALTIMORE: (No. Fayette Calhoun ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mathew Bishop

(Residence in Baltimore: No. Golden Hill 2nd St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, January, 1, (Month) (Day) (Year)

7-AGE, 25 yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Curtis Bay

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Bishop

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Scott

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Luther Stanley

(Address) Tailor Alley D. G.

15- APR 9 - 1917

Filed....., 191.... ROBERT R. KRAUTER Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 2, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 2 1917, to April 7 1917, that I saw him alive on April 7 1917, and that death occurred, on the date stated above, at 6:30 a. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia.

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) L. L. Marrow M. D.

April 2, 191 7 (Address) Franklin Sq. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 5 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Curtis Bay.

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Taylors Delaware Md. DATE OF BURIAL, April 9, 1917.

20-UNDERTAKER John W. Henderson ADDRESS 317 Caroline

D 4183

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 ✓ D 4183

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 3021 W. North ave ST. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Annie M. Ridgley

(Residence in Baltimore: No. 3021 W. North ave St.; 30 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6 DATE OF BIRTH: Nov. (Month) 6th (Day), 1832 (Year)

7 AGE: 84 yrs. 5 mos. 2 ds. — If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Geo. E. Odell

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Sarah Chapman

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Walter G Odell

(Address) 3021 W Northave

15 Filed APR 9 - 1917 19 ROBERT R. KRAUTER Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Apr. (Month) 8th (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Apr. 5th, 1917, to Apr. 7th 1917, that I saw h[er] alive on Apr. 7 1917, and that death occurred, on the date stated above, at 2.30a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 3 yrs. — mos. — ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Isaac C. Dickson M. D.

Apr 8th, 1917 (Address) 3055 N. North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. — In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Harmonville Md — DATE OF BURIAL: Apr 10, 1917

20 UNDERTAKER: E. J. Walker — ADDRESS: 723 Whf. ave

state CAUSE OF DEATH in plain English. Do not use abbreviations or technical terms. Omission to answer any question fully may greatly delay burial. Physician is required to sign certificate. Undertaker is required to file certificate within 24 hours. Penalty for violation of any of the above requirements is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

4184 — CERTIFICATE OF DEATH. — D 4184

92

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 N. Parrish ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hezekiah Scribner

(Residence in Baltimore: No. 1108 N. Parrish St.: 2 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1866 (Year)

7-AGE, 51 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: not given

11-BIRTHPLACE OF FATHER (State or Country): Not given

12-MAIDEN NAME OF MOTHER: Not given

13-BIRTHPLACE OF MOTHER (State or Country): Not given

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Scribner

(Address) 1108 Parrish St.

15- APR 9 - 1917 Filed, 191 ROBERT R. KRAUTER Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 29 1917, to Apr 6 1917, that I saw him alive on Apr 5 1917, and that death occurred, on the date stated above, at 4.5 a.m.

The CAUSE OF DEATH* was as follows:

Ac Lobar Pneumonia with Obstruction I cord

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Ac Bronchial Catarrh

(Duration) yrs. mos. 10 ds.

(Signed) Edward Shorb M. D.

Apr 6, 1917. (Address) 1812 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn — DATE OF BURIAL, Apr 9, 1917

20-UNDERTAKER Wm. H. Shaw Son — ADDRESS 4 mpd 28

Spec.—8-24-14—M. & T.—2000 Bks.

D 4185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 4185

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 Wholesale ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anne Elizabeth Frazier

Residence in Baltimore: No. 1013 Wholesale St.; ... yrs. 2 mos. ... ds.)

2 yrs in City,

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, 1854
(Month) (Day) (Year)

7-AGE, 63 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Calvert Co. Md

PARENTS.

10-NAME OF FATHER, Addison Harris

11-BIRTHPLACE OF FATHER (State or Country), Calvert Co. Md

12-MAIDEN NAME OF MOTHER Mary Emory

13-BIRTHPLACE OF MOTHER (State or Country), Calvert Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emily Taylor

(Address) 1133 Stockton St.

15- APR 9 - 1917 HARRY O. ANDREW
Filed ..., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 6, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 3 1917, to April 6 1917, that I saw her alive on April 6 1917, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Acute Enteritis

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(Duration) ... yrs. 6 mos. ... ds.

(Signed) Wm. H. Wright M. D.

April 7, 1917 (Address) 1209 Druid St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cemetery — DATE OF BURIAL, April 10, 1917

20-UNDERTAKER Chas. E. Bailey — ADDRESS 1421 Gilmor

D 4186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 4186

79

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1033 Homewood ave ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Clinton

(Residence in Baltimore: No. 1033 Homewood ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
male	whote	married

6-DATE OF BIRTH, Nov. 10 1885, 1
(Month) (Day) (Year)

7-AGE, 31 yrs. 4 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Hugh Clinton

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget Muldoon

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Delia Muldoon

(Address) 1033 Homewood an

15- Filed APR 9 - 1917, 191 HARRY C. ANDREWS Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

April 9 1917. (Address) N. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 10 ds. In the State 7 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL,
St. Peters	April 11 1917
20-UNDERTAKER	ADDRESS
N. C. Weedefeld	917 Fremont Ave

IMPORTANT. See instructions on back of this certificate.

D 4187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 4187

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 216 Ridgewood Ave St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John A Barnes

(Residence in Baltimore: No. 216 Ridgewood Ave St.; yrs., 3 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Dec. 25 (Month) (Day), 1913 (Year)

7-AGE, 3 yrs. 14 mos. da.

If LESS than 1 day, hrs. or min.†

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James A Barnes

11-BIRTHPLACE OF FATHER (State or Country), Balto Co. Md.

12-MAIDEN NAME OF MOTHER Ida Meyers

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James A. Barnes

(Address) 216 Ridgewood

15- APR 9 - 1917 Filed, 191.. HARRY C. ANDREWS Registrar. Burial Permit Clark

important. See instructions on back.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 8 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

Contributory

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary)

Duration yrs. mos. ds.

(Signed) Wells Owen M. D. (Coroner.)

Apr. 9, 191.7 (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State None yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet

DATE OF BURIAL, April 10, 19..

20-UNDERTAKER H. S. Marshall

ADDRESS 3539 Fell Rd

D 4188

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 4188

91

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2955 Brighton ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellsworth V. Bowen

(Residence in Baltimore: No. 2955 Brighton St.: yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: March (Month) 19 (Day), 1861 (Year)

7-AGE: 56 yrs. mos. 19 ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Painter & Decorator
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Uria Bowen

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Matilda Keman

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert L Shoddick

(Address) 2955 Brighton St

15. Filed APR 9 - 1917, 19

HARRY O. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 7th (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 31, 1917, to Apr. 7 1917
that I saw h[illegible] alive on Apr 7, 1917
and that death occurred, on the date stated above, at 4.15 P.m.
The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) yrs. mos. 8 ds

Contributory (SECONDARY) (No History)

(Duration) yrs. mos. ds.

(Signed) A G Jones M.D. M. D.

Apr 8, 1917 (Address) 1235 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cem. DATE OF BURIAL: April 10, 1917

20-UNDERTAKER: E A B Hanke ADDRESS: 115 E Lexington St

State CAUSE OF DEATH very carefully and in language of the physician. Do not use abbreviations or terms unknown to the general public. Each certificate is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4189

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4189

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. University Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Floyd.

Residence in Baltimore: No. University Hospitals St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, 4 (Month) 6 (Day), 1917 (Year)

7-AGE, 0 yrs. 0 mos. 0 ds. If LESS than 1 day, 3 hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... None

9-BIRTHPLACE, (State or Country) Maryland.

PARENTS.

10-NAME OF FATHER. Edward Floyd

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Louise Floyd

13-BIRTHPLACE OF MOTHER (State or Country) Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15-

Filed APR 9 1917 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4-3 1917, to 4-6 1917, that I saw her alive on 4-6 1917, and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Congenital debility

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Premature birth

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. C. Marcus M. D.

4-6, 1917 (Address) University Hospitals

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

Commissioner of Health.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4190 D 4190

CERTIFICATE OF DEATH.

REGISTERED No. C 37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Smith.

(Residence in Baltimore: No. University Hospital St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, 4 (Month) 6 (Day), 1917 (Year)

7-AGE, 0 yrs. 0 mos. 0 ds. If LESS than 1 day, 7 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... None

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, Louis Smith

11-BIRTHPLACE OF FATHER (State or Country) Maryland.

12-MAIDEN NAME OF MOTHER Viola Bailey

13-BIRTHPLACE OF MOTHER (State or Country) Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

APR 9-1917

Filed ....., 191.... HARRY C. ANDREWS Registrar.

Burial Permit ....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4-6 1917, to 4-6 1917, that I saw ..... alive on 4-6 1917 and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hemorrhage Syphilis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L. C. Hammond M. D.

4-6, 1917 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND ARCHIVES

Commissioner Health.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 4191

1-PLACE OF DEATH Church Home & Inf. REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Broadway ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan Esterley

(Residence in Baltimore: No. Church Home Infirmary St.; 70 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Jan 1, 1823 (Month) (Day) (Year)

7-AGE, 95 yrs. 3 mos. 7 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), Harford Co Md

PARENTS.

10-NAME OF FATHER. Charles Dalling

11-BIRTHPLACE OF FATHER (State or Country), Harford Co Md

12-MAIDEN NAME OF MOTHER Susan Smith

13-BIRTHPLACE OF MOTHER (State or Country), Harford Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Esterley

(Address) 946 Fayette St

15- Filed APR 9 - 1917 191... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 8, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 6 1915, to Apr 8 1917, that I saw h.er alive on Apr 8 1917, and that death occurred, on the date stated above, at 3 [illegible] m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senility

(Duration) 0 yrs. ..... mos. ..... ds.

(Signed) W. H. Keeler M. D.

Apr 8, 191 7 (Address) Church Home

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 4 mos. 2 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 929 W Mulberry St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Western Cemetery	Apr. 10, 191 7.
20-UNDERTAKER Geo J Smith	ADDRESS 1005 W Fayette

D 4192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 4192

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 443 E 25th St. ST. 17th WARD)

2-FULL NAME William L. Thomas

Residence in Baltimore: No. 443 E. 25th St.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs. 40 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH: Feb. (Month) 2 (Day), 1851 (Year)

7-AGE: 66 yrs. 2 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Night Watchman
(b) General nature of industry, business, or establishment in which employed (or employer): Parks & Theatres

9-BIRTHPLACE, (State or Country): Cecil Co Md

PARENTS.

10-NAME OF FATHER: George Thomas

11-BIRTHPLACE OF FATHER (State or Country): Ho not known

12-MAIDEN NAME OF MOTHER: Louisa Little

13-BIRTHPLACE OF MOTHER (State or Country): Harford Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Alice C Thomas

(Address) 443 E. 25 St.

15-

Filed APR 8 1917, 191.... EARLY C. ANDREWS Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: April (Month) 8th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to / death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Thos Morrison M. D. (Coroner)

April 8 1917 (Address) 5632 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Lorraine Cem — DATE OF BURIAL: April 10, 1917

20-UNDERTAKER: Henry H Mears & Son — ADDRESS: 805 Cathedral St

Important. See instructions on back.

pec.—8-24-14—M. & T.--2000 Bks.

D 4193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 D 4193

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 W.33 St. ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah M. Mitchell

(Residence in Baltimore: No. 812 W. 33 St. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, Sept (Month) II (Day), 1840 (Year)

7-AGE, 76 yrs. 6 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Pa.

PARENTS.

10-NAME OF FATHER: Elisha Karr

11-BIRTHPLACE OF FATHER (State or Country): Pa.

12-MAIDEN NAME OF MOTHER: Margaret Toy

13-BIRTHPLACE OF MOTHER (State or Country): Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Mitchell

(Address) 812 W. 33 St.

15-

Filed ....., 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 8th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1st 1916, to April 8 1917, that I saw h[illegible] alive on April 7th 1917, and that death occurred, on the date stated above, at 12:30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach

(Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) [illegible] yrs. [illegible] mos. [illegible] ds.

(Signed) [illegible] M. D.

April 9th, 1917. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St.Mary;s Hampden — DATE OF BURIAL, Apr. 10, 1917.

20-UNDERTAKER A.S.Marshall — ADDRESS 3539 Falls Road

over

Spec.—8-24-14—M. & T.—2000 Bks.

D 4194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1920 D 4194

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 530 N. Luzern Ave ST.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME J. Theodor Freitag

(Residence in Baltimore: No. 530 N Luzern Ave St.; 50 yrs.. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug 3 (Month), 1847 (Day) (Year)

7-AGE. 69 yrs. 8 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer) at home

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dorthe Freitag

(Address) 530 N. Luzern Ave

15-

Filed APR 9 - 1917 191.....

HARRY C. ANDREW
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 7 (Month) 17 (Day), 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 15 191 5, to Apr 7 191 7, that I saw h[illegible] alive on April 6, 191 7, and that death occurred, on the date stated above, at 7 30 m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(Duration) 2 yrs. 6 mos. ..... ds.

(Signed) Emil Mark M. D.

April 9, 191 7 (Address) 26 E Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cemetery

DATE OF BURIAL. April 10 191 7

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson st

Spec.—8-24-14—M. & T.—2000 Bks.

D 4195

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

×120 D 4195

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital St.; ward)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas S. Deinhardt

(Residence in Baltimore: No. Md. General Hospt St.; 1 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH. April 24, 1853 (Month) (Day) (Year)

7-AGE, 63 yrs. 11 mos. 15 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer). Boss

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Conard Deinhardt

11-BIRTHPLACE OF FATHER (State or Country) New York State

12-MAIDEN NAME OF MOTHER Elizabeth Sunter

13-BIRTHPLACE OF MOTHER (State or Country) New York State

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry M. Page

(Address) Williamsport Md.

15- APR 10 1917 Filed, 191. ROBERT E. KRAUTH Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 8, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 21 1917, to April 8 1917, that I saw h[illegible] alive on April 8 1917, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Acute nephritis

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

April 9, 1917. (Address) Md Gen. Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 18 ds. In the State yrs. mos. 18 ds.

Where was disease contracted, if not at place of death? Urbana Va

Former or usual residence Urbana - Va

19-PLACE OF BURIAL OR REMOVAL, Williamsport Md. DATE OF BURIAL, April 10, 1917

20-UNDERTAKER W. H. Cook ADDRESS 504 E Patha

D 1196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Hopkins Hospital ST.: 10 WARD)

REGISTERED No. C 1755 D 1196

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oscar Smith

(Residence in Baltimore: No. 1404 E Madison st St.; yrs., // mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
male	col	boy

6-DATE OF BIRTH, Unknown ....., 1916.
(Month) (Day) (Year)

7-AGE, // yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm Smith

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Jennie Brown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Smith

(Address) 1404 E. Madison st

15- APR 10 1917 ROBERT R. KRAUTER

Filed....., 191... Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumococcus Meningitis

(Durntion) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) struck by auto slight bruises on head accident Nov 1 1916

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner.)

April m 7, 1917 (Address) N. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 17 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1404 E. Madison St.

19-PLACE OF BURIAL OR REMOVAL, Asbury Cem. DATE OF BURIAL, April 10 1917

20-UNDERTAKER Harry A Vodery ADDRESS 1723 Orleans st

Important. See instructions on back.

Spec.—8-24-14—M. & T.—2000 Bks.

James B. Carr

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 4197 (m)

CERTIFICATE OF DEATH.

94 D 4197

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 Preston ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Ball Carr

(Residence in Baltimore: No. 516 Preston St.; 4 yrs., 4 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH Sept. 5th, 1912
(Month) (Day) (Year)

7-AGE. 4 yrs. 7 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, Robt. Baltz.

11-BIRTHPLACE OF FATHER (State or Country), Balto. City

12-MAIDEN NAME OF MOTHER Rebecca Baltz.

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Carr

(Address) 516 Preston St.

15- Filed APR 10 1917, 191... ROBERT R. KRAUTER Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April 8th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch. 27 1917, to April 8th 1917, that I saw h— alive on April 7th 1917, and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

Contributory: (Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. E. Ellis M. D.

4/9, 1917, (Address) 924 Mad. Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Apr. 10, 1917.

20-UNDERTAKER John A. Bishop — ADDRESS 1107 Pitts Ave.

pec.—8-24-14—M. & T.—2000 Bks.

Leigh Gravans

D 4198

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4198

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 121 W 21st ST.; 17 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leigh Gravans

(Residence in Baltimore: No. 121 W. 21st St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, ... (Month) ....., 1 (Day) ..... (Year)

7-AGE, 23 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Gravans

(Address) 121 W. 21st St

15- APR 10 1917 Filed ....., 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6-4-191.., to 9-4-191.., that I saw h.. alive on 9-4-191.., and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. Over a week

CONTRIBUTORY (Secondary) Cardiac failure

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. Mansfield Price M. D.

9/4/.., 191.. (Address) 1 E. Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Gloucester Co. Va — DATE OF BURIAL, Apr. 11.., 191.7

20-UNDERTAKER James H. Dennis — ADDRESS 1303 Pressman St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4199

CERTIFICATE OF DEATH.

X 51 ✓

D 4199

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Sara See. 7

(Residence in Baltimore: No. 14 days St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb 4, 1876
(Month) (Day) (Year)

7-AGE, 41 yrs. 2 mos. 5 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Geo. C. Green.

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Lavinia Stauffer

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp

15- APR 10 1917 J. ROBERT R. KRAUTER
Filed....., 191.... Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 9, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 26 1917, to Apr 9, 1917, that I saw h[illegible] alive on Apr 9 1917, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Hyperthyroidism
Myocarditis
(Duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cerebral Thrombosis
(Duration) — yrs. — mos. 3 ds.

(Signed) W. E. Hughes M. D.

Apr 10, 1917. (Address) J. H. H.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 14 ds. In the State ....yrs. ....mos. ....ds. ✓

Where was disease contracted, if not at place of death? ✓

Former or usual residence Easton Pa.

19-PLACE OF BURIAL OR REMOVAL, Rogues Rest Pa

DATE OF BURIAL, Apr 12, 1917.

UNDERTAKER W. E. Hughes

ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

Roy P. Coenavitch

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 4200

28 D 4200

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 N. Broadway St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roy P Coenavitch

(Residence in Baltimore: No. 815 Broadway St.; Life yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June (Month) 17th (Day), 1916 (Year)

7-AGE, ... yrs. 9 mos. 22 ds.

If LESS than 1 day, ... hrs. or .... mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Coenavitch

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Lena Bothe

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Coenavitch

(Address) 815 N. Broadway St.

15-

Filed APR 10 1917, 191.....

ROBERT R. KRAUTER
Burial Permit
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 9th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1917, to April 9 1917, that I saw h~~im~~ alive on ~~it~~ 9 1917, and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

Emphysema

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Pleurisy

..... (Duration) ..... yrs. 1 mos. 7 ds.

(Signed) Hubert Brann M. D.

April 14, 1917 (Address) 1777 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Farmer or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem.	April 10, 1917.
20-UNDERTAKER E. Schloman & Son	ADDRESS 1039 Hanover St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4201

CERTIFICATE OF DEATH.

79 ✓ D 4201

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 304 E. 23½ St.; 12 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura S. Smith

(Residence in Baltimore: No. 304 – 23½ St.; 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, unknown, (Month) (Day) 1857 (Year)

7-AGE, 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer) at home

9-BIRTHPLACE, (State or Country), annapolis md

PARENTS.

10-NAME OF FATHER, John Phelps

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H. Smith

(Address) 304 23½ E. st

15- ROBERT P. KRAUTER

Filed APR 10 1917 191 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 3 1917, to April 8 1917, that I saw her alive on April 7 1917, and that death occurred, on the date stated above, at 4A m.

The CAUSE OF DEATH* was as follows:

Cardio-vascular Disease

(Duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. H. McCarl M. D.

4/9, 191 7. (Address) 2005 Druid

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, April 10 191 7.

20-UNDERTAKER Geo H Holland ADDRESS 1424 Wilkens Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4202

CERTIFICATE OF DEATH.

64 D 4202

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 Little Green ST. 72 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George R. Dorsey

(Residence in Baltimore: No. 607 Little Green St.; 34 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... January 1 1883
(Month) (Day) (Year)

7-AGE, 34 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... in Bakery

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Francis C. Dorsey

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Francis C. Dorsey

(Address) 607 Little Green St

15- APR 10 1917 ROBERT B. KRAUTH

Filed ..... 191.... by ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 9, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1917, to April 9 1917, that I saw him alive on April 8 1917, and that death occurred, on the date stated above, at 2a m.

The CAUSE OF DEATH* was as follows:

(Paralysis (Apoplexy?)

(Duration) ..... yrs. ..... mos. 9 .... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. 9 .... ds.

(Signed) C. W. Horsley M. D.

April 9, 1917. (Address) 712 S. Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Lamel Ave. DATE OF BURIAL, April 11, 1917

20-UNDERTAKER John H. Soader ADDRESS 142 Mosher

FILM

Spec.—8-24-14—M. & T.—2000 Bks.

D 4203

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4203

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1196 Hughes St. ST.; 22 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Evans

(Residence in Baltimore: No. 1196 Hughes St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Unknown ....., 1..... (Month) (Day) (Year)

7-AGE, 67 yrs.....mos.....ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Oyster Shucker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Charles Co. Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Watts

(Address) 731 S. Hendekes Ct

15- APR 10 1917 Filed....., 191.....

ROBERT R. KRAUTHER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 7, 191.. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch. 30 191.., to Apr. 7 191.., that I saw h.. alive on Apl. 7 191.., and that death occurred, on the date stated above, at 9:50 a. m.

The CAUSE OF DEATH* was as follows:

1 Bright's Disease

.....

.....

..... (Duration).....yrs.....mos. 18 ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) A. C. Smith M. D.

Apr 7, 191.. (Address) 910 Eig 4th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, April 10, 191..

20-UNDERTAKER Jo Law & Vondine ADDRESS 1720 Pine St

Spec.—8-24-14—M. & T.—2000 Bks.

Beatrice Conyer. 38

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4204

CERTIFICATE OF DEATH.

D 4204

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. ST.; 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Beatrice Conyer.

(Residence in Baltimore: No. 602 Sarah Ann St. St.; 25 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, unknown ....., 1892
(Month) (Day) (Year)

7-AGE, 25 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Jamer Conyer

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sarah Jane

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William conyer

(Address) 677 Sarah ann St

15-

Filed APR 10 1917, 191.....

ROBERT R. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 8, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 15 1917, to Apr 8 1917, that I saw h.r alive on Apr 8 1917, and that death occurred, on the date stated above, at 3.15 p.m.

The CAUSE OF DEATH* was as follows:

Bilateral suppurative c
Pelvic peritonitis
..... (Duration) ..... yrs. ..... mos. 24 ds.

CONTRIBUTORY (Secondary) Alcoholic exhaustion

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. A. Bunten M. D.

Apr. 9, 1917 (Address) Md Gen Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 24 ds. In the State 25 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 602 Sarah Ann St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Ont Woodlawn Cemetery	April 10, 1917.
20-UNDERTAKER Geo H Hooper	ADDRESS 609 E Lombard

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 4205

1 PLACE OF DEATH

REGISTERED No. C 4205

CITY OF BALTIMORE: (No. 608 S. Greene ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Metter

(Residence in Baltimore: No. 608 S. Greene St.; 57 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Widowed

6-DATE OF BIRTH Unknown ..... 1 .....
(Month) (Day) (Year)

7-AGE 57 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General.

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Taumon

(Address) 608 S. Greene

15- Filed APR 10 1917, 191 ROBERT R. KRAUTER Registrar

Burial Permit

TION is very important.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 7 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 28, 1917, to, April 7 1917, that I saw h.... alive on April 6 1917, and that death occurred, on the date stated above, at 11:30 P.m.

The CAUSE OF DEATH* was as follows:

Sub Acute Interstitial Nephritis

(Duration) (Just Case) yrs mos 11 ds.

Contributory (SECONDARY) Cerebral Hemorrhage

(Duration) ..... yrs ..... mos. 1 ds.

(Signed) J. Guy Bowley M. D.

4/9/17 191 [Address] 136 W. 1st St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Int Suburcemtery

DATE OF BURIAL: April 10 1917

20-UNDERTAKER: Geo H Hooper

ADDRESS: Geo H Hooper

Godfrey Lober.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D/4206

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 925 Pear Ary ady ST. 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Godfrey Lober

(Residence in Baltimore: No. 925 Pear Ary ady St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, ~~Blk~~ White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1870 (Year)

7-AGE, 47 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer Labor
(b) General nature of industry, business, or establishment in which employed (or employer) Saw mill

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Lober

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Markhof

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) 1913 Wilson Ave

15- Filed APR 10 1917 191.... ROBERT R. KRAUTER Registrar. Burial Permit issued

important. See instructions on back of this.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 8 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Old + Broken

..... (Duration) ..... yrs. ..... mos. 10 ds.

(Signed) ..... M. D. (Coroner)

Apr. 9 191 7. (Address) 1921 Huber

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Dallas Town — DATE OF BURIAL, Apr. 10 1917

20-UNDERTAKER Daniel Eagler — ADDRESS 917 Pennsa Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4207

CERTIFICATE OF DEATH.

79 D 4207

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2113 Brookfield St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Alexander Laurence

(Residence in Baltimore: No. 2113 Brookfield Ave St.; 40 yrs., ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, September 9, 1847
(Month) (Day) (Year)

7-AGE, 69 yrs. 7 mos. 0 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Shoeman
(b) General nature of industry, business, or establishment in which employed (or employer) Mfg.

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, James M. Laurence

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Alanda A. Murphy

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. A. Laurence Jr. (Son)

(Address) 2113 Brookfield Ave

APR 10 1917

Filed....., 191.....

ROBERT R. KRAUTER

Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 19 1917, to April 7 1917, that I saw h.. alive on April 7 1917, and that death occurred, on the date stated above, at 3P m.

The CAUSE OF DEATH* was as follows:

a. Chronic Nephrocarditis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(Duration) yrs. 5 mos. ds.

(Signed) [illegible] M. D.

April 10, 1917. (Address) 20 E Pleasant

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemetery — DATE OF BURIAL, April 11, 1917.

20-UNDERTAKER Edward H. Loven & Co ADDRESS 1018 N. Mott Ave

4208

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

29 D 4208

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1624 Mosher St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian May Lingerman

(Residence in Baltimore: No. 1624 Mosher St.; 29 yrs. 11 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: May (Month) 3 (Day), 1887 (Year)

7-AGE: 29 yrs. 11 mos. 5 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: F. J. Hall

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Mary C. Mumma

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) G. J. Lingerman

(Address) 1624 Mosher

15- APR 10 1917 Filed ....., 191.... ROBERT R. KRAUTER REGISTRAR

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1, 191 7, to, April 9 191 7, that I saw h[er] alive on April 8 191 7, and that death occurred, on the date stated above, at 1 p. m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(Duration) Unknown yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Rheumatism

(Duration) ..... yrs. 1 mos. 8 ds.

(Signed) J. Thomas Nelson M. D.

April 191 7 [Address] 1001 N Fulton ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Green Mt Cemetery — DATE OF BURIAL: Apr. 11 191 7

20-UNDERTAKER: Stewart Warwick — ADDRESS: 108 W North Ave

NOTICE IS VERY IMPORTANT

Spec.—8-24-14—M. & T.—2000 Bks.

4209

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4209

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Guilford & Preston

CITY OF BALTIMORE: (No. Preston Apartments ST.; 11 WARD)

REGISTERED No. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Amelia Steele

(Residence in Baltimore: No. Preston Apartments. St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June (Month) 14 (Day), 1886. (Year)

7-AGE, 30 yrs. 9 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.... None
(b) General nature of industry, business, or establishment in which employed (or employer).... None

9-BIRTHPLACE, (State or Country), Carroll Co., Md.

PARENTS.

10-NAME OF FATHER, John William Steele

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Emma V. Ritter

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. J. Henry Steele (brother)

(Address) Preston Apt's.

15- APR 10 1917 ROBERT B. KRAUTER

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 7th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 2d 1917, to April 7th 1917, that I saw h[illegible] alive on April 7th 1917, and that death occurred, on the date stated above, at 10:10 P m.

The CAUSE OF DEATH* was as follows:

Fatum of Cardiac Confusion occurring in the course of Mitral Stenosis of long standing & attended by pulmonary infarcts & passive congestion of Liver & Kidneys

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) Mitral Stenosis

(Duration) 2 yrs. 1 mos. ....ds.

(Signed) Wm. H. Dabney M. D.

April 8th, 1917. (Address) Keysville Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Freedom, Carroll Co. Md. DATE OF BURIAL, Apr 10/17 191...

20-UNDERTAKER Stewart & Mowen Company ADDRESS 108 W. North Av.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4210

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4210

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 Park Ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Eliza Emory

(Residence in Baltimore: No. 1519 Park St.; 68 yrs., 4 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, December 8th, 1848
(Month) (Day) (Year)

7-AGE, 68 yrs. 4 mos. 0 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm. H. Emory

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Eliza Brooks

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Sarah H. Emory

(Address) 516 Park Ave

15- APR 10 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April 8th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1895, to Mar 8th 1917, that I saw her alive on April 6th 1917, and that death occurred, on the date stated above, at 5:20 A m.

The CAUSE OF DEATH* was as follows:

Arteio-Sclerosis, Nephritis

Mitral Insufficiency

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary thrombosis

(Duration) yrs. mos. ds.

(Signed) E. L. Eastman M. D.

Apr. 9th, 1917. (Address) 1515 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cem. DATE OF BURIAL, Apr. 10, 1917.

20-UNDERTAKER Stewart & Mowen Co ADDRESS 108 W. North Ave

Burial Permit

D 4211

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4211

CERTIFICATE OF DEATH.

175

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 12 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur L Smith

(Residence in Baltimore: No. 2324 Guilford ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
male	white	Single

6-DATE OF BIRTH, Nov. I. 1889, 1 (Month) (Day) (Year)

7-AGE, 27 yrs. 5 mos. 9 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Worked at car barn
(b) General nature of industry, business, or establishment in which employed (or employer): Labrn

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Sidney Smith

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Lynn

13-BIRTHPLACE OF MOTHER (State or Country), WVa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) SA Smith

(Address) 2324 Guilford/Smith ave

15- FILED APR 10 1917, 191.... ROBERT R. KRAUTER Registrar. Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 9 1917, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism caught between cars accidental

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [signature] M. D. (Coroner)

4.10 191 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1/2 mon. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Highlandtown Car Barn

Former or usual residence 2324 Guilford Ave

19-PLACE OF BURIAL, OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL, Apr. 12, 1917

20-UNDERTAKER: Stewart Mowen Co — ADDRESS 1081 Hollins Av

important. See instructions on back.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4212

CERTIFICATE OF DEATH.

90 D 4212

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1042 Mc Donough St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Booth

(Residence in Baltimore: No. 1042 Mc Donough St. St.; 47 yrs. 6 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept 19 (Month) (Day), 1869 (Year)

7-AGE, 47 yrs. 6 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Rodman
(b) General nature of industry, business, or establishment in which employed (or employer)..... City Surveyor's Dept

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Geo Booth

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Jane Mc Carthy

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Elizabeth Booth

(Address) 1042 Mc Donough

15-APR 10 1917 Filed....., 191.....

ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 23 1917, to April 8 1917, that I saw h[illegible] alive on April 7 1917, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pneumonia

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 15 ds.

(Signed) Geo J Lamplough M. D.

April 9, 1917. (Address) 1205 N. Bond St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, April 11, 1917.

20-UNDERTAKER Robt J Turner

ADDRESS 1724 Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

Laurence A. Garner.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4213

CERTIFICATE OF DEATH.

91 D 4213

1-PLACE OF DEATH St. Vincent's Infant Asylum

REGISTERED No. C.....

CITY OF BALTIMORE: (No. ..... ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laurence A. Garner

(Residence in Baltimore: No. 401 Kennedy St. St.: ....yrs.,....mos., 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March (Month) 19 (Day), 1913 (Year)

7-AGE, 4 yrs. mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm. B. Garner Jr.

11-BIRTHPLACE OF FATHER (State or Country), Washington D.C.

12-MAIDEN NAME OF MOTHER Louise E. Moffat.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William B. Garner Jr.

(Address) 119 N. Paca St.

15-

Filed APR 10 1917, 191.... ROBERT R. KRAUTHER

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 29 1917, to April 7 1917, that I saw h[illegible] alive on April 5 1917, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) ....yrs. ....mos. ....ds.

(Signed) Charles O. Thienes M. D.

April 9, 1917. (Address) 5 E. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. mos. 24 ds. In the State 4 yrs. ....mos. 19 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt. Olivet Cemetery.	April 10, 1917.
20-UNDERTAKER	ADDRESS
Geo. L. Schwab & Bro.	2101 Frederick Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154 D 4214

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 E. Cross ST.; 24 WARD) REGISTERED NO. C.....

2-FULL NAME Richard A. Brueden (Bruden) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 706 E. Cross St.; 40 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) widowed

6-DATE OF BIRTH, Dec 17, 1877 (Month) (Day) (Year)

7-AGE, 39 yrs. ..... mos. 7 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired Foreman
(b) General nature of industry, business, or establishment in which employed (or employer) Roper Mill

9-BIRTHPLACE, (State or Country), Calvert Co. Md.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Katie Farris

(Address) 706 E. Cross St

15-

Filed APR 10 1917 191..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8, 1917 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 19 1917, to April 8 1917, that I saw him alive on April 8 1917, and that death occurred, on the date stated above, at 2.45 m.

The CAUSE OF DEATH* was as follows:

Infirmities of age

(Duration) ..... yrs. ..... mos. 3w ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Edw. Dennett M. D.

April 9, 1917 (Address) 716 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Sollers Calvert Co Md — DATE OF BURIAL, April 10, 1917.

20-UNDERTAKER Armstrong Dem Co — ADDRESS 715 Light St

D 4215

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 D 4215

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 512 W.West St. St.; 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Hughes (C)

(Residence in Baltimore: No. 512 W.West St. St.; 39 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Female.	Colored	Widow.

6-DATE OF BIRTH, ... 1878 ....., 1 .....
(Month) (Day) (Year)

7-AGE, 39 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, -------- Parker.(C)

11-BIRTHPLACE OF FATHER (State or Country), Do not know.

12-MAIDEN NAME OF MOTHER Do not know.

13-BIRTHPLACE OF MOTHER (State or Country), Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Mary Morgan.(C)
(Informant).....

(Address) 711 W.German St.

15- Filed APR 10 1917 191 ROBERT R. KRAUTER Registrar.
Burial Permit Given

important. See instructions

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April,7th.1917. ....., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(Duration) yrs. mos. ds.

(Signed) Otto M.Reinhardt M. D.
(Corner)

April,7,1917 (Address) 1617 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem	Apr 12 1917
20-UNDERTAKER	ADDRESS
Samuel Ramsey	578 Bill

Spec.—8-24-14—M. & T.—2000 Bks.

D 4216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37 D 4216

1-PLACE OF DEATH The Johns Hopkins Hospital. REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 12.)

2-FULL NAME Baby Richardson

(Residence in Baltimore: No. 1810 McCulloh St. St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April 9, 1917.
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Chas. Richardson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mollie Spalding

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. Clifford McRee

(Address) The Johns Hopkins Hospital.

15- Filed APR 10 1917, 191.....

ROBERT R. KRAUTER
Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 9, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 9 1917, to April 9 1917, that I saw her alive on April 9 1917, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

Premature 7 months

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) ..... M. D.

April 9, 1917. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, April 11, 1917

20-UNDERTAKER C. B. Pye. ADDRESS 102 E Mulberry

D 4217

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 D 4217

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 805 Gorsuch Ave ST.; 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Christopher

(Residence in Baltimore: No. 805 Gorsuch Ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: Oct 27, 1850 (Month) (Day) (Year)

7-AGE: 66 yrs. 5 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Wm A Bailey

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Anna Richardson

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs E. Christopher

(Address) 805 Gorsuch Ave

15-APR 10 1917 Filed ....., 191.... ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 9 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1917, to, Apr 9 1917, that I saw h-- alive on Apr 8, 1917, and that death occurred, on the date stated above, at 12.30 P m. The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) unknown yrs. mos. ds

Contributory (SECONDARY) —

(Duration) — yrs. — mos. — ds.

(Signed), H. E. Prentiss M. D.

Apr 9, 1917 (Address) 634 Gorsuch Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, If not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: April 11, 1917

20-UNDERTAKER: Edw Mitchell — ADDRESS: 1201 W. Fayette

state CAUSE OF DEATH in plain ... is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 D 4218

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. General Hospital 14 St.; ..... WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie Estella Edmondson

(Residence in Baltimore: No. 1424 Bolton St St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, ~~April~~ ~~10~~, ~~1~~ (Month) (Day) (Year)

7-AGE, 52 yrs. ~ mos. ~ ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jeremiah H. Edmondson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Emily P. Crowle

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henrietta E. Edmondson

(Address) 1807 Bolton St

15-

Filed APR 10 1917 191.. ROBERT R. KRAUTER Registrar.

Burial Permit [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 19 1916, to April 10 1917, that I saw her alive on April 10 1917, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Malignant Papilloma
Bladder
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute dilatation of Heart
(Duration) ..... yrs. mos. ..... ds.

(Signed) [illegible] M. D.

April 10, 191.. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 8 mos. 13 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 1424 Bolton St

Former or usual residence 1424 Bolton St.

19-PLACE OF BURIAL OR REMOVAL, Loraine Cemetery — DATE OF BURIAL, April 13, 191.7

20-UNDERTAKER E. W. Mitchell & Co — ADDRESS 120 W. Fayette

Spec.—5-19-13—M. & T.—500 Bks.

4219

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 D 4219

REGISTERED NO. C

1—PLACE OF DEATH
CITY OF BALTIMORE: (No.) 511 N. Gilmor ST.; 19 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)
FULL NAME Edward A. Holmes.
(Residence in Baltimore: No. 511 N. Gilmor St.; ...yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX Male
4—COLOR OR RACE, White
5—SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widower
6—DATE OF BIRTH, Oct 10th (Month) (Day), 1848 (Year)
7—AGE, 68 yrs. 6 mos. 7 ds.
If LESS than 1 day, ...hrs. or.....min.?
8—OCCUPATION:
(a) Trade, profession, or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) (Dr. office)
9—BIRTHPLACE, (State or Country), Cumberland Md

PARENTS.
10—NAME OF FATHER. John M Holmes
11—BIRTHPLACE OF FATHER (State or Country), Virginia
12—MAIDEN NAME OF MOTHER Lavinia Anderson
13—BIRTHPLACE OF MOTHER (State or Country), Virginia

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) E. Howard Sylvester M.D.
(Address) 701 N Carrollton Ave

15—
Filed APR 10 1917 191.... ROBERT R. KRAUTER
Registrar.
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, April 8th (Month) (Day), 1917. (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 3rd 1914, to April 8th 1917, that I saw him alive on April 8th 1917, and that death occurred, on the date stated above, at 8.40 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Anaemia

(Duration) yrs. 6 mos. ds.

(Signed) E. Howard Sylvester M. D.

Apr. 9th 191.7 (Address) 701 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19—PLACE OF BURIAL OR REMOVAL, Loudon Park
DATE OF BURIAL, April 10, 1917.
20—UNDERTAKER E. W. Mitchell & Co.
ADDRESS 201 W. Fayette St

James G. Payne

HEALTH DEPARTMENT, CITY OF BALTIMORE

D 4220 — 80 — D 4220

CERTIFICATE OF DEATH

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1318 N. Notaway St. 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Forrest Payne.

(Residence in Baltimore: No. 1318 W. North ave St.; 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6 DATE OF BIRTH: August (Month) ..... (Day), 1845 (Year)

7 AGE: 72 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country): Virginia.

PARENTS

10 NAME OF FATHER: Jas. Payne

11 BIRTHPLACE OF FATHER (State or country): Va.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George Payne

(Address) 1318 W. North ave

15. Filed APR 10 1917, 191 ..... ROBERT B. KRAUTER, REGISTRAR

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Apr. (Month) 8 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from 1880, ~~191~~, to, 191 7, that I saw h[illegible] alive on Apr. 4, 191 7, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Ap. 8 [illegible]
Pneumonia Chronic

(Duration) 6 yrs. mos. ds

Contributory (SECONDARY) Org. Heart Disease

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Apr. 9, 191 7 (Address) 1318 E. Eager

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: April 11 191 7

20 UNDERTAKER: Chas. P. Evans & Son ADDRESS: 1518 W. Royal ave

State CAUSE OF DEATH in such terms that a medical man can recognize the disease, and give the principal cause of any complication. Name of disease alone is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 4221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 D 4221

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 Harlem Ave. ST.: 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman W. Greutzner

(Residence in Baltimore: No. 808 Harlem Ave., St.; 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 62 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Painter

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER. Mr. Greutzner Greutzner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Matilda Greutzner

(Address) 808 Harlem Ave.

15- Filed APR 10 1917, 191. ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 24 1917, to April 9 1917, that I saw h[illegible] alive on April 9th 1917, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

1.
2. La Grippe
3.

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(Duration) yrs. mos. 7 ds.

(Signed) John Vorrath M. D.

April 10, 1917. (Address) 525 N Fulton ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Pauls Wellesville — DATE OF BURIAL, April 12, 191.7

20-UNDERTAKER Jos R Cook — ADDRESS 1003 Madison St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

4222

CERTIFICATE OF DEATH.

64 D 4222

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 S. Carey ST.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Fitzgerald

(Residence in Baltimore: No. 14 S. Carey St.: 50 yrs., 3 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, December 12, 1866 (Month) (Day) (Year)

7-AGE, 50 yrs. 3 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Jeremiah Crane

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary A. Madden

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Fitzgerald

(Address) 14 S. Carey St.

15- APR 10 1917 ROBERT R. KRAUTER

Filed....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 9, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 28 Feb. 1917, to April 9 1917, that I saw h[illegible] alive on April 9 1917, and that death occurred, on the date stated above, at 12.20 P m.

The CAUSE OF DEATH* was as follows:

Cancer of Oesophagus

(Duration) yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) Pneumonia Hy. Paralysis

(Duration) yrs. mos. 3 ds.

(Signed) [illegible] M. D.

4/9, 191.7 (Address) 22 W Camp St Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Apr. 12, 1917

20-UNDERTAKER Joseph 2 Cook ADDRESS 1003 W. Balto.

Spec.—5-19-13—M. & T.—500 Bks.

D 4223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 D 4223

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 Columbia Ave. ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Mary Leithauser

(Residence in Baltimore: No. 1110 Columbia Ave. St.: 58 yrs. 1 mos. 14 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, February 26, 1859
(Month) (Day) (Year)

7-AGE, 58 yrs. 1 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of Industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, George Huber

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Weber

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sophia Leithauser

(Address) 1110 Columbia Ave.

15- APR 10 1917 ROBERT R. KRAUTER
Filed....., 191.... Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 9, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 29 1917, to April 9 1917, that I saw her alive on April 8 1917, and that death occurred, on the date stated above, at 11½ m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) 1 yrs. mos. ds.

(Signed) S. Hyshmond D. Agan M. D.

April 9, 191.. (Address) 1127 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Apr. 12, 191.?

20-UNDERTAKER Joseph B Cook

ADDRESS 1903 E. Balto.

Spec.—8-24-14—M. & T.—2000 Bks.

4224

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4224

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1155 Riverside St.; 24 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Magdalen Blum

(Residence in Baltimore: No. 1155 Riverside St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Oct (Month) 8 (Day), 1857 (Year)

7-AGE, 59 yrs. 6 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Jacob Freud

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Eva Wells

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Johan Blum

(Address) 1155 Riverside Ave.

15-

Filed APR 10 1917, 191 ROBERT R. KRAUTER

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May, 1917, to April 8 1917, that I saw h[illegible] alive on April 8 1917, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Diabetes

Intercurrent

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetic Coma

(Duration) yrs. mos. ds.

(Signed) R. R. Crawford M. D.

April 8, 1917. (Address) 1644 W. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Cathedral

DATE OF BURIAL, 4-11, 1917.

20-UNDERTAKER E. B. Hale

ADDRESS 115 E. Ex[illegible] St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4225 D 4225

CERTIFICATE OF DEATH.

REGISTERED No. C 91

1-PLACE OF DEATH Julian A. Reising

CITY OF BALTIMORE: (No. 1525 N. Milton Ave. WARD) 8

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julian A. Reising

(Residence in Baltimore: No. 1525 N Milton Ave St.; 2 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, April 24, 1864 (Month) (Day) (Year)

7-AGE, 52 yrs. 11 mos. 14 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Decorator
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Edward Reising

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Augusta Kriepple

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. J. A. Reising

(Address) 1525 N. Milton Ave.

15- APR 10 1917 Filed, 191.. ROBERT R. KRAUTH Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 4th 1917, to April 7th 1917, that I saw h[illegible] alive on April 7th 1917, and that death occurred, on the date stated above, at 9.30 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) yrs. mos. 1 ds.

(Signed) Albert E. King M. D.

4/9/, 101.7 (Address) 1613 N. Monroe St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, 4-10-17, 191..

UNDERTAKER E. H. Seipp Patent 2733 ADDRESS 20 North Ave

April 16/17.

on it may concern:-

This is to certify that the correct
on death certificate, given as Julian H. Relsing,
lius H. Relsing.

Julian H. Relsing

Subscribed and sworn to before
me this 17th day of April,
1917.

Mary R. Rumsey
Notary Public -

STATEMENT OF OCCUPATION.—Precise ment of occupation is very important, so that elative healthfulness of various pursuits can be n. The question applies to each and every n, irrespective of age. For many occupations a : word or term on the first line will be sufh- e. g., *Farmer or Planter, Physician, Compos- Architect, Locomotive engineer, Civil engineer, onary fireman,* etc. But in many cases, espe- in industrial employments, it is necessary ow (*a*) the kind of work, and also (*b*) the e of the business or industry, and, therefore, ditional line is provided for the latter state- ; it should be used only when needed. As ex- es: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Sales-* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile ry.* The material worked on may form part e second statement. Never return "Laborer," eman," "Manager," "Dealer," etc., without precise specification, as *Day laborer, Farm la- r, Laborer—Coal mine,* etc. Women at home, are engaged in the duties of the household (not paid *Housekeepers* who receive a definite y), may be entered as *Housewife, Housework, t home,* and children, not gainfully employed, *t school* or *At home.* Care should be taken to rt specifically the occupations of persons en- d in domestic service for wages, as *Servant, k, Housemaid,* etc. If the occupation has been ged or given up on account of the DISEASE SING DEATH, state occupation at beginning of ss. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

STATEMENT OF CAUSE OF DEATH.—Name, *first,* the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum,* etc., *Carcinoma, Sarcoma,* etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor' for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis;* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Broncho pneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septichæmia,*" "PUERPERAL *peritonitis,*" etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (*e. g., sepsis, tetanus*) may be stated under the head of "Contributory."

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death:

Abortion, Cellulitis, Childbirth, Convulsions, Hæmorrhage, Gastritis, Erysipelas, Meningitis, Gangrene, Miscarriage, Necrosis, Peritonitis, Phlebitis, Pyæmia, Septicæmia, Tetanus.

The following must be referred to a Coroner:

Deaths due to accident (if criminal negligence possibly involved); *Suicides, Homicides, Abortions (if induced),* whether death is directly or indirectly due to the same.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 4226

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph Hosp St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Horace B Nicholson

(Residence in Baltimore: No. Valley & Preston Sts. St.; 31 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb. (Month) 14 (Day), 1862 (Year)

7-AGE, 55 yrs. 1 mos. 26 ds. IF LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Engineer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Montgomery Co Md.

PARENTS.

10-NAME OF FATHER, Harvey Nicholson

11-BIRTHPLACE OF FATHER (State or Country) Montgomery Co Md

12-MAIDEN NAME OF MOTHER Mary Nicholson

13-BIRTHPLACE OF MOTHER (State or Country) Montgomery Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Kate Nesbmore

(Address) 2920 Pennsylvania Ave

15-
Filed APR 10 1917, 191.... HARRY C. ANDREWS
Registrar
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 29 1917, to Apr. 9 1917, that I saw h.. alive on Apr. 8 1917, and that death occurred, on the date stated above, at 2304 m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilitation

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) about 1 yrs. ....mos. ....ds.

(Signed) W. F. O'Malley M. D.

4/9, 191.7 (Address) St Joseph Hosp

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 11 ds. In the State Life yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Don't know

Former or usual residence Valley & Preston Sts

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park Cem — DATE OF BURIAL, April 12, 191.7

20-UNDERTAKER Wm. J. Gunn & Carroll — ADDRESS 60 E. Balto

D 4227

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79

D 4227

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1628 Guilford Ave ST. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John E. Rodemeyer

(Residence in Baltimore: No. 1628 Guilford Ave St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: June (Month) 13 (Day), 1860 (Year)

7-AGE: 56 yrs. 9 mos. 27 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): Janitor

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Earnest Rodemeyer

11-BIRTHPLACE OF FATHER (State or country): Germany.

12-MAIDEN NAME OF MOTHER: Unknown.

13-BIRTHPLACE OF MOTHER (State or country): Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Earnest Rodemeyer

(Address) 1604 Barclay St

15
Filed APR 10 1917, 191
HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 9 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 7, 1917, to, April 9 1917, that I saw him alive on April 7 1917, and that death occurred, on the date stated above, at 1 3/4 p.m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY): Cardiac Hypertrophy

(Duration) 4 yrs. — mos. — ds.

(Signed) A F Robinson M. D.

April 10th, 1917 (Address) 141 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Cem — DATE OF BURIAL: April 12- 1917

20-UNDERTAKER: Wm. Cook — ADDRESS: 502 E. North Ave

State CAUSE OF DEATH in plain terms. Indefinite answers are not sufficient. Name disease causing death, not mode of dying, as heart failure, asthenia, etc. If from violence, state the means and whether accidental, suicidal or homicidal. If from accident, state

Spec.—8-24-14—M. & T.—2000 Bks.

D 4228 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 4228

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1234 N Washington ST.; 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Belle Lowery

(Residence in Baltimore: No. 1234 N Washington St St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~, (Write the word.) Widow

6-DATE OF BIRTH, Apr 17, (Month) (Day) 1857 (Year)

7-AGE, 60 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jane Duling

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Mullen

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Oscar Lowery

(Address) 1234 N. Mar...

15- APR 10 1917 HARRY C. ANDREWS

Filed....., 191..... Burial Permit Clerk

Registrar.

Important.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 9, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 2 1917, to Apr 7 1917, that I saw b... alive on Apr 7 1917, and that death occurred, on the date stated above, at 3:15 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) M. H. Todd, M. D.

Apl 10, 1917. (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. 1.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem

DATE OF BURIAL, Apr 11, 191...

20-UNDERTAKER Wm Cook

ADDRESS 502 E Hoff...

Cashier + Porter

D 4229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 24 D 4229

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Joseph Hospital ST. 8 WARD) REGISTERED NO. C

2-FULL NAME Fred Shipley

(Residence in Baltimore: No. 1312 N Rose st

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

5/12 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) boy

6-DATE OF BIRTH, Sept 17 1909 / (Month) (Day) (Year)

7-AGE 7 yrs. 6 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Boy

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER. Fred Shipley

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Lena Seibert

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lena Shipley

(Address) 1312 Rose st

15- APR 10 1917 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

Important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 8 1917 , 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.)

Inquest find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tetanus

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) crushed foot under street car accident (Duration) yrs. mos. ds.

(Signed) J Knox Insley M. D.

April 10, 1917 (Address) E. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 9 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Pretty near Rose & E Lee Sts

Former or usual residence 1312 N Rose St

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem DATE OF BURIAL, April 11, 1917

20-UNDERTAKER Lowe & Cook ADDRESS 502 E Monument

D 4230

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 4230

10

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 21 E. Lee St ST. 7-V WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Walter ward

(Residence in Baltimore: No. 21 E. Lee St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Black	Single

6 DATE OF BIRTH Dec (Month) 24 (Day), 1876 (Year)

7 AGE 40 yrs. 3 mos. 16 ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) (Day)

9 BIRTHPLACE (State or country) South Carolina

PARENTS

10 NAME OF FATHER Walter Ward

11 BIRTHPLACE OF FATHER (State or country) South Carolina

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (State or country) S. C.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Mary E. Palmer

(Address) 21 E. Lee St

15 Filed APR 10 1917 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

State CAUSE OF DEATH is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April (Month) 9 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March, 1917, to April 9 1917, that I saw him alive on April 8, 1917, and that death occurred, on the date stated above, at 9/15 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY) Grippe

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed), H. L. Smith M. D.

April 9, 1917. (Address) 1-8 Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Auburn. Cem.	April 11 1917
20 UNDERTAKER	**ADDRESS**
M. Doyle & Son	15. E. Lee St.

Spec.—8 24-14—M. & T.—2000 Bks.

D 4231 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 4231

CERTIFICATE OF DEATH. 91

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 N Stricker ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William K. Snyder

(Residence in Baltimore: No. 208 N Stricker St.; yrs. mos. 2-11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Aug. 10, 1915 (Month) (Day) (Year)

7-AGE, 1 yrs. 7 mos. 30 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION;
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Brooklyn A A Co

PARENTS.

10-NAME OF FATHER, William A. Snyder

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Hattie R. Howard

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William A. Snyder (Father.)

(Address) 604 Maryland Brooklyn Md

15-

Filed APR 10 1917 191.... HARRY C. ANDREWS Deputy Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 9, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1917, to April 9 1917, that I saw h— alive on April 9 1917, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(No history.)

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) yrs. mos. 1 ds.

(Signed) R. E. R. Campbell M. D.

April 9, 191.7. (Address) 1644 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 Wk ds. In the State yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Brooklyn A A Co Md

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill — DATE OF BURIAL, April 12, 1917.

20-UNDERTAKER Armstrong Denny Co — ADDRESS 715 Light St

D 4232

HEALTH DEPARTMENT—CITY OF BALTIMORE

D ~~4238~~

CERTIFICATE OF DEATH.

1917 D 4232

~~4237~~

PLACE OF DEATH

CITY OF BALTIMORE (No. 3507 Hickory ST.: 13 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel C Blanc

(Residence in Baltimore: No. 3507 Hickory St.; yrs. 45 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widower

6-DATE OF BIRTH: Sept 10 1844 (Month) (Day) (Year)

7-AGE: 72 yrs. 6 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Becker

(Address) 3507 Hickory St

15-

Filed APR 10 1917 191.....

MARY C. ALBERTS
Burial Permit Clerk
Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: April 9 (Month) (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heart disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John J Morrison M. D. (Coroner.)

April 9, 1917. (Address) 432 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Mt Moriah Hampden — DATE OF BURIAL, April, 1917

20-UNDERTAKER: Benowitz & Son — ADDRESS 3617 Chestnut Ave

CAUSE OF DEATH must be filled in. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1320 D 4233

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2909 Fait ave ST.; 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Schlembaker

(Residence in Baltimore: No. 2909 Fait St. Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, May (Month) 1 (Day), 1883 (Year)

7-AGE, 33 yrs. 11 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Will

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Emma Will

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Schlembaker

(Address) 2909 Fait

15-APR 10 1917

Filed....., 191.... HARRY C. ANDREWS Clerk

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 9 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb. 17 1917, to April 9 1917, that I saw her alive on April 9 1917, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) 2 yrs. mos. ds.

(Signed) M. J. McCarron M. D.

April 9 1917 (Address) 839 S. Ellwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Hunt	April 11, 1917
20-UNDERTAKER	ADDRESS
Wendell Myles & Son	37 S. Arch St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4234

CERTIFICATE OF DEATH.

151

D 4234

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 Eager St ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elsie Mae Householder

(Residence in Baltimore: No. 906 Eager St.; ....yrs.,....mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, May (Month) 27 (Day), 1917 (Year)

7-AGE, ...yrs....mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Chas. Z. Householder

11-BIRTHPLACE OF FATHER (State or Country), Frederick Md

12-MAIDEN NAME OF MOTHER Alma J. Cadle

13-BIRTHPLACE OF MOTHER (State or Country), Anne Arundel Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alma J. Householder

(Address) 906 Eager St.

15-

Filed APR 10 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 27 191..., to April 10 1917, that I saw her alive on April 8 1917, and that death occurred, on the date stated above, at 7 30 a. m.

The CAUSE OF DEATH* was as follows:

Congenital Debility

(Duration)....yrs....mos. 14 ds.

CONTRIBUTORY (Secondary) Malassimulation

(Duration)....yrs....mos. 10 ds.

(Signed) A Lee Hachen M. D.

April 10, 1917 (Address) 1003 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Louden Park

DATE OF BURIAL. April 11, 1917

20-UNDERTAKER E. J. Fanning

ADDRESS 1460 Battery Ave

D 4235

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 4235

1 PLACE OF DEATH 949 W. Fayette St. — REGISTERED No. C 120

CITY OF BALTIMORE (No. 949 W Fayette ST. 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriett E Maymon

(Residence in Baltimore: No. 949 W. Fayette St 27 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female | 4-COLOR OR RACE White | 5-SINGLE, ~~MARRIED~~ WIDOWED ~~DIVORCED~~ (Write the word) Widow

6-DATE OF BIRTH Sept. (Month) 17 (Day), 1838 (Year)

7-AGE 78 yrs. 6 mos. 23 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE (State or country) Frederick Md

PARENTS

10-NAME OF FATHER Edw D. Ingman

11-BIRTHPLACE OF FATHER (State or country) Md

12-MAIDEN NAME OF MOTHER Susan E. Keenan

13-BIRTHPLACE OF MOTHER (State or country) Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) S L Maymess

(Address) 949 W Fayette

15 APR 10 1917 Filed ....., 191.... Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April (Month) 18 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 9, 1917, to 11.30 M Apr 9 1917, that I saw h[illegible] alive on April 9, 1917, and that death occurred, on the date stated above, at 11.30 P.M.

The CAUSE OF DEATH* was as follows:

Acute intoxication

(Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) Acute congestion of kidneys and brain

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) B. D. Muse M. D.

4/10, 1917 (Address) 1039 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery | DATE OF BURIAL: April 11, 1917

20-UNDERTAKER: George J. Smith | ADDRESS: 1000 W. Fayette

state CAUSE OF DEATH in plain ... is very important. See instructions on back of certificate.

SAFETY FILE

D 4236

HEALTH DEPARTMENT—CITY OF BALTIMORE.

156

D 4236

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1403 W Fayette ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Rader

(Residence in Baltimore: No. 1403 W Fayette St

St., 7 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Sing'l

6-DATE OF BIRTH, Oct (Month) ....., 1888. (Day) (Year)

7-AGE, 29 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Actress
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, John E Rader

11-BIRTHPLACE OF FATHER (State or Country), New Jersey

12-MAIDEN NAME OF MOTHER LeBrand

13-BIRTHPLACE OF MOTHER (State or Country), New Jersey

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Brooks

(Address) Baltimore Hollins

15- APR 10 1917

Filed ....., 191.... HARRY C. ANDREWS Registrar.

Burial Permit Issued

CAUTION—Answer all questions fully and accurately, as the information is important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Chloroform asphyxiation
Suicidal by self inhalation.
..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M. Kevin M. D.
(Coroner.)
April 10, 191.7 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
St Peters cem	3=13 ....., 191.7
20-UNDERTAKER Robert Brookeson	Address Baltimore Hollins st

Spec.—8-24-14—M. & T.—2000 Blks.

D 4237 . HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170

REGISTERED NO. C D 4237

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 Fredericksan ST. 19 WARD)

2-FULL NAME Louise C Hamm (Pflanm)

(Residence in Baltimore: No. 1821 Fredericksan St.; 52 yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female.

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow.

6-DATE OF BIRTH: June (Month) 12 (Day), 1839 (Year).

7-AGE, 77 yrs. 9 mos. 27 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Unknown.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. George F. Koss

(Address) 1821 Frederick Ave

15- APR 10 1917 MARY C. ARCHER

Filed ..... 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 9 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from June 2 191 7, to April 9 191 7, that I saw h[illegible] alive on April 9 191 7, and that death occurred, on the date stated above, at 2.30 a m.

The CAUSE OF DEATH* was as follows:

Oedema of Lungs

(Duration) 1 yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) yrs. mos. ds.

(Signed) Wm A Cox M. D.

4-10, 191... (Address) Fremont Island

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
National Cemetery	April 11, 1917.
20-UNDERTAKER	ADDRESS
Geo. F. Schwed & Bro.	2101 Frederick Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4238

CERTIFICATE OF DEATH.

28 ✓ D 4238

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 S. Pulaski ST.; 20 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Towne

(Residence in Baltimore: No. 15 S. Pulaski St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) Single

6-DATE OF BIRTH, May (Month) 6 (Day) 1874 (Year)

7-AGE, 22 yrs. 11 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Bookbinder
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Michael Towne

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Carroll

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. M. Towne

(Address) 15 S. Pulaski St.

15- APR 10 1917 Filed....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 8 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1916, to April 8 1917, that I saw h[illegible] alive on April 7 1917, and that death occurred, on the date stated above, at 7:30 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Pul. Tuberculosis

(Duration)....yrs. 6 mos....ds.

(Signed) [illegible] M. D.

April 10, 1917. (Address) 108 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, April 11 1917

20-UNDERTAKER Leo. A. Gerber

ADDRESS Balto & Fayette

D 4239

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4239

CERTIFICATE OF DEATH.

119

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1455 Light St. ST.: 24 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James M. Holzbach

(Residence in Baltimore: No. 1455 Light St. St.; yrs. 11 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Divorced

6-DATE OF BIRTH, July. 27th. 1883., 1 (Month) (Day) (Year)

7-AGE, 33 yrs. 8 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Richmond Va.

PARENTS.

10-NAME OF FATHER, Robert Holzbach.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Katherine Shartell

13-BIRTHPLACE OF MOTHER (State or Country), Richmond Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie O'Greer. (sister).
1455 Light St.
(Address)

15- APR 11 1917 Filed....., 191.. ROBERT R. KRAUTER Registrar.
Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10th. 1917., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nephritis.

(Duration) ...yrs...mos...ds.

CONTRIBUTORY (Secondary) Eclampsia (Uraemic)

(Duration) ...yrs...mos...ds.

(Signed) Geo. M. Kemkardt (Coroner.) M. D.

April 11, 1917 (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Richmond Va.	4/14, 1917
20-UNDERTAKER	ADDRESS
J. Fav McCully	130 E. Fort. a

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4240

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119 D 4240

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2509 Ashton ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest E. Burns

Residence in Baltimore: No. 2509 Ashton St.; 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	married

6-DATE OF BIRTH, January 17, 1869
(Month) (Day) (Year)

7-AGE, 48 yrs. 2 mos. 24 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Bartlet & Hayward

9-BIRTHPLACE, (State or Country), Montgomery CO., Md.

PARENTS.

10-NAME OF FATHER, Chapple Burns

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Catherine (unknown)

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Florence V. Burns

(Address) 2509 Ashton Street

15- APR 11 1917 Filed ....., 191... ROBERT R. KRAUTZ Registrar. Burial Permit.....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 25th 1917, to April 10th 1917, that I saw h[illegible] alive on April 10th 1917, and that death occurred, on the date stated above, at 3.30 a. m.

The CAUSE OF DEATH* was as follows:

Edema Lungs

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) ....yrs. ....mos. 1 ds.

(Signed) J. Howard Hayward M. D.

Apr. 12th, 1917. (Address) 211 N. Gaudalupe Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Olivet Cemetery	April 13 1917.,
20-UNDERTAKER Jos B Cook	ADDRESS 1003 W. Balto.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93 ✓

D 4241

D 4241

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 N. Monroe St.; 16 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George M. Jones

(Residence in Baltimore: No. 1103 N. Monroe St. St.; 42 yrs. 4 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Married

6-DATE OF BIRTH, December (Month) 7 (Day), 1874 (Year)

7-AGE,	If LESS than 1 day,
42 yrs. 4 mos. 3 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer): Stevenson & CO.

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Grafton Jones

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Margaret McLain

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mamie E. Jones

(Address) 1103 N. Monroe St.

15- APR 11 1917

Filed....., 191.. ROBERT R. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April (Month) 10th (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 6 1917, to Apr 10th 1917, that I saw h[illegible] alive on Apr 9th 1917, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Contributory Cause (Duration) 1 yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Emphysema

(Duration) 16 yrs. mos. ds.

(Signed) H. G. Jones M. D.

Apr 10, 191.7 (Address) 1235 N. Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holem Cem	Apr 13, 191.7.

20-UNDERTAKER	ADDRESS
Jos B Cook	1003 N Balto St

Stpc.—5-19-13—M. & T.—500 Bks.

D 4242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 ✓

D 4242

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1849 Ramsey ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria A. Elsroad

(Residence in Baltimore: No. 1849 Ramsey St. St.; 56 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	single

6-DATE OF BIRTH, Unknown (Month), (Day), 1860 (Year)

7-AGE, 57 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Michael Elsroad

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Co., Md.

12-MAIDEN NAME OF MOTHER Susan Lathan

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Edward Hoy

(Address) 30 S. Fulton Ave.

15- APR 11 1917 Filed, 191. ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April 9, 1917 (Month), (Day), (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 22 1917, to April 9 1917, that I saw h[illegible] alive on April 8 1917, and that death occurred, on the date stated above, at 1.20 a m.

The CAUSE OF DEATH* was as follows:

Acute Bright's Disease

(Duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

April 10, 1917. (Address) 108 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem.	Apr. 11, 191.7

20-UNDERTAKER Jos E Cook ADDRESS 1003 W. Balto.

D 4243

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4243

CERTIFICATE OF DEATH.

79

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 122 W 22nd St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lora H Stewart

(Residence in Baltimore: No. 122 W 22nd St.; yrs. 25 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Feby (Month) 7 (Day), 1846 (Year)

7-AGE, 71 yrs. 2 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore County

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret M. Gardiner

(Address) 122 W 22nd Street

15- APR 11 1917 Filed....., 191... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heart Disease

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Jno. Thorpe M. D. (Coroner)

April 9, 1917. (Address) 1321 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn	April 11, 1917
20-UNDERTAKER	ADDRESS
Wm Cook	502 E North Ave

CAUSE of death must be stated. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4244

CERTIFICATE OF DEATH.

64 ✓

D 4244

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1400 McHenry ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Brand

(Residence in Baltimore: No. 1406 McHenry St.; 86 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, July 31st, 1830 (Month) (Day) (Year)

7-AGE, 86 yrs. 8 mos. 9 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Doup Kubed

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Doup Kubed

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Brand

(Address) 1400 McHenry St

15-

Filed APR 11 1917 191... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 9, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 2 1917, to April 9 1917, that I saw h... alive on April 9 1917, and that death occurred, on the date stated above, at 3:30 m.

The CAUSE OF DEATH* was as follows:

Coma

(Duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ... yrs. ... mos. 5 ds.

(Signed) Wm. J. F. Blair M. D.

April 9th, 1917. (Address) 1105 E. Fulton St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cemetery	April 12, 1917
20-UNDERTAKER	ADDRESS
John J. Fields	1200 N. Lombard st

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4245

CERTIFICATE OF DEATH.

120

REGISTERED NO. C D 4245

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 Ridgely ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward T Horn

(Residence in Baltimore: No. 1113 Ridgely St.: 58 yrs., 8 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Aug (Month) 17 (Day), 1858 (Year)

7-AGE, 58 yrs. 8 mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Glass Factory

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry Horn

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Elliott

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Roberta Horn

(Address) 1113 Ridgely

15- APR 11 1917 ROBERT R. KRAUTER

Filed....., 191..... Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 4 1917, to April 10 1917, that I saw h— alive on April 9 1917, and that death occurred, on the date stated above, at 9 30 a m.

The CAUSE OF DEATH* was as follows:

Cirrhosis Liver

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 10 ds.

(Signed) Edw Grempler M. D.

April 11, 1917. (Address) 612 Lent

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cemetery	April 13, 1917
20-UNDERTAKER	ADDRESS
John J. Feild	1300 W. Lombard st

D 4246 HEALTH DEPARTMENT---CITY OF BALTIMORE D 4246

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED NO. C 28

CITY OF BALTIMORE: (No. 901 S. Howard St. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Booker T. Brown

(Residence in Baltimore: No. 901 S. Howard St.; 9 yrs. 8 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Single

6-DATE OF BIRTH: December (Month) 16 (Day) 1910 (Year)

7-AGE: 6 yrs. 4 mos. 25 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Va.

PARENTS

10-NAME OF FATHER: Joseph Brown

11-BIRTHPLACE OF FATHER (State or country): Va.

12-MAIDEN NAME OF MOTHER: Rosa Merritt

13-BIRTHPLACE OF MOTHER (State or country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph Brown

(Address) 901 S. Howard St

15- Filed APR 11 1917 ROBERT R. KRAUTER Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 8, 1917, to, April 10 1917, that I saw him alive on April 10 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Phtisis Pulmonalis

(Duration) yrs 4 mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) J. Guy Bowley M. D.

4/11/17, 191 7 [Address] 136 W. Lee St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	June 12, 1917
20-UNDERTAKER	ADDRESS
M. Doyle & Son	136 E. Lee St.

TION is very important. See instructions

Spec.—8-24-14—M. & T.—2000 Bks. Oscar Fosque.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4247.

CERTIFICATE OF DEATH.

92 D 4247.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2314 Stockton ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Oscar Fosque

Residence in Baltimore: No. 2314 Stockton St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ...(Month) Unknown (Day) ..... 1 (Year)

7-AGE, 35 ....yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country) Eastern Shore Va

PARENTS.

10-NAME OF FATHER, Henry Fosque

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Louise Fosque

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Ema Fosque

(Address) 2314 Stockton St

15- Filed APR 11 1917 191.. ROBERT B. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 8th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/25 1917, to 4/8 1917, that I saw him alive on 4/8 1917 and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Labor Pneumonia

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Burkett M. D.

Apr. 9, 191.. (Address) 2132 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Eastern Shore Va

DATE OF BURIAL, Apr. 11, 191..

20-UNDERTAKER Samuel Hemsley

ADDRESS 3782 Reisterstown Rd

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4248

CERTIFICATE OF DEATH.

15 - 64 D 4248

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1364 Whiteoak ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dennie Bruton

(Residence in Baltimore: No. 1364 Whiteoak St.; 44 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Cd.	Single

6-DATE OF BIRTH, ..., 1873
(Month) (Day) (Year)

7-AGE, 44 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Willis Bruton

11-BIRTHPLACE OF FATHER (State or Country), N. Carolina

12-MAIDEN NAME OF MOTHER Mary Montgomery

13-BIRTHPLACE OF MOTHER (State or Country), North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Bruton

(Address) 1364 Whiteoak

15-

Filed APR 11 1917, 191..... ROBERT R. KRAETER, Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 3rd 1917, to Apr 10th 1917, that I saw h[illegible] alive on Apr 10th 1917, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Harry F. Brown M. D.

April 11th, 191 7. (Address) 1501 Freestman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	Apr 12, 191
20-UNDERTAKER Samuel Ramsey	ADDRESS 5 E Biddle

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

4249

CERTIFICATE OF DEATH.

1209 4249

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1218 Division St.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Thomas

(Residence in Baltimore: No. 1218 Division St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ...(Month) 8 7 (Day) ....., 1 (Year)

7-AGE, 70 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Hostler
(b) General nature of industry, business, or establishment in which employed (or employer) Private

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, George Thomas

11-BIRTHPLACE OF FATHER (State or Country), D. C.

12-MAIDEN NAME OF MOTHER Catharine Gray

13-BIRTHPLACE OF MOTHER (State or Country), D. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Christina McCann

(Address) 1809 Division St

15- APR 11 1917 ROBERT R. KRAUTER

Filed....., 191.... Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April 10th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 9th 191 7, to April 10th 191 7, that I saw h.... alive on April 9th 191 7, and that death occurred, on the date stated above, at 1.30 A. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

24 hrs. (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chronic Bright's Disease

(Duration) 1 yrs. ....mos. ....ds.

(Signed) H. Long Ellis M. D.

4/10, 191 7 (Address) 924 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, April 12 191 7

20-UNDERTAKER, Samuel F. Stanley ADDRESS 3 E. Biddle

Spec.—8-24-14—M. & T.—2000 Bks.

Geo. A. Glascoe.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4250

CERTIFICATE OF DEATH.

28 D 4250

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1624 W. Mt. Ver. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Gleseon

Residence in Baltimore: No. 1624 W. Mt. Ver. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 17 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Boy
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Balto. City.

PARENTS.

10-NAME OF FATHER, James Gleeson

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Katie Anderson

13-BIRTHPLACE OF MOTHER (State or Country), Balto. City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katie Anderson

(Address) 1624 Mt. Ver.

15- APR 11 1917 Filed ..... 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Only.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1917, to April 8th 1917, that I saw h[illegible] alive on April 7th 1917, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Lungs

Contributory

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) .....

(Duration) yrs. mos. ds.

(Signed) A. Lee Elliott M. D.

April 9, 1917 (Address) 724 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Courtney — DATE OF BURIAL, April 9, 1917.

20-UNDERTAKER, P. J. Kenney — ADDRESS 5 Tth Bdle

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 4251

1-PLACE OF DEATH

CERTIFICATE OF DEATH

92 ✓ D 4251

REGISTERED NO. C

CITY OF BALTIMORE (No. 2616 St Paul ST.: 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Margaret Bruce Leib

(Residence in Baltimore: No. 2616 St Paul St. 74 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: ~~Female~~

4-COLOR OR RACE: White

5-~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): Widow

6-DATE OF BIRTH: November 17, 1843 (Month) (Day) (Year)

7-AGE: 73 yrs. 4 mos. 25 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Wiliam Bruce

11-BIRTHPLACE OF FATHER (State or country): England

12-MAIDEN NAME OF MOTHER: Dont Know

13-BIRTHPLACE OF MOTHER (State or country): England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs P Bruce

(Address) 1600 W North Ave

15-

Filed APR 11 1917, 191

ROBERT R. KRAUTER

Burial Permit Issued by REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 10, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 5, 1917, to April 10 1917, that I saw h[illegible] alive on April 10, 1917, and that death occurred, on the date stated above, at 11a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds

Contributory (SECONDARY) Heart Disease

(Duration) ..... yrs. 3 mos. ..... ds.

(Signed) John Gardner M.D.

April 10, 1917 (Address) 102 E 25th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount — DATE OF BURIAL: April 13, 1917

20-UNDERTAKER: Josiah Lyon — ADDRESS: 1600 W North Ave

State CAUSE OF DEATH in plain words. Do not use abbreviations or initials. This certificate is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4252

CERTIFICATE OF DEATH.

79 ✓ D 4252

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 S. East Ave. ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Margaret J. Baker

(Residence in Baltimore: No. 1008 S. East Ave. St.; ....yrs.,....mos.....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, June (Month) 16th (Day); 1875 (Year)

7-AGE, 41 yrs. 9 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....Housewife

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Geo. T. Shreck

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Elizabeth Hofferberth

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel E. Baker

(Address) 1008 S. East Ave.

15- Filed APR 11 1917, 191.... ROBERT R. KRAUTER Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 9th (Day); 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 15 1916, to April 9th 1917, that I saw h-er alive on April 9th 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Disease
Mitral Insufficiency

(Duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) David W. Jones M. D.

April 10, 1917. (Address) 3116 W. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel Cem. DATE OF BURIAL, April 12 1917.

20-UNDERTAKER Zirkler & Zirkler ADDRESS 1739 E. Eager St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4253

CERTIFICATE OF DEATH.

172

D 4253

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 Thomas Ave. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Honora Eastwood.

(Residence in Baltimore: No. 1712 Thomas Ave. St.; 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Not Known, 1851.
(Month) (Day) (Year)

7-AGE, 66 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House Work
(b) General nature of industry, business, or establishment in which employed (or employer). Retired

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, Corneline Redden

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Margaret Heffernan

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). David L. Douglas

(Address). 1712 Thomas Ave

15. APR 11 1917 ROBERT B. KRAUTH

Filed ....., 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 9th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch. 9 1917, to Apr. 9th 1917, that I saw h[illegible] alive on Apr 1 9th 1917, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Fracture of Left Hip. Comp. with Bronchitis & Hypostatic Pneumonia

Slipped while walking across floor.

Accidental (Duration) yrs. One mos. ds.

CONTRIBUTORY (Secondary) Weakening of Heart action

(Duration) yrs. mos. 7 ds.

(Signed) E. E. Smith M. D.

Apl. 12, 1917. (Address) 1641 W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathederal Cemetery.

DATE OF BURIAL, Apr. 12 1917

20-UNDERTAKER Lilly & Zeiler

ADDRESS 403 S. Wolfe St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4254

CERTIFICATE OF DEATH.

92 D 4254

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.: 27 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Williams

(Residence in Baltimore: No. 524 W. Lee St St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black	Widower

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 40 yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, "

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed APR 11 1917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7 191 7, to April 8 191 7, that I saw h[illegible] alive on April 8 191 7, and that death occurred, on the date stated above, at 5 10 a. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

Pneumococcus (Duration) ....yrs. ....mos. 1 ....ds.

CONTRIBUTORY (Secondary) Influenza (Duration) 2 ....yrs. ....mos. ....ds.

(Signed) A. J. Smith M. D.

April 8, 191... (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 524 W. Lee St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL APR 11 1917

Spec.—8-24-14—M. & T.—2000 Blks.

D 4255 HEALTH DEPARTMENT—CITY OF BALTIMORE D 4255

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1314 N. Calhoun ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Goldsborough

(Residence in Baltimore: No. 1314 Calhoun St ST.; ..... yrs. 6 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, ... Aug ..... (Month) 29 ..... (Day), 1911 (Year)

7-AGE, ... 5 yrs. 7 mos. 13 ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Charles Goldsborough

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Emma Ringold

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Charles Goldsborough .....

(Address) 1314 Calhoun St

15- APR 11 1917 Filed ....., 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Apr ..... (Month) 8 ..... (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 25 1917, to Apr 8 1917, that I saw her alive on Apr 7 1917, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

..... Cystitis Bronchitis .....

.....

.....

..... (Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

..... (Duration) ..... yrs. ..... mos. 10 ds.

(Signed) Ed. Wallbaum Fry M. D.

Apr 10, 1917. (Address) 1928 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Laurel Cem	April 11, 1917.
20-UNDERTAKER David Easton	ADDRESS 716 Penna Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4256

CERTIFICATE OF DEATH.

D 4256

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 N Broadway ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jesine K L Lange

(Residence in Baltimore: No. 426 N Broadway St.; 57 yrs., 4 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, November 27, 1859 (Month) (Day) (Year)

7-AGE, 57 yrs. 4 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer)..... Housewife

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Robert Lange

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Louise Lohmuller

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H Wm Lange

(Address) Hamilton Md

15-

Filed APR 11 1917 ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 21 1917, to April 10 1917, that I saw her alive on April 10 1917, and that death occurred, on the date stated above, at 3.15 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis Acute
Degeneration

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) Wm H Haymond M. D.

....., 191... (Address) 205 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Emmanuel Cemetery

DATE OF BURIAL, April 12, 191...

20-UNDERTAKER Louis Hermann

ADDRESS 32 E Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4257.

CERTIFICATE OF DEATH.

43 D 4257.

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 407 Calvin Ave ST.) 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katie J. M. Crooks

(Residence in Baltimore: No. 407 Calvin ave St.; 42 yrs., 9 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Married

6-DATE OF BIRTH, August 3, 1874 (Month) (Day) (Year)

7-AGE, 42 yrs. 9 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home +
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER, Jesse Owings

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Emily Ritter

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Luther E. Crooks

(Address) 407 Calvin Ave

15- Filed APR 11 1917 191.... ROBERT R. KRAUTH [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1916, to April 10 1917, that I saw her alive on April 10 1917, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows: Carcinoma of Breast -

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) of Ovarian complication age

(Duration) yrs. mos. ds.

(Signed) J. K. Forouch M. D.

April 11, 1917. (Address) 117 W. Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet Cemetery Roslyn Baltimore Md

DATE OF BURIAL, April 11, 1917.

20-UNDERTAKER: Chas G. Black

ADDRESS 1201 W. Mulberry St

Spec.—5-19-13—M. & T.—500 Bks.

D 4258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 4258

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 704 W. Cross ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William L. G. Galloway

(Residence in Baltimore: No. 704 W. Cross St.: 49 yrs., 9 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. June (Month) 4 (Day), 1867 (Year)

7-AGE. 49 yrs. 9 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto., Md.

PARENTS.

10-NAME OF FATHER. Samuel T. Galloway

11-BIRTHPLACE OF FATHER (State or Country), Balto, Md

12-MAIDEN NAME OF MOTHER Margaret Wolfe

13-BIRTHPLACE OF MOTHER (State or Country), Balto, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. Wm. Galloway
(Address) 704 W. Cross St

15- Filed APR 11 1917 191... ROBERT E. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1916, to April 8 1917, that I saw h— alive on April 8 1917, and that death occurred, on the date stated above, at 1P m.

The CAUSE OF DEATH* was as follows:
Tuber culosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Richard Evans M. D.

April 8, 191.. (Address) Reisterstown

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet Cem. DATE OF BURIAL, April 11, 1917

20-UNDERTAKER M. E. Elgin ADDRESS 1422 Light

Spec.—8-24-14—M. & T.—2000 Bks.

D 4259 HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4259

CERTIFICATE OF DEATH.

REGISTERED NO. C 4292

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1336 Reynold ST.) 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antonina Biniewicz

(Residence in Baltimore: No. 1336 Reynold St.: 1 yrs., 3 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec (Month) 25 (Day), 1914 (Year)

7-AGE, 2 yrs. 3 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) Child

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, Pawel Biniewicz.

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Josefa Kocianark

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Pawel Biniewicz

(Address) 1336 Reynolds St.

15- APR 11 1917 Filed....., 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4-8 1917, to 4-11 1917, that I saw her alive on 4-10 1917, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Double)

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

4-11-, 1917. (Address) 1320 Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, April 12, 1917

20-UNDERTAKER William Fialkowski ADDRESS 668 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4260

CERTIFICATE OF DEATH.

D 4260

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. St. Josephs Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Williams Jenny Wessell

(Residence in Baltimore: No. St. Josephs Hospital St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, about Nov 23, 1876
(Month) (Day) (Year)

7-AGE, about 40 yrs. 4 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.†

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Yardmaster
(b) General nature of industry, business, or establishment in which employed (or employer)..... B&O. R. R

9-BIRTHPLACE, (State or Country), Penna

PARENTS.

10-NAME OF FATHER, John Wessell

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Sylvia Wessell

(Address)..... 121 E Chestnut St

15-
Filed APR 11 1917 191.....
ROBERT R. KRAUTER
Burial Permit Register.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 13 1917, to April 10 1917, that I saw him alive on April 10 1917, and that death occurred, on the date stated above, at 5 30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

following Lobar pneumonia

..... (Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Operation for duodenal ulcer (Duration) yrs. mos. 10 ds.

(Signed) Mears & Ramos M. D.

April 11, 1917 (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 27 ds. In the State yrs. mos. 27 ds.

Where was disease contracted, if not at place of death? At place of death

Former or usual residence Connellsville Pennsylvania

19-PLACE OF BURIAL OR REMOVAL, Connellsville Pa

DATE OF BURIAL, April 11, 1917.

20-UNDERTAKER Wm M. Gaulbert

ADDRESS 1624 Mc Regal Ala

Spec.—8-24-14—M. & T.—2000 Bks.

D 4261 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 4261

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2850 Harlem Ave ST.; 16 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Albert Larmore

(Residence in Baltimore: No. 2850 Harlem Ave St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH. April 4, 1917
(Month) (Day) (Year)

7-AGE, ...yrs.....mos.....ds. If LESS than 1 day, 4...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. Clinton O Larmore

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Clementina Wigand

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clinton O Larmore

(Address) 2850 Harlem Ave

15. APR 11 1917 Filed....., 191... ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 11, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 11 1917, to April 11 1917, that I saw h.. alive on April 11 1917, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Premature birth

7 mos gestation

..... (Duration) .....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) .....yrs.....mos.....ds.

(Signed) Wm E Stifler M. D.

4/11, 1917. (Address) 1315 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Wesley DATE OF BURIAL, APR 11 1917, 191...

20-UNDERTAKER Geo J Smith ADDRESS 1000 W Lafayette

Spec.—3-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4262

CERTIFICATE OF DEATH.

92 D 4262

REGISTERED No. C.....

1-PLACE OF DEATH Robert Garrett Hospital

CITY OF BALTIMORE: (No. 27 N. Carey St. ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Childs

Residence in Baltimore: No. 738 W. Lexington St. St.; ..... yrs., 11 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, May (Month) 6th (Day), 1916 (Year)

7-AGE, ... yrs. 11 mos. 5 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Wm. E. Childs

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Minnie A. Schoffler

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Bryan Lindsley MD

(Address) 27 N. Carey St.

15-

Filed APR 11 1917, 191.....

ROBERT R. KRAUTER
Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 11th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/22 1917, to 4/11 1917, that I saw h[illegible] alive on 4/10 1917, and that death occurred, on the date stated above, at 1 0 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) ..... yrs. 3 mos. ..... ds.

(Signed) H. Bryan Lindsley M. D.

....., 191... (Address) 634 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 20 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 738 W. Lexington St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Pk	April 12, 1917.
20-UNDERTAKER Wm. Cook	ADDRESS 502 E. North Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4263

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 N. 10th ST.; 16 WARD)

REGISTERED No. C 170 ✓ D 4263

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John C. Bauer

(Residence in Baltimore: No. 1523 N. 10th St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Jan. 18 (Month) (Day), 1847 (Year)

7-AGE, 70 yrs. 2 mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ind.

PARENTS.

10-NAME OF FATHER, John A. Bauer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Barbara Meyd

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. D. Stasz

(Address) 1523 N. 10th St.

15- APR 11 1917 Filed....., 191. ROBERT P. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 2 1917, to April 9 1917, that I saw h— alive on April 8 1917, and that death occurred, on the date stated above, at 3:30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

Nephritis.

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation Heart

(Duration) yrs. mos. ds.

(Signed) E O'Neal Cullen M. D.

4/16/17, 191... (Address) 24 N. Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, 9/4/17, 191.7

20-UNDERTAKER John A. Doran ADDRESS 2000 E. Balto. St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4264

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4264

CERTIFICATE OF DEATH.

X-4-5

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.: ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Gramling

(Residence in Baltimore: No. 308 Bouldin St. St.; 4 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): married

6-DATE OF BIRTH: Dec. 12, 1874 (Month) (Day) (Year)

7-AGE: 42 yrs. 3 mos. 28 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bottlemaker
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: Frederick Gramling

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp.

15- APR 11 1917 ROBERT R. KRAUTER

Filed ....., 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 9, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 20 1917, to April 9 1917, that I saw h[illegible]live on April 9 1917, and that death occurred, on the date stated above, at 5 15 m.

The CAUSE OF DEATH* was as follows:

Sec. Carcinoma of Pancreas

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Carcinoma of Pancreas (Clinical and Operation)

(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) J. Edward Burns M. D.

Dated April 9 191 7 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 308 Bouldin St.

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem. DATE OF BURIAL, April 12 1917.

20-UNDERTAKER H. Sander Sons ADDRESS 1710 Mad. Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 ✓

D 4265

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 327 N Carrollton Av ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stephan Steinmüller

(Residence in Baltimore: No. 327 N Carrollton Av St.; 32 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, January 6th, 1845
(Month) (Day) (Year)

7-AGE, 72 yrs. 3 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Music Teacher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Joseph Steinmüller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Wilhelmina Schmidel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carl Steinmüller

(Address) 327 N Carrollton Av

15-

Filed 4-11-1917, 191.... HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 5 1917, to April 10 1917, that I saw h[illegible] alive on April 10 1917, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Bright's Disease

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. 2 ds.

(Signed) Joseph F. Lichtenstein M. D.

April, 1917. (Address) 1516 Madison Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore — DATE OF BURIAL, 4-12-17, 1917.

20-UNDERTAKER Graham F. Walker — ADDRESS 723 W Fay

Spec.—8-24-14—M. & T.—2000 Blks.

D 4266 HEALTH DEPARTMENT—CITY OF BALTIMORE D 4266

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 S Catherine ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph ~~Bridg~~ Kirby

(Residence in Baltimore: No. 208 S Catherine St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	single

6-DATE OF BIRTH. Apr 11, 191...
(Month) (Day) (Year)

7-AGE. ....yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER. Vincent Kirby

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER Elva Stall

13-BIRTHPLACE OF MOTHER (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elva Stall

(Address) 208 S Catherine

15- APR 11 1917

Filed....., 191.... HARRY C. ANDREWS
Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 11, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 11 191..., to Apr 11 191..., that I saw h... alive on Apr 11 191..., and that death occurred, on the date stated above, at 2.4[illegible] m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Maxwell M. D.

....., 191... (Address) Irvington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
New Cathedral Cemetery	April 14, 191.7.

20-UNDERTAKER. ADDRESS

J B Wagner 2238 Frederick

D 4267. HEALTH DEPARTMENT---CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH

X108 D 4267.

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.: ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Edwin Schmidt

(Residence in Baltimore: No. 4730 Pimlico Road St.; 52 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: August (Month) 18 (Day) 1862 (Year)

7-AGE: 54 yrs. 7 mos. 27 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Druggist
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Pennsylvania

PARENTS

10-NAME OF FATHER: Wm Schmidt.

11-BIRTHPLACE OF FATHER (State or country): Germany.

12-MAIDEN NAME OF MOTHER: Charlotte Flint

13-BIRTHPLACE OF MOTHER (State or country): Don't know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Eleanor M. Schmidt

(Address) 4730 Pimlico Rd.

15- Filed APR 11 1917, 191 ..... [illegible] Clerical Permit Clerk REGISTRAR

TION is very important. See instructions

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 11th (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 5, 1917, to, April 11 1917, that I saw him alive on April 10th 1917, and that death occurred, on the date stated above, at 1.18a m.

The CAUSE OF DEATH* was as follows:

Appendix abscess (ruptured)
Peritonitis.

(Duration) yrs ..... mos. 10 ds

Contributory (SECONDARY) Organic brain disease (cerebral arterio-sclerosis) aphasia & hemiplegia, chronic nephritis (Duration) 2 yrs 9 mos. ds.

(Signed), ... M. D.

....., 191..... [Address] Johns Hopkins Hosp.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs 2 mos 6 ds. In the State 52 yrs mos ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 4730 Pimlico Road.

19-PLACE OF BURIAL OR REMOVAL: Woodlawn. DATE OF BURIAL: April 14 191 7

20-UNDERTAKER: Wm Cook ADDRESS 502 E. North Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4268 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 4268

CERTIFICATE OF DEATH. ×92

1-PLACE OF DEATH Md. Gen. Hospital REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Lindenauer & Madison St.; 11 WARD)

2-FULL NAME Mrs. Ida Bortzahn (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. Lindenauer & Madison St.; ..... yrs., ... mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	white	Married

6-DATE OF BIRTH, ... Unknown to me ..... (Month) ..... (Day) ..... (Year)

7-AGE,	If LESS than 1 day,
60 yrs. ..... mos. ..... ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Ind.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) ..... Hospital Record

(Address) .....

15- APR 11 1917 Filed ..... 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 14 1917, to April 11 1917, that I saw h[illegible] alive on April 11 1917, and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Passive Congestion of Liver with ascites (Duration) unknown yrs. ..... mos. ..... ds.

(Signed) ..... B. A. Grant M. D.

April 11, 1917 (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 22 ds. In the State 60 yrs. ..... mos. 2 ds.

Where was disease contracted, if not at place of death? Middletown Md

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Middletown Md DATE OF BURIAL, April 12, 1917

20-UNDERTAKER E & B Hake ADDRESS 115 E Main St

D 4269

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 D 4269

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2316 Federal St 8 ST.; WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Philip F. Dietz

(Residence in Baltimore: No. 2316 Federal St St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~SINGLE~~ MARRIED WIDOWED OR DIVORCED (Write the word): married

6 DATE OF BIRTH: Feby 12 (Month), (Day), 1865 (Year)

7 AGE: 52 yrs. 1 mos. 28 ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): (House)

9 BIRTHPLACE (State or country): Pa

PARENTS

10 NAME OF FATHER: Geo W. Dietz

11 BIRTHPLACE OF FATHER (State or country): Pa

12 MAIDEN NAME OF MOTHER: Amanda Reisinger

13 BIRTHPLACE OF MOTHER (State or country): Pa

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Alfred J. Dietz
(Address) 512 Rossiter Ave Govans

15 Filed APR 11 1917 HARRY C. ANDREWS Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April 10th (Month), (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 5 1917, to April 10 1917.
that I saw h[illegible] alive on April 10 1917.
and that death occurred, on the date stated above, at 10, m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 6 ds

Contributory (SECONDARY)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Edward A. London M. D.
4/11, 1917 (Address) 650 N. North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: April 12, 1917

20 UNDERTAKER: Ellis Mitchell Co — ADDRESS: 1201 N Fayette

State CAUSE OF DEATH in plain terms. ... is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

4270 ✓120 D 4270

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo R. Meyers

(Residence in Baltimore: No. Hebrew Hospital St.; —yrs., — mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Dec. 25th, 1848 (Month) (Day) (Year)

7-AGE, 68 yrs. 3 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Buckleyer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Pennsylvania.

PARENTS.

10-NAME OF FATHER, John Meyers

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER, Kunigunda Hümmer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Meyers.

(Address) 306 E. St. Spanos Pl.

15- APR 11 1917 Filed....., 191..Burial Permit Clerk.. Registrar. HARRY C. ANDREWS

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10th, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 20th 1917, to April 10th 1917, that I saw h relative on April 10th 1917, and that death occurred, on the date stated above, at 1220 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Pancreatitis

metastasis Neoplasm

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. 1 4 ds.

(Signed) H. L. Rasker M. D.

April 11th, 191.7 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 21 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 306 E. St. Spanos Pl.

19-PLACE OF BURIAL OR REMOVAL, St. Mary's Cem. York Pa. DATE OF BURIAL, April 13th, 191.7

20-UNDERTAKER Lilly and Zeile ADDRESS 403 W. Mo. St.

D. A. K. S. A. F. E.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4271

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4271

CERTIFICATE OF DEATH.

1087

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Gregg

(Residence in Baltimore: No. St. Jn. Hospital St.: 1 yrs. — mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male.

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April 28, 1898
(Month) (Day) (Year)

7-AGE, 18 yrs. 11 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)..... —

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, James Thomas Gregg

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER Elizabeth Smith

13-BIRTHPLACE OF MOTHER (State or Country). Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr James Gregg

(Address) Hydes Md

15-
Filed APR 11 1917, 191... HARRY C. ANDREWS
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 9, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1917, to April 9 1917, that I saw him alive on April 9th 1917, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Uhs. Pneumonia, Carcinoma... Acute Cardiac dilatation. Nephritis... Mod. gen. atheromatosis... Contusion of L. thigh... days. Jaundice (Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (Duration) 2 years yrs. mos. ds.

(Signed) H. L. Harrison, M. D.

....., 191... (Address) Franklin Square Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 9 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence Fork Balto Co Md

19-PLACE OF BURIAL OR REMOVAL, Round Hill Cem. Virginia. DATE OF BURIAL, April 12, 191.7

20-UNDERTAKER ~~Tobyn Gullion Son~~ John F Corwin & Son ADDRESS ~~Fork Md.~~ 901 Hollins St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4272

CERTIFICATE OF DEATH.

D 4272

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 Light ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael McMahon

Residence in Baltimore: No. 1824 Light St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Dont Know, (Month) (Day) 1 (Year)

7-AGE, 65 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John McMahon

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. John Flood

(Address) 1821 Light St.

15-

Filed APR 11 1917 191.. HARRY O. ANDR... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 11, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1917, to April 11 1917, that I saw him alive on April 10 1917, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Intermittent Fever Age 65

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) yrs. mos. 5 ds.

(Signed) R. O'Connell M. D.

April 11, 1917 (Address) 1644 Bank St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, April 14, 1917

20-UNDERTAKER M. S. Flynn

ADDRESS, 1422 Light St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 D 4273

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1530 Hanover ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hedwich Sophia Schneider

(Residence in Baltimore: No. 1530 Hanover St.; 61 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Sept 11, 1829
(Month) (Day) (Year)

7-AGE, 87 yrs. 6 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At home None
(b) General nature of industry, business, or establishment in which employed (or employer)..... Housework

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Laura Schneider

(Address) 1530 Hanover St.

15-

Filed, APR 11 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 9, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 25 1916, to Apr 9 1917, that I saw her alive on Apr 8 1917, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

.....

.....

Old age

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis not known

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Neil Stifler M. D.

4/11, 191.7. (Address) 1319 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, April 12, 1917

20-UNDERTAKER M. J. Flynn

ADDRESS 1422 Light St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4274

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

28 D 4274

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1447 Patapsco ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lawrence O'Keefe

(Residence in Baltimore: No. 1447 Patapsco St.; 22 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June (Month) 7 (Day), 1894 (Year)

7-AGE, 22 yrs. 10 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thos O'Keefe

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ida E Engelhardt

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Grams

(Address) 1441 Patapsco

15-

Filed APR 11 1917, 191.... HARRY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 9 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Mar 28 1917, to Apr 9 1917, that I saw h[illegible] alive on Apr 9 1917, and that death occurred, on the date stated above, at 6 30 m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

my knowledge

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm E Stafford M. D.

4/11, 1917. (Address) 1319 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, April 14 191.7

20-UNDERTAKER M. J. Flynn — ADDRESS 1422 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

D 4275 HEALTH DEPARTMENT—CITY OF BALTIMORE D 4275

CERTIFICATE OF DEATH. 28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1404 Cooksie ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Anna L. Roberts

(Residence in Baltimore: No. 1404 Cooksie St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Jany 21, 1874 (Month) (Day) (Year)

7-AGE, 43 yrs. 2 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stripped Tinware
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Germany -

PARENTS.

10-NAME OF FATHER, Frank Seifert

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany -

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Roberts

(Address) 1404 Cooksie Ct.

15- APR 11 1917 Filed....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jany 1 1917, to April 8 1917, that I saw her alive on April 8 1917, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Anaemia

(Duration) yrs. 7 mos. ds.

(Signed) Walter T. Watkins M. D.

April 10, 1917. (Address) 1727 N. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, April 12, 1917.

20-UNDERTAKER M. L. Flynn ADDRESS 1423 Light St.

Information: [illegible]

D 4276 HEALTH DEPARTMENT--CITY OF BALTIMORE 92 D 4276

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 1426 Battery ave St. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bridget Conway.

(Residence in Baltimore: No. 1426 Battery ave St.; 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Dec. (Month) 23 (Day), 1848 (Year)

7-AGE: 68 yrs. 3 mos. 16 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: Michael Prendergast

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Clark

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Conway

(Address) 1426 Battery ave

15- APR 11 1917 (Filed) 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 5, 1917, to April 9 1917.

that I saw h[illegible] alive on April 9, 1917.

and that death occurred, on the date stated above, at 5.25 m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) ... yrs. ... mos. 6 ds

Contributory (SECONDARY) Pulmonary Edema

(Duration) ... yrs. ... mos. ... ds.

(Signed) Jas A O'Donnell M. D.

April 10, 1917 (Address) 107 E Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted.

If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: April 12, 1917

20-UNDERTAKER: M. J. Flynn — ADDRESS: 1422 Light

N. B. State CAUSE OF DEATH in plain terms. It is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 4277. HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 4277

CERTIFICATE OF DEATH. 135

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1446 Belt ST.; 24 WARD) REGISTERED NO. C

2-FULL NAME Mary M. Sheckells (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Residence in Baltimore: No. 1446 Belt St.; 24 yrs., 6 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Fem | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct 2, 1892 (Month) (Day) (Year)

7-AGE, 24 yrs. 6 mos. 9 ds. | If LESS than 1 day, ...hrs. or...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of Industry, business, or establishment in which employed (or employer): Home Wife

9-BIRTHPLACE, (State or Country), Balto

PARENTS.
10-NAME OF FATHER, Geo Sheckels
11-BIRTHPLACE OF FATHER (State or Country), Balto.
12-MAIDEN NAME OF MOTHER Bridget Fewer
13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Christopher C. Sheckells
(Address) 1446 Belt.

15-
APR 11 1917
Filed....., 191.... HARRY C. ANDREWS
Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4/11 1917, to 4/11 1917, that I saw her alive on 4/11 1917, and that death occurred, on the date stated above, at 12.00 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Concealed Hemorrhage of Liver (Duration) 2 hrs. mos. ds.

(Signed) E. J. Lemington M. D.

4.11. 1917 (Address) 10 E Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill | DATE OF BURIAL, April 14, 1917

20-UNDERTAKER William Cook | ADDRESS 502 E North

Important. See instructions

Spec.—8-24-14—M. & T.—2000 Bks.

D 4278 HEALTH DEPARTMENT—CITY OF BALTIMORE 91 ✓ D 4278

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 Harvey ST. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert. Emmett. allen.

(Residence in Baltimore: No. 702 Harvey St.; ....yrs., 1 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, February (Month) 19 (Day), 1916 (Year)

7-AGE, ...yrs. 1 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Joseph Allen

11-BIRTHPLACE OF FATHER (State or Country) Balto Md

12-MAIDEN NAME OF MOTHER Alice Holthaus

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Allen

(Address) 702 Harvey St

15-

Filed APR 11 1917, 191.... HARRY C. ANDREWS Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 10 1917, to April 11 1917, that I saw h im alive on April 11 1917, and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia (Primary)

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Sidney H. Strgett M. D.

Apr. 11, 1917. (Address) 423 E Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill — DATE OF BURIAL, April 13, 1917.

20-UNDERTAKER Wm. Cook — ADDRESS 502 E Balto

Information Supplied by

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4279

CERTIFICATE OF DEATH.

152 ✓

REGISTERED No. D 4279

1-PLACE OF DEATH
CITY OF BALTIMORE: No. 1416 Belt ST.; 24 WARD)

2-FULL NAME Christopher Shuckels

Residence in Baltimore: No. 1416 Belt St.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, 4 (Month) 11 (Day), 1917 (Year)

7-AGE, (9 Months) yrs.. mos. ds.

If LESS than 1 day. hrs. or 10 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Christopher C Shuckels

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Mary M Shuckels

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Christopher C Shuckels

(Address) 1416 Belt St.

15- APR 11 1917

Filed ..... 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4, 11 1917, to 4, 11 1917, that I saw h[illegible] alive on 4, 11 1917, and that death occurred, on the date stated above, at 10.10 a. m.

The CAUSE OF DEATH* was as follows:

Diptheria
Instrumental Delivery

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Concealed Hemorrhage

(Duration) yrs. mos. ds.

(Signed) L. Dunnington M. D.

4.11. 1917. (Address) 10 E. E. Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill — DATE OF BURIAL, April 17 1917

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave

Important: Use Indelible Pencil

Spec.—8-24-14.—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4280

CERTIFICATE OF DEATH.

81 ✓

D 4280

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1334 E. North Ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret E. O'Connor

Residence in Baltimore: No. 1334 E. North Ave St.; Lifetime (Yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Sept 15" (Month) (Day), 1852 (Year)

7-AGE 64 yrs. 6 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore

PARENTS.

10-NAME OF FATHER. Patrick Cullen

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Jennie Good

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss O'Connor

(Address) 1334 E. North ave

15-

Filed APR 11 1917, 191.... MARY [illegible] Clerk.

Burial Permit [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 11" (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 1 191 7, to Apr 11 191 7, that I saw her alive on Apr 191 7, and that death occurred, on the date stated above, at 12 A.M.

The CAUSE OF DEATH* was as follows:

Intestinal Stasis

(Forenoon)

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Insanition

(Duration) yrs. mos. 1 ds.

(Signed) Geo. D'Stadis M. D.

191... (Address) 1426 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem

DATE OF BURIAL, 4/14" 191 7

20-UNDERTAKER Chas F. Evans Son

ADDRESS 1140 N. Royal Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4281

CERTIFICATE OF DEATH.

91 D 4281

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 Eator ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Sprenkle

Residence in Baltimore: No. 538 E. 22nd St

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, January 8, 1841.
(Month) (Day) (Year)

7-AGE, 75 yrs. 8 mos. ds. If LESS than 1 day. hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Real Estate
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Chas Sprenkle

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Margaret A. Joyce

13-BIRTHPLACE OF MOTHER (State or Country), Ky

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Mamie Sprenkle

(Address) 610 Eator Ave

15- Filed APR 12 1917 ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 11, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 11/15 1916, to 4/11 1917, that I saw him alive on 4/11/17 1917, and that death occurred, on the date stated above, at 11 45 A. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Hypostatic Congestion

(Duration) yrs. mos. ds.

(Signed) H. Stanley Goodall M.D.

4/11, 1917 (Address) 1900 St. Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Apr. 14, 1917.

20-UNDERTAKER Albert E. Kelly ADDRESS 220 N Broadway

Imperials

Dr Grind 525 E 22nd St

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4282

1-PLACE OF DEATH

CERTIFICATE OF DEATH

92 D 4282

REGISTERED NO. C

CITY OF BALTIMORE (No. 3 So Pappleton St. 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John M. Robinson Jr

Residence in Baltimore: No. 3 So Pappleton St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: April (Month) 10 (Day), 1917 (Year)

7-AGE: 6 yrs. 8 mos. 15 ds. If LESS than 1 day, ..hrs. or ..min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Carpenter Thrs
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore City

PARENTS

10-NAME OF FATHER: John M. Robinson

11-BIRTHPLACE OF FATHER (State or country): Penn

12-MAIDEN NAME OF MOTHER: Sarah A Eley

13-BIRTHPLACE OF MOTHER (State or country): Harford Co

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE

(Informant) Ballard F Beale

(Address) 3 N Pappleton St

15-

Filed APR 12 1917, 19.. ROBERT R. KRAUTH

Burial Permit Issued REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 10 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 7, 1917, to April 9 1917.

that I saw h.. alive on April 9, 1917.

and that death occurred, on the date stated above, at 12 25 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) .. yrs. .. mos. 4 ds

Contributory (SECONDARY)

(Duration) .. yrs. .. mos. 7 ds.

(Signed) J B Jamenden M. D.

April 6, 1917 (Address) 330 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death .. yrs. .. mos. .. ds. In the State .. yrs. .. mos. .. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Carmel Cemy — DATE OF BURIAL: Apr 12, 1917

20-UNDERTAKER: Willard C Fuller — ADDRESS: 221 N Broadway

State CAUSE OF DEATH in plain terms. [illegible] is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4283

CERTIFICATE OF DEATH.

28 ✓ D 4283

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 St Marys ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nellie Lloyd.

(Residence in Baltimore: No. 516 St Marys St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Child

6-DATE OF BIRTH, Nov (Month) 23rd (Day) 1908. (Year)

7-AGE, 8 yrs. 4 mos. 17 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Balto, Md.

PARENTS.

10-NAME OF FATHER, Chas Harrington

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sadie Lloyd

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosie Smith

(Address) 516 St Marys St

15- Filed APR 12 1917 191.... ROBERT R. KRAUTH Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 10th (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 5th 1917, to Apr 10th 1917, that I saw her alive on Apr 10th 1917, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(Duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Harry F. Brown M. D.

4/11/17 191... (Address) 1501 Presstman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery. DATE OF BURIAL, April 13 191.7.

20-UNDERTAKER Mrs. R. A. Elliott. ADDRESS 504 East St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4284

CERTIFICATE OF DEATH.

53 D 4284

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Martha Stevenson

(Residence in Baltimore: No. 1617 Warwick Ave., St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Femal | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 63 yrs. ....mos. ....ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wm. D. Enson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Thelton

(Address) Johns Hopkins Hosp.

15-APR 12 1917 ROBERT R. KRAUTER

Filed....., 191.. Burial Permit.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 11, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 30 1917, to April 11 1917, that I saw h.. alive on April 11 1917, and that death occurred, on the date stated above, at 6.30 p. m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(Duration) ....yrs. 4 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. B. Thornton M. D.

April 12, 1917. (Address) W. B. Thornton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 11 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1617 Warwick Ave.

PLACE OF BURIAL OR REMOVAL, Rockeysville | DATE OF BURIAL, April 13, 1917

UNDERTAKER W. Brooks | ADDRESS Sparks Md

Spec.—8-24-14—M. & T.—2000 Blks.

D 4285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 D 4285

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Lorraine Hospital ST.; 9 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clay A. Nice

(Residence in Baltimore: No. 2952 Harford Road St.: ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, March (Month) 18 (Day), 1876 (Year)

7-AGE, 41 yrs. 5 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Manager
(b) General nature of industry, business, or establishment in which employed (or employer): C. A. Duley

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Henry Nice

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Priscilla Arnold

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Nice

(Address) Court House

15- Filed APR 12 1917, 191.... ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 11 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7 1917, to April 11 1917, that I saw h[illegible] alive on April 11 1917, and that death occurred, on the date stated above, at 12[illegible] m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

Pneumonia 5 days (Duration), ...yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Post operative shock

(Duration) ....yrs. ....mos. 4 ds.

(Signed) Israel Strauss M. D.

April 11, 191.7 (Address) Halcyon Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2952 Harford Road.

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet — DATE OF BURIAL, April 13, 191.7

20-UNDERTAKER Chas. E. Brauch — ADDRESS 802 Madison Ave

Important.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

137 ✓ D 4286

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Dorsey

(Residence in Baltimore: No. 313 Otterbein St St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, ..., (Month) (Day) 1880 (Year)

7-AGE, 37 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... House Wife .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Howard Dorsey

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Louisa Grenage

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) May Dorsey

(Address) 313 N. Otterbein

15- APR 12 1917 Filed ....., 191.....

ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 3 1917, to April 10 1917, that I saw her alive on April 10 1917, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Puerperal Peritonitis

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY. (Secondary) Premature Labor with Puerperal Septicemia ..... (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Frank (illegible) M. D.

April 10, 1917 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Home

Former or usual residence 313 Otterbein St.

19-PLACE OF BURIAL OR REMOVAL, James Baker & Co

DATE OF BURIAL, April 12 1917.

20-UNDERTAKER R. D. Parham

ADDRESS 131 N. Hanover

(Over)

Spec.—8-24-14—M. & T.—2000 Bks.

D 4287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

D 4287

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 800 William ST.; 22 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha A Schaum

(Residence in Baltimore: No. 800 William St.; 50 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, March (Month) 3 (Day), 1834 (Year)

7-AGE, 83 yrs. 1 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House-work
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Washington D.C.

PARENTS.

10-NAME OF FATHER, Robert Reather

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Catherine Reitz

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Schaum

(Address) 800 William St

15- APR 12 1917 Filed....., 191.. ROBERT R. KRAUTER Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 10 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from March 10 191 , to April 10 1917, that I saw h[illegible] alive on April 10 1917, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) x yrs. x mos. 14 ds.

(Signed) E. [illegible] M. D.

April 11, 191. (Address) 915 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, BALTIMORE CEMETARY. DATE OF BURIAL APR. 14 1917

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

Important.

Spec.—8-24-14—M. & T.—2000 Blks.

D 4288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 D 4288

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Werner

(Residence in Baltimore: No. 525 N. Washington St. St.; 63 yrs., 8 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... July (Month) 16 (Day), 1853 (Year)

7-AGE ..... 63 yrs. 8 mos. 25 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) ..... "

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George Werner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna Bmeir

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hospital

(Address) Calvert St.

15-APR 12 1917 ROBERT B. KRAUTER

Filed ....., 191.. Burial Permit Clerk
Registrar.

Important. Use typewriter if possible.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 27 1917, to Apr. 10 1917, that I saw h[illegible] alive on Apr. 10 1917, and that death occurred, on the date stated above, at 4:00 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis & Arteriosclerosis

Duration ..... Died of Heart

CONTRIBUTORY (Secondary) .....

Duration ..... yrs. ..... mos. ..... ds.

(Signed) Edward A. Stuart M. D.

Apr. 10, 1917. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1X ds. In the State ..... yrs. 6 mos. ..... ds.

Where was disease contracted, if not at place of death? 525 N. Washington St.

Former or usual residence 525 N. Washington St.

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL.
Mt Carmel	Apl. 13 191.7
20-UNDERTAKER Philip Hennig	ADDRESS 2016 Orleans

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4289 +113 D 4289

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital 9 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Pittinger

(Residence in Baltimore: No. 22 N. Clinton St. St.; 4 Yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, June (Month) 3 (Day), 1875 (Year)

7-AGE, 41 yrs. 10 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Patrick Carr

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Sweeney

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Carr

(Address) 22 N. Clinton St.

15-

Filed APR 12 1917 191... ROBERT R. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 10 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 30 1917 to April 10 1917, that I saw h[er] alive on April 10 1917 and that death occurred, on the date stated above, at 5.20 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Congestion

(Duration) yrs. mos. ds.

(Signed) Henry Merkel M. D.

April 10, 1917 (Address) 22 N. Clinton St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 11 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Dont Know

Former or usual residence 22 N. Clinton St.

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart Cemetery DATE OF BURIAL, Apr. 13, 1917

20-UNDERTAKER Jonathan Miller ADDRESS 2334 Huffman St

Important: Use indelible pencil.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4290

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4290

113

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2213 Mc Elderry ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Weitzel

(Residence in Baltimore: No. 2213 Mc Elderry St.; 50 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, May 6, 1843 (Month) (Day) (Year)

7-AGE, 73 yrs. 11 mos. 4 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Grocery & Feed Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Christine Weitzel

(Address) 2213 Mc Elderry St

15- Filed APR 12 1917, 191... ROBERT R. KRAUTER Registrar.

Burial Permit 01671

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1917, to April 10 1917, that I saw h[illegible] alive on April 9 1917, and that death occurred, on the date stated above, at 4:30 a m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of the Liver

(Duration) yrs. 6 mos. 0 ds.

CONTRIBUTORY (Secondary) Ascites

(Duration) yrs. 1 mos. 0 ds.

(Signed) Julius Friedenwald M. D.

April 11 1917. (Address) 10 E. St. Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cemetery	April 13, 1917.
20-UNDERTAKER Christian Miller	ADDRESS 233 Jefferson St

Important: Use Indelible Pencil

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4291 ✓ D 4291

CERTIFICATE OF DEATH.

120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1221 E North ave ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth E. Fink

(Residence in Baltimore: No. 1221 E North ave St.; 29 yrs., 2 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, January 30th, 1888
(Month) (Day) (Year)

7-AGE, 29 yrs. 2 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Henry Fink

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Emelie E Einolf

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Fink Father

(Address) 1221 E North ave

15- Filed APR 12 1917, 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 12, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 26 1916, to April 12 1917, that I saw her alive on April 12 1917, and that death occurred, on the date stated above, at 8.40 a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) ....yrs....mos. 1 ds.

CONTRIBUTORY (Secondary) Neuritis (Alcoholic)

(Duration) ....yrs. 3 mos....ds.

(Signed) Arthur W Goodrow M. D.

April 12, 1917. (Address) 1714 E Camden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	April 14th, 191.7
20-UNDERTAKER George Schilling & Sons	ADDRESS 1126 E Monument

Important.—See instructions

5M.—8-24-16—J. H. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4292

CERTIFICATE OF DEATH.

92 D 4292

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1407 N. Mount ST.; 15 WARD) REGISTERED NO. C

2-FULL NAME Margaret J. Adams
(Residence in Baltimore: No. 1407 Mount St.; ...yrs.,...mos.,...ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH. Unknown, (Month) ..... 1 (Day) ..... (Year)

7-AGE. 64 yrs. ... mos. ... ds.
If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Domestic
(b) General nature of industry, business, or establishment in which employed (or employer). Servant

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Elijah Adams
(Address) 1626 Preston

15- Filed APR 12 1917 191.. ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. April (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 8 1917, to April 10 1917, that I saw her alive on April 10 1917, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Chas. E. Clark M. D.

April 11, 1917. (Address) 1211 W. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Zion Cemetery DATE OF BURIAL. April 12 1917

20-UNDERTAKER. Edward Rinehold ADDRESS 1436 Bank

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

4293

CERTIFICATE OF DEATH.

92 D 4293

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1021 S. Fremont ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Gross

(Residence in Baltimore: No. 1021 S Fremont St.; 19 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Mail

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, January (Month) 1 (Day) (Year)

7-AGE, 33 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). General

9-BIRTHPLACE, (State or Country), Calvert Co Md

PARENTS.

10-NAME OF FATHER, Robert Gross

11-BIRTHPLACE OF FATHER (State or Country) Calvert Co Md

12-MAIDEN NAME OF MOTHER Annie Wallas

13-BIRTHPLACE OF MOTHER (State or Country), Calvert Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Gross

(Address) 1021 S. Fremont St.

15. APR 12 1917 Filed, 191.

ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 3 1917, to April 10 1917, that I saw h[illegible] alive on April 10 1917, and that death occurred, on the date stated above, at 10,10 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. 7 ds.

(Signed) C. H. Hinton M. D.

April 10 1917. (Address) 712 S. Stricker

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, APR 12 191...

20-UNDERTAKER R C Gross

ADDRESS 1405 McElderry St

Imperial. See instructions.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 4294

90 D 4294

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2300 Hunter St. ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ordville Taylor Cassell

(Residence in Baltimore: No. 2300 Hunter St St.; 36 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Ma...

4-COLOR OR RACE: Colord

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: ..... (Month) ....., 1 (Day) ..... (Year)

7-AGE: 36 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Coachman
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: John Cassell

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Mary Green

13-BIRTHPLACE OF MOTHER (State or country): Calvert CoMd

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Daniel Cassell

(Address) 1700 Bolton St

15. Filed APR 12 1917 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

N. B.—BURIAL MUST NOT BE MADE UNTIL PERMIT IS OBTAINED. Please write plainly in ink. Answer all questions so far as they may be properly called for. Be sure to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Do not use abbreviations or technical terms. Name of attending physician is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 11 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 10, 1917, to April 11 1917, that I saw him alive on April 11, 1917 and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

..... (Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) Bronchitis with pneumonia

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) C. F. Gatchell M. D.

April 11, 1917 (Address) 2413 St Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery DATE OF BURIAL: April 12, 1917

20-UNDERTAKER: R E Grodd ADDRESS: 1405 McElderry St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4295

CERTIFICATE OF DEATH.

28 D 4295

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 703 E. Biddle ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James G. Wright

(Residence in Baltimore: No. 703 E Biddle St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: Nov. (Month) 1 (Day), 1886 (Year)

7-AGE: 30 yrs. 5 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Penitentiary

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: John Wright

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Ann Norton

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Ann Wright

(Address) 703 E. Biddle St.

15- Filed APR 12 1917, 191.... ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: April (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1917, to April 11 1917, that I saw him alive on April 11 1917, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 3 mos. 11 ds.

CONTRIBUTORY (Secondary) Septic Duodenal Ulcer

(Duration) yrs. 6 mos. ds.

(Signed) James M Taylor M. D.

April 14 1917 (Address) 2201 Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Marys Govans — DATE OF BURIAL: April 14 1917

20-UNDERTAKER: H. C. Kudefeld — ADDRESS: 914 Linwood Ave

Important. See instructions on back.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4296 **CERTIFICATE OF DEATH.** 92 D 4296

REGISTERED No. C.....

1-PLACE OF DEATH.
CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sara Shodd Valentine

(Residence in Baltimore: No. St Elizabeths Home St.; ...yrs.,...mos.,...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Black	Single

6-DATE OF BIRTH, November 25, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 3 mos. ...ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. S. Valentine

(Address) Johns Hopkins Hospital

15-APR 12 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Oleyl

Important. Use Instructions on Reverse Side.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 14 1917, to April 7 1917, that I saw h[er] alive on April 7 1917, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) ...yrs. ...mos. 6 ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) W. S. Valentine M. D.

April 8, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. 1 mos. 25 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? "

Former or usual residence St Elizabeths Home

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
HOPKINS HOSPITAL	....., 191...
20-UNDERTAKER	ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4297

CERTIFICATE OF DEATH.

6 D 4297

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; H WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pete Damos

(Residence in Baltimore: No. 305 Court House (Found dr) St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ..., 1916.
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Child.....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), —"—

12-MAIDEN NAME OF MOTHER —"—

13-BIRTHPLACE OF MOTHER (State or Country), —"—

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hospital Records

(Address) Greene & Lombard Sts.

15-APR 12 1917 Filed ....., 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 8, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/ 8 1917, to 4/ 8 1917, that I saw h~~im~~ alive on 4/ 8 1917, and that death occurred, on the date stated above, at 11.30 A m.

The CAUSE OF DEATH* was as follows:

Disorders of Internal Medicine

..... (Duration) ..... yrs. ..... mos. 24 ds.

CONTRIBUTORY (Secondary). Localized Pneumonia

Meningitis (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) J. S. Evans M. D.

4/11, 1917 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 6 8 ds. In the State ..... yrs. Life mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND
Commissioner Health.

14-10

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4298

CERTIFICATE OF DEATH.

REGISTERED No. C D 4298

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2110 Frederick Ave ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Charles P. Kirsch

(Residence in Baltimore: No. 2110 Frederick Ave St.; 1 yrs., 10 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, May 17, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 10 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General natnre of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles F. Kirsch

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Martha Faith

13-BIRTHPLACE OF MOTHER (State or Conntry), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles F. Kirsch

(Address) 2110 Frederick Ave

15- APR 12 1917 Filed....., 191. ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 11, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 11 1917, to April 11 1917, that I saw h[illegible] alive on April 11 1917, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Laryngeal Diphtheria

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

....., 191... (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Trinity Cemetery.	April 12, 1917.
20-UNDERTAKER	ADDRESS
Geo. L. Schwab & Bro.	2101 Frederick Ave.

Funeral 3.30 P.M.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4299 HEALTH DEPARTMENT—CITY OF BALTIMORE 92 D 4299

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland General Hospital REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2507 Emerson ST.; 26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Watson

(Residence in Baltimore: No. 2507 Emerson St.; 13 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH September 8, 1875 (Month) (Day) (Year)

7-AGE, 41 yrs. 7 mos. 4 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Fish business

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Henry Watson Sr.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie T. Watson

(Address) 2507 Emerson St.

15-APR 12 1917 Filed ....., 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 12, 1917 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from June 8 1917, to April 12 1917, that I saw h.... alive on April 11 1917, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Carcinoma of Stomach

(Duration) 8 yrs. ..... mos. ..... ds.

(Signed) E. L. Mass M. D.

April 12, 191.... (Address) 830 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... In the State 41 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 2507 Emerson St.

Former or usual residence ,, ,,

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery

DATE OF BURIAL April 15 1917

20-UNDERTAKER F. B. Wagner

ADDRESS 2136 Fred'k Ave

Important. Use Indelible Pencil.

D 4300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89

D 4300

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 501 W Saratoga St. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Kenyon Parish

(Residence in Baltimore: No. 501 W Saratoga St.; 0 yrs. 0 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH Mar 17, 1917 (Month) (Day) (Year)

7-AGE 0 yrs. 0 mos. 25 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None —
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Baltimore Md.

PARENTS

10-NAME OF FATHER Joseph Parish

11-BIRTHPLACE OF FATHER (State or country) N. C.

12-MAIDEN NAME OF MOTHER Ethelyn Bean —

13-BIRTHPLACE OF MOTHER (State or country) N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Jos Parish

(Address) 501 W Saratoga

15-APR 12 1917 Filed ....., 191 MARY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Apr. 11, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 8, 1917, to Apr 11 1917, that I saw h[er] alive on Apr 11, 1917, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) 0 yrs. 0 mos. 3 ds

Contributory (SECONDARY) None —

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R B Kenyon M. D.

Apr 12, 1917. (Address) 422 N Greene

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL April 13, 1917.

20-UNDERTAKER W M Coulson

ADDRESS 230 N Greene

N. B.—EVERY ITEM on this certificate should be carefully considered and properly classified. EACH STATEMENT should be complete and accurate. In particular state CAUSE OF DEATH in plain terms, so that it may be properly classified. EACH STATEMENT is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4301 HEALTH DEPARTMENT—CITY OF BALTIMORE D 4301

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Prop. ST.; V WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Eckels

(Residence in Baltimore: No. 1708 Gough St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec. 24, 1916. (Month) (Day) (Year)

7-AGE, yrs. 3 mos. 18 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, August E. Eckels

11-BIRTHPLACE OF FATHER (State or Country), Balto. City

12-MAIDEN NAME OF MOTHER Emma M. Braun

13-BIRTHPLACE OF MOTHER (State or Country), Balto. City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) August E. Eckels

(Address) 1709 Gough St.

APR 12 1917

Filed....., 191.... HARRY C. ANDREWS Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 12, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 6 1917, to April 12 1917, that I saw him alive on April 12 1917, and that death occurred, on the date stated above, at 3-30 P m.

The CAUSE OF DEATH* was as follows:

Laryngeal Diphtheria

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) T. M. Cullen M. D.

4/12/17 191... (Address) 5 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 6 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oaklawn Cem. DATE OF BURIAL, April 13, 1917.

20-UNDERTAKER Wm. E. Black ADDRESS 927 N. Bdwy.

4 30 PM

Important. See instructions on reverse side.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4302 HEALTH DEPARTMENT—CITY OF BALTIMORE 143 D 4302

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2038 W Saratoga St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas B Jones

(Residence in Baltimore: No. 2038 W Saratoga St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 11, 1854 (Month) (Day) (Year)

7-AGE, 62 yrs. 10 mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thomas W Jones

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sarah Ann Amos

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos Jones

(Address) 2038 W Saratoga

15- APR 12 1917 Filed....., 191... HARRY C. [illegible] Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 11, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 18 1917, to April 11 1917, that I saw h— alive on April 11 1917, and that death occurred, on the date stated above, at 7.50 p.m.

The CAUSE OF DEATH* was as follows:

Probably Cardiac Embolism

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Carbuncle Chronic Myocarditis Chronic Kidney Trouble

(Duration)....yrs....mos....ds.

(Signed) Carlton M Cook M. D.

April 12, 1917. (Address) 1107 W Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Smithville Md — DATE OF BURIAL, April 13 1917

20-UNDERTAKER W J Richardson Sons — ADDRESS Norfolk

important. See instructions on page 4

N Cook-

Spec.—8-24-14—M. & T.—2000 Bks.

D 4303

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4303

CERTIFICATE OF DEATH.

x 54

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp St.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Liddie Green

(Residence in Baltimore: No. 28 days in Hospital St.; ....yrs.,....mos.....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. September 4, 1888
(Month) (Day) (Year)

7-AGE. 28 yrs. 7 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Warren Sanders

11-BIRTHPLACE OF FATHER (State or Country). N. C.

12-MAIDEN NAME OF MOTHER Green

13-BIRTHPLACE OF MOTHER (State or Country). N. C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp.

15-

Filed APR 12 1917, 191.... HARRY C. ARNOLD

Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 12, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15 1917, to April 12 1917, that I saw h m alive on April 12 1917, and that death occurred, on the date stated above, at 12 50 p. m.

The CAUSE OF DEATH* was as follows:

Diabetis Mellitus

3

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ....yrs....mos. 15 ds.

(Signed) W E Anspach M. D.

April 12, 191.. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 28 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Yanna, N C

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Green Lawn N C	April 14, 191..
20-UNDERTAKER	ADDRESS
Alfred E Fuller	221 N Bond

Important. See instructions on reverse side.

FILMED

Spec.—8-24-14—M. & T.—2000 Bks.

D 4304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

42 D 4304

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2956 W. North Ave 15 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Anrosch (Suresch)

(Residence in Baltimore: No. 2956 W. North Ave St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Feb 9, 1844 (Month) (Day) (Year)

7-AGE, 73 yrs. 2 mos. 1 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Albert M Behrens

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Jamesch = Dunn

(Address) 2956 W. North Ave

15- APR 12 1917 Filed ..., 191... HARRY C. ANDREWS Registrar. Burial Permit Issued

important. See instructions on back.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 18 1917, to April 10 1917, that I saw h[illegible] alive on April 9 1917, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Resected for Uterine Cancer,
Bladder Wound (Clinical)
(Duration) ... yrs. 3 mos. ... ds.

CONTRIBUTORY (Secondary) ...
(Duration) ... yrs. ... mos. ... ds.

(Signed) J. [illegible] M. D.

April 12, 1917. (Address) 165 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, April 14, 1917

20-UNDERTAKER E. D. Fanning

ADDRESS 1460 Battery ave

D 4305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154 D 4305
REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 617 S Bond St ST.: V WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antoni Olszewski

(Residence in Baltimore: No. 617 S Bond St St.? yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, April (Month) (Day) 1848 (Year)

7-AGE, 69 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia Polland

PARENTS.
10-NAME OF FATHER, Not Known
11-BIRTHPLACE OF FATHER (State or Country), Russia Polland
12-MAIDEN NAME OF MOTHER Not Known
13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Ignac Olszewsky
(Address) 617 S. Bond St.

15- APR 12 1917 Filed, 191 HARRY C. ANDREWS Registrar
Burial Permit Given

CAUSE OF DEATH is Plain Legible, important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) 4 yrs. mos. ds.

(Signed) Thomas Dyer Jr. M.D. (Coroner)
April 13, 1917 (Address) 1611 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	April 13 1917
20-UNDERTAKER	ADDRESS
Jacob Trallowski	428 S Boyd St.

KOD

D 4306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

17 2 D 4306

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin C. Boyle

(Residence in Baltimore: No. 707 S. Eden St.; yrs. Lifetime mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1863 (Year)

7-AGE, 54 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Hickory Democratic Club

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Martin C. Boyle

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Hamill

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah C. Boyle

(Address) 2722 E. Madison

15- Filed APR 12 1917, 191... MARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held na Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said morning (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

(Paralysis) Cerebral Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. T. Riley M. D. (Coroner.)

April, 1917. (Address) 1057 Linden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? at Broadway Market

Former or usual residence 707 S Eden St

19-PLACE OF BURIAL OR REMOVAL, St. Vincents Cem. DATE OF BURIAL, April 13 1917

20-UNDERTAKER Chas. E. Ward & Son ADDRESS 1180 Mt Royal Ave

USE OF DEATH is prima facie important. See instructions on back of certificate.

D 4307

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4307

CERTIFICATE OF DEATH.

1917 184

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital. St.: 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bjourne Dolland.

(Residence in Baltimore: No. U. S. S. Apache. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 29 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Sailor
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Norway

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. D. Driscoll

(Address).....

15-

Filed APR 12 1917, 191.... HARRY C. ANDREWS Registrar.

Burial Permit ....

CAUSE OF DEATH to be plain terms, and important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Skull?

Homicide (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Struck on head by a Billiard ball

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert D. Driscoll M. D.
(Coroner.)

April 67 1917 (Address) 312 N Caroline Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) University Hospital

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. 7 mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence U. S. Ships

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park — DATE OF BURIAL, April 13 1917

20-UNDERTAKER J E Hughes — ADDRESS 175 Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

D 4308

HEALTH DEPARTMENT—CITY OF BALTIMORE

88

D 4308

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Gochrach

(Residence in Baltimore: No. 858 W. Lexington St.; 10 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March (Month) 20 (Day), 1852 (Year)

7-AGE. 65 yrs. 7 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Foundry
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Russia

PARENTS.

10-NAME OF FATHER. Michael Gochrach

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER. Do not know

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Goldberg

(Address) 2017 W. Calvert St.

15- APR 12 1917 Filed....., 191.... HARRY C. ANDREWS Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 12 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from April 7 1917, to April 12 1917, that I saw him alive on April 12 1917, and that death occurred, on the date stated above, at 7.50 p. m.

The CAUSE OF DEATH* was as follows:

Cystic Goitre

(Duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Fat-Operative Shock

(Duration) hrs. mos. 2 ds.

(Signed) Israel Strauss M. D.

April 12, 1917. (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 5 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 858 W. Lexington St.

19-PLACE OF BURIAL OR REMOVAL. Hebrew Cemetery

DATE OF BURIAL. April 15, 1917

20-UNDERTAKER J. H. Rowe Co

ADDRESS 164 Wash

important. See instructions on back of Certificate

Sp[illegible]—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4309

D 4309

CERTIFICATE OF DEATH.

12090

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1908 Wilkens Ave ST.; 20 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Winifred P. Hoey

(Residence in Baltimore: No. 1908 Wilkens Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, April 7, 1850
(Month) (Day) (Year)

7-AGE, 67 yrs. 3 mos. ..... ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Joseph Patten

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Susan McShay

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. E. Cantwell

(Address) 1908 Wilkens Ave

15- APR 13 1917 Filed ..... 191 ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10 1917, to April 10 1917, that I saw her alive on April 10 1917, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Acute Pericarditis

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Bright's

..... (Duration) ..... yrs. 3 mos. ..... ds.

(Signed) M. A. Smith M. D.

April 13, 191.. (Address) 1908 Wilkens Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Cathedral Cemetery	April 14, 191..
20-UNDERTAKER	ADDRESS
C. H. McCormick	1763 W. Fayette

important. See instructions on back of

D 4310

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED No. C 1320 D 4310

CITY OF BALTIMORE (No. 1421 W Saratoga St ST. 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Jacobs

(Residence in Baltimore: No. 1421 W Saratoga St St.; 33 yrs. - mos. - ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH July 11, 1868
(Month) (Day) (Year)

7-AGE 49 yrs. 7 mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Germany

PARENTS

10-NAME OF FATHER Gottlieb Brautigam

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Barbara Shindler

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Penn
(Address) 1421 W Saratoga St

15-
Filed APR 13 1917
ROBERT R. KRAUTER
Burial Permit Clerk
Registrar

N. B.-Every item must be answered, so that it may be properly classified. Data not known should be so stated. Write plainly in ink. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Data not known should be so stated. Write plainly in ink. Do not abbreviate. Every item is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 11, 1917
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from June 9, 1913, to June 11 1917, that I saw her alive on June 10, 1917, and that death occurred, on the date stated above, at 4.30 p.m.
The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) ? yrs. mos. ds

Contributory (SECONDARY) Parenchymatous Nephritis

(Duration) ? yrs. mos. ds.

(Signed) Duncan Mac Calman M. D.
April 11, 1917 (Address) 1822 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer Ct	Apr 14th, 1917

20-UNDERTAKER	ADDRESS
Knell & Son	1729 W Pratt St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

4311

CERTIFICATE OF DEATH.

20 D 4311

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Church Home & Infirmary WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Ellen R. Uckel (Vock)

(Residence in Baltimore: No. 1628 E Preston St. St.; 36 yrs., mos. 30 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Mar 15 (Month) (Day), 1861 (Year)

7-AGE, 36 yrs. 30 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

8-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James B Bishop

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Emma Hurley

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Ludolph B Uckel
(Address) 1628 E Preston St

15-
Filed APR 13 1917, 191.... ROBERT H. KRAUTER
Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 12 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 19 1917, to Apr 12 1917, that I saw h[illegible] alive on Apr 12 1917, and that death occurred, on the date stated above, at 11 50 P.M.

The CAUSE OF DEATH* was as follows: (

Septicaemia

(Duration) yrs. 7 mos. 12 ds.

CONTRIBUTORY (Secondary) Polyarthritis

(Duration) yrs. 1 mos. 24 ds.

(Signed) C M Harmon M. D.

4 12, 1917 (Address) Church Home Balt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 24 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1628 E Preston St

19-PLACE OF BURIAL OR REMOVAL: Oak Lawn Cemy — DATE OF BURIAL: April 15 1917

20-UNDERTAKER Robt J. Turner — ADDRESS 1422 Broadway

important. See instructions on back of certificate.

1917 Matilda Smith

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154 D 4312

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1311 Pennsylvania ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Matilda Smith

(Residence in Baltimore: No. 1311 Pennsylvania St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, September, (Month) 1, (Day) 1812 (Year)

7-AGE, 105 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Duties

9-BIRTHPLACE, (State or Country). Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grace Winston

(Address) 1311 Pennsylvania Ave

15 APR 13 1917 ROBERT R. KRAUTER

Filed....., 191.. Burial Permit Clerk

CAUSE OF DEATH in plain terms. All items must be properly filled in. Omissions may cause delay. Every item important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 11, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Senile Decay

Unknown

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) old age

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

April 13, 191. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt Zion Cem	April 13 1917
20-UNDERTAKER Samuel Deems	ADDRESS 5 Bro Balto

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 4313

CERTIFICATE OF DEATH.

151 D 4313

1-PLACE OF DEATH The Johns Hopkins Hospital

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Davis

(Residence in Baltimore: No. 1336 Druid Hill Ave. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April 11 1917, 1
(Month) (Day) (Year)

7-AGE, ..— yrs. —mos. —ds.

If LESS than 1 day, 8 hrs. or —min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ———
(h) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Mayyland

PARENTS.

10-NAME OF FATHER, Marshall Davis

11-BIRTHPLACE OF FATHER (State or Country), South Carolina

12-MAIDEN NAME OF MOTHER Mary McAdams

13-BIRTHPLACE OF MOTHER (State or Country), South Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W Clifford McKee

(Address) The Johns Hopkins Hospital

15-

Filed APR 13 1917 191..... ROBERT E. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 11 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 11 1917 191..., to April 11 1917, that I saw him alive on April 11 1917, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity(7 months)

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John W. Harris M. D.

Apr. 11th, 191 7. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL

DATE OF BURIAL, APR 11 1917, 191...

20-UNDERTAKER

ADDRESS

Commissioner Health.

Per. WM. E. WOODALL

important. See instructions on back of certificate.

12

Spec.—5-19-13—M. & T.—500 Bks.

D 4314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 4314

REGISTERED NO. C

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 Tessier ST.; 17 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME Elizabeth A. Welsh

Residence in Baltimore: No. 802 Tessier St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX. Female

4—COLOR OR RACE, Col

5—SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6—DATE OF BIRTH, ... Jan. 1 ... (Month) (Day), 1916 (Year)

7—AGE, 1 yrs. 3 mos. 11 ds.

If LESS than 1 day, ... hrs. or ... min.?

8—OCCUPATION:
(a) Trade, profession, or particular kind of work ... None
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9—BIRTHPLACE, (State or Country), Md.

PARENTS.

10—NAME OF FATHER, William Welsh

11—BIRTHPLACE OF FATHER (State or Country). Md.

12—MAIDEN NAME OF MOTHER Mamie Bonkle

13—BIRTHPLACE OF MOTHER (State or Country), Md.

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Welsh

(Address) 802 Tessier

15—

Filed APR 13 1917 191... ROBERT R. KRAUTER

Burial Permit ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, April 12th, 1917
(Month) (Day) (Year)

17— I HEREBY CERTIFY, That I attended deceased from April 8th 1917, to April 12th 1917, that I saw h w alive on April 11th 1917, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) ... yrs. 4 mos. 6 ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Jos. G. Fiedler M. D.

April 13, 1917. (Address) 206 N. Bethel

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19—PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, April 13, 1917.

20—UNDERTAKER Daniel Easton ADDRESS 910 Pennsylvania

Important. See instructions on back of Certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4315

CERTIFICATE OF DEATH.

28 D 4315

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 W. Preston St. ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael W. Banaghan

(Residence in Baltimore: No. 124 W. Preston St. St.; ..yrs.. ..mos. Lifetime. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June (Month) 18th. (Day) 1888 (Year)

7-AGE, 28 yrs. 9 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Contracting Business

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, Michael F. Banaghan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ellen Donohoe.

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. F. Banaghan.

(Address) 124 W. Preston St.

15- Filed APR 13 1917 191... ROBERT R. KRAUTER Registrar. Burial Permit Issued

important. See instructions for use of

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH [redacted]pril 12, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 11th, 1917, to April 12 1917, that I saw h[redacted] alive on April 8th 1917, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(Duration) ..yrs. 4 mos. ..ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) ..yrs. 9 mos. ..ds.

(Signed) C B Gamble M. D.

(Address) Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RE[redacted] HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, April 14, 1917

20-UNDERTAKER Chas. S. Ward & Son ADDRESS 1118 W. Fort Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 4316 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 4316

CERTIFICATE OF DEATH.

REGISTERED NO. C 24

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2326 Stockton ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edw. D. Sellman

(Residence in Baltimore: No. 2326 Stockton St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, Mar 25, 1886
(Month) (Day) (Year)

7-AGE, 31 yrs. 16 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Calvert Co Md

PARENTS.

10-NAME OF FATHER, Andrew Sellman

11-BIRTHPLACE OF FATHER (State or Country), Calvert Co Md

12-MAIDEN NAME OF MOTHER Susan Dorsey

13-BIRTHPLACE OF MOTHER (State or Country), Calvert Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Estie Sellman

(Address) 2326 Stockton

15- Filed APR 13 1917 191... ROBERT R. KRAUTER Burial Permit Officer Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 10, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 9 1917, to Apr 10 1917, that I saw h[illegible] alive on 4/10 1917, and that death occurred, on the date stated above, at 12 M p.m.

The CAUSE OF DEATH* was as follows:

Tetanus

Caused by Accidental Nail puncture of foot

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) [illegible]

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

4/11, 191?. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Apr 13, 1917

20-UNDERTAKER Edward Rungold — ADDRESS 140 N Carey

Important. See instructions on back of certificate

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4317

CERTIFICATE OF DEATH.

50 ✓ D 4317

1-PLACE OF DEATH Md. Gen. Hospital

CITY OF BALTIMORE: (No. Lindsay Ave & Madison St.; 14 WARD)

REGISTERED No. C

2-FULL NAME Mrs Annie Meister

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 2311 Penn Ave. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, ... (Month) Dec. (Day) 1 (Year) .....

7-AGE, 49 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... House duties
(b) General nature of industry, business, or establishment in which employed (or employer) ..... At Home

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Dinkmann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dinkmann

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Meister

(Address) 2311 Penna Ave

15- APR 15 1917

Filed ....., 191.... ROBERT R. KRAUTER

Burial Permit ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb-14 1917, to April 12 1917, that I saw her alive on April 12 1917, and that death occurred, on the date stated above, at 7.25 a. m.

The CAUSE OF DEATH* was as follows:

1 Diabetic Gangrene complicated
2 Diabetic Coma
3 Acidosis

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Diabetic Gangrene of foot

(Duration) 3 yrs. ..... mos. ..... ds.

(Signed) H. Grant ..... M. D.

April 12, 1917. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 12 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 2311 Penn Ave

Former or usual residence " " "

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, April ..., 191.7.

20-UNDERTAKER A. Frahm & Sons — ADDRESS 606 Lafayette Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4318

HEALTH DEPARTMENT—CITY OF BALTIMORE

31 ✓ D 4318

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2302 Penna Ave ST. 15 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Schildwachter.

(Residence in Baltimore: No. 2302 Penna Ave St.: 60 yrs. 1 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: wh

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, June 23 (Month) (Day), 1850 (Year)

7-AGE, 66 yrs. 9 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Express
(b) General nature of industry, business, or establishment in which employed (or employer): Business

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Gottlieb Schildwachter

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Henrietta Schildwachter

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Homburg

(Address) 2302 Penna Ave

15-Filed APR 13 1917 191.... ROBERT R. KRAUTER. Registrar.

Burial Permit Oler)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 8 1917, to April 11 1917, that I saw h my alive on April 10 1917, and that death occurred, on the date stated above, at 7a. m.

The CAUSE OF DEATH* was as follows:

Gastritis & Anaemia

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

(Signed) Chas W Duckett M. D.

April 12 191.7 (Address) 1102 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem'y — DATE OF BURIAL, Apr 15, 191.7

20-UNDERTAKER Mrs A Cohen & Son — ADDRESS 730 Pa Ave

important. See instructions on back of certificate

17

Benj. Richardson

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4319

CERTIFICATE OF DEATH.

D 4319

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 528 N Broad ST. 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benj. Richardson

(Residence in Baltimore: No. 528 N. Bonaparte

47 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colo

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, September, (Month) ..., (Day) 1870 (Year)

7-AGE, 47 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). Tunnel.

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Abraham Richardson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Priscilla Thompson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lastine

(Address) 112 S Howard

15- APR 13 1917 ROBERT R. KRAUTER

Filed ..., 191... Burial Permit (Registrar) Issued

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 13th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Lobar Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Malaria

(Duration) yrs. mos. ds.

(Signed) H. Wilkerson M. D.
(Coroner.)

April 13, 1917. (Address) 819 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State 2 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, April 13, 1917

20-UNDERTAKER Sam'l. Case & Son ADDRESS 1400 Mosher

D 4320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 4320

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 533 Wayne ST.: 27 WARD)
2-FULL NAME Zacharias Gurun
(Residence in Baltimore: No. 533 Wayne St.)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Col	Married

6-DATE OF BIRTH, unknown
....., 1.....
(Month) (Day) (Year)

7-AGE. 6v
....yrs. ....mos. ....ds.
If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.
10-NAME OF FATHER. Zacharias Gurun
11-BIRTHPLACE OF FATHER (State or Country). Maryland
12-MAIDEN NAME OF MOTHER Unknown
13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Georgianna Gurun
(Address) 533 Wayne

15- Filed APR 13 1917 191... ROBERT R. KRAUTER Registrar
Burial Permit Issued

CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 11, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Chronic Valvular Heart Disease

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) Robt. R. Krauter M. D.
(Coroner.)
April 17, 1917. (Address) 512 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cemetery	April 14 1917
20-UNDERTAKER Geo H Hooper	ADDRESS 609 Little Paca St

Spec.—8-24-14—M. & T.—2000 Bks.

D 4321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6

D 4321

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 947 N Mount ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert E. Jones

(Residence in Baltimore: No. 947 N Mount St.; 1 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... May ..... 7 ....., 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 11 mos. 4 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Child

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Albert E. Jones

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Annie Buckingham

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert E. Jones

(Address) 947 N Mount

APR 13 1917 ROBERT R. KRAUTHER
Filed....., 191.. Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH ..... April ..... 10th ....., 1917
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 30th 1917, to April 10th 1917, that I saw him alive on April 10th 1917, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Measles

..... (Duration) — yrs. — mos. 14 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

..... (Duration) — yrs. — mos. 8 ds.

(Signed) William J. Sherman M. D.

April 12th 1917 (Address) 17 S. N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross	April 13, 1917
20-UNDERTAKER	ADDRESS
Wm. Ewald	307 E. North Ave

Funeral 10 a.m.

Important. See instructions on back of Certificate

Spec.—8-24-14—M. & T.—2000 Blks.

D 4322

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4322

CERTIFICATE OF DEATH.

92

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 McDonough ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Slatum

Residence in Baltimore: No. 917 McDonough St.: 5 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col. a. q.	Single

6-DATE OF BIRTH, Nov. 25th, 1892.
(Month) (Day) (Year)

7-AGE, 24 yrs. 4 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, William Harrison

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ellen Jackson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Nichols

(Address) 917 McDonough St

15- Filed APR 13 1917, 191.... ROBERT R. KRAUTER Registrar

Burial Permit Given

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 11, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 2, 1917, to April 11, 1917, that I saw him alive on April 10, 1917, and that death occurred, on the date stated above, at 11:55 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia,

(Duration) ....yrs....mos. 9 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) 9 yrs. ....mos. 4 ds.

(Signed) Md. C. A. Tarrson M. D.

April 11, 191.7 (Address) 1520 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Wingate P.O. Dorchester Co. Md. DATE OF BURIAL, April 14, 191.7.

20-UNDERTAKER George D. Holland ADDRESS 1631 Druid Hill Ave.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 4323

CERTIFICATE OF DEATH

115 ✓

REGISTERED NO. C 4323

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1711 N. Lexington St. 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Prudence A Duncan

(Residence in Baltimore: No. 1711 N. Lexington St. St.: 66 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	widowed

6 DATE OF BIRTH: Nov. (Month) 25 (Day), 1850 (Year)

7 AGE: 66 yrs. 4 mos. 17 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (State or country): unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. J. Hopkins

(Address) 1711 N Lexington

15 APR 13 1917 ROBERT R. KRAUTER Chief Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 11 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 31st, 1917, to April 11th 1917, that I saw her alive on April 11th, 1917, and that death occurred, on the date stated above, at 6 P. m.
The CAUSE OF DEATH* was as follows:

Cholecystitis Infectious

(Duration) yrs. 1 mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) John Hauff M. D.

April 13, 1917 (Address) 1843 W Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Louden Park	April 14, 1917
20 UNDERTAKER	ADDRESS
Josiah Syfer	1600 W North Ave

N.B.—Every item of information should be given, so that it may be properly classified. Exact age should be given in all cases. In stating CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact age should be given in all cases. In stating CAUSE OF DEATH in plain terms, so that it is very important. See instructions on back of certificate.

Spec.—3-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4324 109 D 4324

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie Lee

(Residence in Baltimore: No. 917 Hilliard alley St.; ....yrs.,.... mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the Word) Widowed

6-DATE OF BIRTH, ... (Month) 20 (Day) 1889 (Year)

7-AGE, 27 yrs. 7 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Lottie Hankins

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Gay

(Address) 917 Hilliard Alley

15- Filed APR 13 1917, 191.... ROBERT R. KRAUTER Registrar

Burial Permit Clerk

important. See instructions on Back of Certificate

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 12, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 9 191 7, to April 12 191 7, that I saw h[illegible] alive on Apr 12 191 7, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Int. Cerebral Hemorrhage

(Duration) ... yrs. 1 mon. ... ds.

CONTRIBUTORY (Secondary) Cellulitis of Abdomen

(Duration) ... yrs. ... mos. 9 ds.

(Signed) Edward A. Sutter M. D.

Apr. 12, 1917. (Address) 1116 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 3 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 917 Hilliard Alley

Former or usual residence 917 Hilliard Alley

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, April 13, 191...

20-UNDERTAKER Felix B. Pyet — ADDRESS 107 E. Mulberry St

Ella Bawser

D 4325 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 4325

CERTIFICATE OF DEATH.

REGISTERED No. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1129 N. Carey ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elvina Bowser

Residence in Baltimore: No. 1129 N. Carey St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Col	Single

6-DATE OF BIRTH, Dec. 11, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 5 mon. 1 ds. If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wilford Bowser

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Amy Smith

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 1129 N. Carey

15- APR 13 1917 Filed, 191... ROBERT R. KRAUTH Registrar.
Burial Permit Issued

CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 11, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ...yrs. ...mos. 5 ds.

CONTRIBUTORY (Secondary) Cold & Exposure

(Duration) ...yrs. ...mos. ...ds.

(Signed) J. Wallis Hall M. D.
(Coroner.)

..., 191... (Address) 6199 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn | DATE OF BURIAL, APR 13 1917

20-UNDERTAKER JAMES H. DENNIS | ADDRESS 1303 PRESTMAN ST.

1916
1975—D 4326

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

(Bradley) 164 D 4326

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 784 Bradley St. 17 Ward) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Davenport

(Residence in Baltimore: No. 607 W. Lanvale St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colo

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June (Month) 15 (Day), 1895 (Year)

7-AGE, 21 yrs. 9 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, John Davis

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Lilley Wright

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Husband

(Address) 607 W. Lanvale

15- APR 13 1917 ROBERT R. KRAUTER

Filed....., 191.... Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

Days Illness

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY Bad Food

(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Mallonee M. D.

(Coroner.)

....., 191... (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cemetery — DATE OF BURIAL, APR 19 1917

20-UNDERTAKER JAMES H. DENNIS — ADDRESS 1303 PRESTMAN ST.

NOTE.—CAUSE OF DEATH in plain terms, so that it may be properly classified. All items important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4327

D 4327

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE. (No. St. Joseph's Hospital 9 WARD) REGISTERED NO. C 115

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Colbert

(Residence in Baltimore: No. 1329 West St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March (Month) (Day) 1890 (Year)

7-AGE, 27 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Wm Colbert

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Mary Okeefe

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos Colbert

(Address) 1329 West St

15- APR 13 1917 Filed 191.

ROBERT R. KRAUTER
Burial Permit Officer.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April 10, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 9 191 , to April 10 191 7, that I saw h in alive on April 1d 191 7, and that death occurred, on the date stated above, at 3 20 p.m.

The CAUSE OF DEATH* was as follows:

General Debilitation

Chronic Nephritis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 2m ds.

(Signed) H. McCullough M. D.

4/10/17 191... (Address) 1 W. Pleasant St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Texas Balto Co — DATE OF BURIAL, April 14, 1917.

20-UNDERTAKER C. A. Wiedefeld & Bro — ADDRESS 1 W Mt St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4328

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D 4328

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1223 N Dallas ST.; 8 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Chase

(Residence in Baltimore: No. 1223 N Dallas st St.; 1 yrs., 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 1 yrs. 5 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work:
(b) General nature of industry, business, or establishment in which employed (or employer):

000

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Alphonso Chase

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Edna Henry

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sadie Henry

(Address) 1223 Dallas St.

15-APR 14 1917

Filed ....., 191.... HARRY C. ANDREWS Clerk

Burial Permit Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 12, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 9 1917, to Apr 12 1917, that I saw h er alive on Apr 9 1917, and that death occurred, on the date stated above, at 6 A M m.

The CAUSE OF DEATH* was as follows:

a. Lobar Pneumonia

(Duration) ..... yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia with Effusion

(Duration) ..... yrs. mos. 10 ds.

(Signed) Walter W White M. D.

April 12, 1917 (Address) 1421 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem Co

DATE OF BURIAL, April 14., 191 7.

20-UNDERTAKER Chas E. Bailey

ADDRESS 1421 Jefferson St

D 4329 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 4329

CERTIFICATE OF DEATH.

151

REGISTERED No. C

1-PLACE OF DEATH Found on lot Cor Gunpowder & Elk St. 21 WARD)

CITY OF BALTIMORE (No.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown

(Residence in Baltimore: No. Unknown St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word)
Female	White	Single

6-DATE OF BIRTH, about April 9th, 1917
(Month) (Day) (Year)

7-AGE, ...yrs.....mos. 1 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none (000)
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed APR 14 1917 191... HARRY C. ARMS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to h.... death on the day stated above.

The CAUSE OF DEATH* was as follows: Premature birth cause Unknown

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) 1 yrs. mos. ds.

(Signed) James M. Kenton M. D.
(Coroner.)

April 11 191.7. (Address) 700 E. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND
DEPARTMENT OF PUBLIC HEALTH

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4330

CERTIFICATE OF DEATH.

151 D 4330

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1636 Eastern Ave ST.; 3 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nowicki

(Residence in Baltimore: No. 1636 Eastern Ave St.; ....yrs.. ....mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, April 12, 1917
(Month) (Day) (Year)

7-AGE, ...yrs....mos....da.
If LESS than 1 day, ...hrs. or 1 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ——— (000)
(b) General nature of industry, business, or establishment in which employed (or employer) ———

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Conrad Nowicki

11-BIRTHPLACE OF FATHER (State or Country), Russia Poland

12-MAIDEN NAME OF MOTHER Pauline Kilar

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Conrad Nowicki
(Address) 1636 Eastern Ave

15-
Filed APR 14 1917, 191.. MARY C. [illegible]
Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 12, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 12 191 7, to April 12 191 7.
that I saw h[illegible] alive on 191 ,
and that death occurred, on the date stated above, at 2¼ P m.
The CAUSE OF DEATH* was as follows:

Hemorrage

(Duration) ....yrs. ....mos. 1 ....da.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....da.

(Signed) W. J. Russell M. D.
April 12, 1917. (Address) 708 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL. ....., 191...
20-UNDERTAKER	ADDRESS

[illegible] Commissioner Health.

Spec.—8-24 Mar.M & T.—2000 Blks.

D 4331

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4331

28

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH 925 S Paca St

CITY OF BALTIMORE: (No. ..... ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William F. Geisendaffer

(Residence in Baltimore: No. 735 S. Paca St. St.; 1 yrs., 7 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	White	Single

6-DATE OF BIRTH, Aug. 26 1915, 1
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 7 mos. 18 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) None (000)

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Geage Geisendaffer

11-BIRTHPLACE OF FATHER (State or Country). Baltimae Md.

12-MAIDEN NAME OF MOTHER Margaret Steinfat

13-BIRTHPLACE OF MOTHER (State or Country). Baltimae Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. May Shriver

(Address) 777 St. Peter St.

15- APR 14 1917, 191.... HARRY O. ANDERS
Filed ..... Registrar.
Burial Permit Issued

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 13, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1917, to April 13 1917, that I saw h— alive on April 12 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary) Measles Nephritis

(Duration) ..... yrs. 1½ mos. ..... ds.

(Signed) [illegible] M. D.

....., 191... (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park Cemetery	April 15, 1917.
20-UNDERTAKER	**ADDRESS**
James Dignan & Son	1000 S. Paca St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4332 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 4332

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 N. Durham St.; 8 WARD)

REGISTERED No. C 120

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augustus Loan

(Residence in Baltimore: No. 1606 N Durham St.; Life yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
male	white	married

6-DATE OF BIRTH, June (Month) 22 (Day), 1846 (Year)

7-AGE, 70 yrs. 9 mos. 21 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cigar Maker (608)
(b) General natnre of industry, business, or establishment in which employed (or employer): Packer

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Loan

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Lizer Harrison

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Elizabeth Loan

(Address) 1606 Durham St.

15- Filed APR 14 1917, 191... HARRY C. ANDREWS Clerical Permit Clerk Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1917, to April 12 1917, that I saw h[illegible] alive on April 11 1917, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) — yrs. — mos. — ds.

(Signed) John Beck M. D.

April 14 1917 (Address) 936 S. Wash[illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Sat. 14, 1917

20-UNDERTAKER Robt J. Turner ADDRESS 1492 Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

D 4333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 4333

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1903 E Biddle ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Crosby

(Residence in Baltimore: No. 1903 E Biddle St.; 60 yrs. 0 mos. 0 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Widowed

6-DATE OF BIRTH, April 4, 1828 (Month) (Day) (Year)

7-AGE, 89 yrs. 0 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Worker (000)
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Moreland

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Thomas Blakeney

(Address) 1903 E. Biddle St.

15- Filed APR 14 1917, 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 12, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 12 1917, to April 12 1917, that I saw h[illegible] alive on April 12 1917, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

..... (Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Senile Infirmities

..... (Duration) ....yrs. ....mos. 4 ds.

(Signed) Chas. Macdonald M. D.

April 13, 1917. (Address) 1500 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross City — DATE OF BURIAL, April 16 1917

20-UNDERTAKER Robt. J. Tanner — ADDRESS 1429 N. Broadway

important. See instructions on back of certificate.

D 4334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 4334

REGISTERED NO. C 6

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Home for the Aged of the H. E. Church St. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Miss Elizabeth A. Plummer

(Residence in Baltimore: No. S. W. Cor. Franklin St & Fulton Ave St. — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Oct (Month) 25 (Day), 1844 (Year)

7 AGE: 72 yrs. 5 mos. 19 ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None (000)
(b) General nature of industry, business, or establishment in which employed (or employer): (000)

9 BIRTHPLACE (State or country): Anne Arundel Co. Md

PARENTS

10 NAME OF FATHER: Brice Plummer

11 BIRTHPLACE OF FATHER (State or country): Anne Arundel Co Md

12 MAIDEN NAME OF MOTHER: Anne Beach

13 BIRTHPLACE OF MOTHER (State or country): Baltimore City

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sr Rebekah Newsom

(Address) Methodist Home for Aged

15 APR 14 1917 Filed, 191 — HARRY C. ARCHER, Burial Permit Clerk, REGISTRAR

N. B.—Every item of information should be carefully sought for and given, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 13 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 12, 1917, to April 13 1917, that I saw her alive on April 12, 1917, and that death occurred, on the date stated above, at 8a m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) — yrs. — mos. 1 ds

Contributory (SECONDARY): Arteria Sclerosis

(Duration) 2 yrs. — mos. — ds.

(Signed) George C. Shannon M. D. April 13, 1917 (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 2 yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? At the Home for the Aged

Former or usual residence " " "

19 PLACE OF BURIAL OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL: Apl 14, 1917

20 UNDERTAKER: Geo J Smith — ADDRESS: 1000 Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4335

CERTIFICATE OF DEATH.

79 D 4335

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary C. Eckert.

(Residence in Baltimore: No. 2551 McHenry, St. 26 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, January 25, 1874
(Month) (Day) (Year)

7-AGE, 43 yrs. 2 mos. 19 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): (37)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Henry George

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Christina Spurlin

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Eckert

(Address) Johns Hopkins Hosp.

15- APR 14 1917 Filed....., 191. HARRY O. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 13, 1917
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 19 1917, to April 13 1917, that I saw h[illegible] alive on April 13 1917, and that death occurred, on the date stated above, at 7.25 p.m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 7 ds.

(Signed) J. B. Mantz M. D.

April 13, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

17-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State 2 yrs. mos. ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 2551 McHenry

18-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, April 16th, 1917.

20-UNDERTAKER J. B. Neufeldt — ADDRESS 2238 Fredk Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4336

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4336

CERTIFICATE OF DEATH.

61

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 617 W. West. ST.; 21 WARD)
REGISTERED No. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elsie Margaret Ziegler
(Residence in Baltimore: No. 617 W West St. St.; 14 yrs. 7 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Sept. 5, 1902
(Month) (Day) (Year)

7-AGE, 14 yrs. 7 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None.

9-BIRTHPLACE, (State or Country), Baltimore Maryland.

PARENTS.

10-NAME OF FATHER, Chas. Ziegler

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Caroline Lindemuth

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Rose Ziegler
(Address) 617 W West

15- APR 14 1917 Filed....., 191.... Jerrold Isaac Clark Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 12, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10 1917, to Apr. 12 1917, that I saw her alive on April 12 1917, and that death occurred, on the date stated above, at 2.30 m. p.m.

The CAUSE OF DEATH* was as follows:
Cerebro-Spinal Meningitis (Epidemic)
(Duration) ....yrs. ....mos. 12 ds.
CONTRIBUTORY (Secondary) None.
(Duration) ....yrs. ....mos. ....ds.

(Signed) W. C. Trautmann M. D.
4/12, 191 7. (Address) 612 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....da. In the State....yrs....mos....da.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Westen Cemetery — DATE OF BURIAL, April 14, 191 7.

20-UNDERTAKER E. Schloman & Son — ADDRESS 1039 Hanover St.

D 4337

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 4337

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1020 Patapsco St. ST. 23 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Louis E. Wetters.

(Residence in Baltimore: No. 1020 Patapsco St.

St.; yrs. 60 mos. 7 ds. 28)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widower.

6-DATE OF BIRTH, August 15th. 1856 (Month) (Day) , 1 (Year)

7-AGE, 60 yrs. 7 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: (040)

(a) Trade, profession, or particular kind of work Laborer in

(b) General nature of industry, business, or establishment in which employed (or employer) Brick yard.

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John G. Wetters.

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Wilhelmina Sonnesborn.

13-BIRTHPLACE OF MOTHER (State or Country) Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John G. Wetters. (brother.)

(Address) 1020 Patapsco St.

15- Filed APR 14 1917 191 HARRY C. ANDREWS Clerk

Burial Permit Issued

N. B. CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 13th. 1917. (Month) (Day) , 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner.)

April 13, 1917. (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Burial 14. 1917.

20-UNDERTAKER E. S. Lehmann Son — ADDRESS 1039 Hanover St.

D 4338 HEALTH DEPARTMENT---CITY OF BALTIMORE D 4338

CERTIFICATE OF DEATH

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 255 E. Hamburg ST. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James R. Catterton

(Residence in Baltimore: No. 255 E. Hamburg St.; — yrs. 6 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: June (Month) 4 (Day) 1916 (Year)

7-AGE: yrs. 10 mos. 8 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None (000)
(b) General nature of industry, business, or establishment in which employed (or employer): (000)

9-BIRTHPLACE (State or country): Calvert Co. Md

PARENTS

10-NAME OF FATHER: Charles Richard Catterton

11-BIRTHPLACE OF FATHER (State or country): Calvert Co. Md.

12-MAIDEN NAME OF MOTHER: Ossie May Mistey

13-BIRTHPLACE OF MOTHER (State or country): Calvert Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles R. Catterton

(Address) 255 E Hamburg St

15- APR 14 1917 Filed ....., 191.....

MARY C. ANDREWS
Serial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 12 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 27, 1917, to, April 12 1917, that I saw h— alive on April 11 1917, and that death occurred, on the date stated above, at 8a m.

The CAUSE OF DEATH was as follows:

Bronchial Pneumonia

(Duration) yrs. ..... mos. 16 ds.

Contributory (SECONDARY) Cabd & Influenza Complic

(Duration) — yrs. 24 mos. — ds.

(Signed) C. Thann M. D.

April 12, 191 7. [Address] 234 Light St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Holland Point Calvert Co. Md. DATE OF BURIAL: April 17 191 7

20-UNDERTAKER: M. J. Flynn ADDRESS: 422 Light St

state CAUSE OF DEATH in plain terms, so that it may be readily understood. See instructions on back of certificate.
TION is very important.

Spec.—8-24-14—M. & T.—2000 Blks.

D 4339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Sq Hospital 4 120 ✓ REGISTERED NO. C D 4339

CITY OF BALTIMORE: (No. Fayette & Calhoun ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Colin H Reynolds

(Residence in Baltimore: No. 325 St Paul St. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widower

6-DATE OF BIRTH, Oct 20, 1851 (Month) (Day) (Year)

7-AGE, 65 yrs. 5 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work. Contractor (b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Loudon County Va

PARENTS.

10-NAME OF FATHER, Jas. F. Reynolds

11-BIRTHPLACE OF FATHER (State or Country) Loudon Co Va

12-MAIDEN NAME OF MOTHER Mary F Weaver

13-BIRTHPLACE OF MOTHER (State or Country). Martinsburg W Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Edna V. Ford

(Address) Apt. B-2 Cumberland Wash.

15- Filed APR 14 1917 191.... MARY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 9 1917, to April 10 1917, that I saw him alive on April 10 1917, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Uremic poison

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic nephritis. (Duration) ....yrs. 3 mos. ....ds.

(Signed) L. L. Thomas M. D.

April 14 191.7. (Address) Franklin Sq. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence 325 St Paul St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Lancaster Pa	4-14, 191.7.
20-UNDERTAKER Robert Borkman	ADDRESS Calhoun & Hollins

CAUSE OF DEATH must be stated in plain terms. Indefinite or local terms of no value. Omissions will cause delay. All items important. See instructions on back of certificate.

S·A·F·E

KODAK

Spec.—8-24-14—M. & T.—2000 Bks.

D 4340

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4340

CERTIFICATE OF DEATH.

64

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 Dyer ST.: 9th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Wells

(Residence in Baltimore: No. 2 Dyer St.; 68 yrs., 0 mos. 30 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widowed

6-DATE OF BIRTH, March 13, 1849 (Month) (Day) (Year)

7-AGE, 68 yrs. 0 mos. 30 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Painter (328)
(b) General nature of industry, business, or establishment in which employed (or employer) (050)

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Henry Wells

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Caroline Walton

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mabel Wells

(Address) 2 Dyer St.

15-

Filed APR 14 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CAUSE OF DEATH. Information is important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 12, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 17 1917, to April 12 1917, that I saw h[illegible] alive on April 11 1917, and that death occurred, on the date stated above, at 10.20 A.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. ds.

(Signed) Herbert Eakin M. D.

April 12, 1917 (Address) 1216 E. Pratt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, April 17, 191.7

20-UNDERTAKER Wm. Cook

ADDRESS 503 E. North Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4341

CERTIFICATE OF DEATH.

79 ✓ D 4341

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1205 Valley ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Hannora Kapp

(Residence in Baltimore: No. 1205 Valley St. St.; 40 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, August (Month) 22 (Day), 1845 (Year)

7-AGE, 71 yrs. 7 mos. 21 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION: (037)

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

9-BIRTHPLACE, (State or Country), Pennsylvania.

PARENTS.

10-NAME OF FATHER, Thomas Brice

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Mary Winck.

13-BIRTHPLACE OF MOTHER (State or Country), Don't know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Honora E. Collins

(Address) 1205 Valley St.

15-

Filed APR 14 1917 191.... MARY C. ANDREWS Burial Permit Registrar.

CAUSE OF DEATH. This line must be filled out. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 10 1917, to April 12 1917, that I saw h.. alive on April 12 1917, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Valvular heart disease

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hypertrophy Chronic

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thomas Nelson M. D.

April 13, 1917. (Address) 1101 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet — DATE OF BURIAL, April 16, 1917.

20-UNDERTAKER Wm. Cook — ADDRESS 602 E North Ave

Nelson

Spec.—8-24-14—M. & T.—2000 Blks.

D 4342

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

115 ✓ D 4342

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gustine Clement

(Residence in Baltimore: No. 1542 Friendsbury Place St.; 5 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, October (Month) 30 (Day) 1885 (Year)

7-AGE, 31 yrs. 5 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: (037)
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) at Home

9-BIRTHPLACE, (State or Country). Brooklyn, New York

PARENTS.

10-NAME OF FATHER, Charles Williams

11-BIRTHPLACE OF FATHER (State or Country), Brooklyn N.Y.

12-MAIDEN NAME OF MOTHER Elizabeth Amanda

13-BIRTHPLACE OF MOTHER (State or Country), Brooklyn N.Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George F. Clement

(Address) 1542 Friendsbury St.

15-

Filed APR 14 1917, 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 12 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from April 11 1917, to April 12 1917, that I saw her alive on April 12 1917, and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH* was as follows:

Emphysema of Gall Bladder

.....

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Wm. C. Johnson M. D.

4/12, 1917 (Address) St Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State 5 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 1542 Friendsbury Place

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
New Cathedral	Apr. 16, 1917
20-UNDERTAKER Wm. Cook	ADDRESS 502 E North Ave

CAUSE OF DEATH should be stated by physician in every case. Information required in items 1 to 15 is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4343

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 4343

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 N. Collington ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josefa Barock

(Residence in Baltimore: No. 907 N. Collington St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, March Known (Month), 1 (Day), ... (Year)

7-AGE, 75 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework (037)
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Andrews

(Address) 907 N. Collington Ave

15- Filed APR 14 1917 191.....

MARY C. ANDREWS
Burial Permit Clerk
Registrar.

CAUSE OF DEATH. important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 1 1917, to Apr. 12, 1917, that I saw h[illegible] alive on Apr. 11 1917, and that death occurred, on the date stated above, at 3.30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (Secondary) Paralysis

(Duration) ..... yrs. ..... mos. 11 ds.

(Signed) S. G. Rogers M. D.

Apr. 13 1917 (Address) 700 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, April 14, 1917

20-UNDERTAKER Frank Cracknell Son

ADDRESS 1906 Eastlake Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 4341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66 D 4341

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 W. Henrietta ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie Mitchell

(Residence in Baltimore: No. 215 W. Henrietta. St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... Apr. (Month) ..... (Day) 1860 (Year)

7-AGE, 55 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): (10)

(17)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Peter Dawkins.

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sophia Forbes

(Address) 215 W. Henrietta st.

15-APR 14 1917 ROBERT B. KRAUTER

Filed ....., 191.... Burial Permit Clerk.
Registrar.

CAUSE OF DEATH must be important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1917, to Apr 9, 1917, that I saw h[er] alive on 11, 1917, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Primary—Paralysis

Immediate—Exhaustion

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) No albumen Kidneys

(Duration) yrs. 3 mos. ds.

(Signed) J. H. Strong M. D.

4/13/1917. (Address) 508 Hanover st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn ct	April 17, 1917
20-UNDERTAKER	ADDRESS
N. E. Brown & Son	1131 Druid Hill st

D 4345

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4345

CERTIFICATE OF DEATH.

167

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Green

(Residence in Baltimore: No. 432 W. Henrietta st

St. 2 yrs., mos. dz.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col.	Married

6-DATE OF BIRTH, ... Dec. 1 ....., 1 .....
(Month) (Day) (Year)

7-AGE, about 1 35 yrs. ..... mos. ..... dz.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Coal trimmer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... (40)

9-BIRTHPLACE, (State or Country), unknown

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Johnson

(Address) 432 W Henrietta st

15- APR 14 1917 ROBERT R. KRAUTER
Filed ....., 191.... Registrar.
Burial Permit Issued

N.B.—Every item should be filled in plain terms, so that it may be properly classified. Each CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 11, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquest ..... (Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.
The CAUSE OF DEATH* was as follows:

Burns accidentally received - camp

..... (Duration) ..... yrs. ..... mos. ..... dz.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... dz.

(Signed) W F Kelly M. D.
(Coroner.)

Apr 13, 1917. (Address) 637 Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... dz. In the State ..... yrs. ..... mos. ..... dz.

Where was disease contracted, if not at place of death? 437 W. Henrietta W.

Former or usual residence 432 W. Henrietta W.

19-PLACE OF BURIAL OR REMOVAL, Jones Station Andrand Co. DATE OF BURIAL, April 14, 1917.

20-UNDERTAKER Geo H Cooper ADDRESS 609 Litt Rock st

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4346

CERTIFICATE OF DEATH.

105

D 4346

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2008 Jefferson ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carolin Hilgeman

(Residence in Baltimore: No. 2008 Jefferson St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Widow

6-DATE OF BIRTH, Feb. 11, 1839 (Month) (Day) (Year)

7-AGE, 78 yrs. mos. 2 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Housework (097)

(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER, Ferdinan Bofmenberg.

11-BIRTHPLACE OF FATHER (State or Country), Germ.

12-MAIDEN NAME OF MOTHER Unkard

13-BIRTHPLACE OF MOTHER (State or Country), Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo G. Hilgeman

(Address) 2008 Jefferson st

15- Filed APR 14 1917 191 ROBERT R. KRAUTER Burial Permit Clerk

CAUSE OF DEATH to be filled in plain terms. Be important. See instructions on back of certificate.

17 32 14

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 13, 1917 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from April 10 1917, to April 13 1917, that I saw h[er] alive on April 13 1917, and that death occurred, on the date stated above, at 3.55 P. m.

The CAUSE OF DEATH* was as follows:

Senile debility

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Dilation

(Duration) yrs. mos. 2 ds.

(Signed) J. Valentine M. D.

April 13, 1917. (Address) 16 S Bentley

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, April 16, 1917.

20-UNDERTAKER Albert E. Fuller ADDRESS 421 n. Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

D 4347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 4347

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 525 Greenwillow ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Arthur

(Residence in Baltimore: No. 525 Greenwillow St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 25, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 9 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None (100)
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Baby —

9-BIRTHPLACE, (State or Country) Baltimore City

PARENTS.

10-NAME OF FATHER, William Arthur

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Elizabeth Chase

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Arthur

(Address) 525 Greenwillow

15- Filed APR 14 1917, 191 ROBERT R. KRAUTER Registrar.

Burial Permit Clerk.

CAUSE OF DEATH: In plain words, give full name of disease or cause. Do not use abbreviations or initials. Do not give mode of dying, as "Collapse," "Heart failure," etc., but the disease or injury which caused death or which produced the fatal symptoms. If from accident, violence, or casualty, state the nature of the injury and the means by which it was received. If from any cause dependent upon pregnancy, state the fact. If a woman, whether single, married, or widowed. In all cases of violence, whether accidental, suicidal, or homicidal, the coroner must be notified before any certificate is issued. Physicians are required to report to the Health Department the existence of any infectious, contagious, or communicable disease coming under their professional care, and the date of first visit. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ~~June~~ April 12, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 10 1917, to April 12 1917, that I saw her alive on April 12 1917, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Samuel A. Gore M. D.

April 13 1917 (Address) 237 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, 4/14, 1917

20-UNDERTAKER Samuel S. Hemsley ADDRESS 1781 N. Bridge

Spec.—8-24-14—M. & T.—2000 Bks.

D 4348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 4348

REGISTERED No. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1355 N Carey ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James A. Wilson

(Residence in Baltimore: No. 1355 N. Carey St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug. 10, 1898 (Month) (Day) (Year)

7-AGE, 18 yrs. 8 mos. 2 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Janitor (86)
(b) General nature of industry, business, or establishment in which employed (or employer): Office Bldg. (835)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James A Wilson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Sallie Reeder,

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary Wilson

(Address) 1355 N Carey St.

15- APR 14 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

CAUSE OF DEATH must be plainly stated. Every item important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 12, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1917, to April 12 1917, that I saw h[illegible] alive on April 11 1917, and that death occurred, on the date stated above, at 6 PM.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 3 yrs. mos. ds.

(Signed) Wm H Wangler M. D.

April 12, 1917 (Address) 1209 Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel — DATE OF BURIAL, April 14, 1917

20-UNDERTAKER Clarence E Wright — ADDRESS [illegible]

D 4349

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

172 D 4349

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 906 Broward ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia C. Fox

(Residence in Baltimore: No. 906 Broward St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Col'd	Single

6-DATE OF BIRTH, ... (Month) Autumn, (Day) 1912 (Year)

7-AGE, 5 yrs. Autumn mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... at school
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James Chambers

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Selma Fox

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 906 Broward

15- Filed APR 14 1917, 191.... ROBERT R. KRAUTER Registrar

Burial Permit

N.B.—Every item of information should be given, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Concussion of the Brain (accident) (Duration) yrs. 4 mos. 1 ds.

CONTRIBUTORY (Secondary) Face Down Stab Wound (Duration) yrs. mos. ds.

(Signed) J. H. Millstein M. D.

Oct. 12, 1917. (Coroner.) (Address) 1918 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St Luke cemetery Reisterstown Md. DATE OF BURIAL, April 15 1917.

20-UNDERTAKER John H Owens ADDRESS 5-38 Dolphin St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4350

CERTIFICATE OF DEATH.

15 D 4350

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 W. Lanvale ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leroy William Truett

(Residence in Baltimore: No. 613 W. Lanvale St.; ..... yrs. ..... mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	infant

6-DATE OF BIRTH, ... April (Month) 9 (Day) 1917 (Year)

7-AGE, ... yrs. ..... mos. 3 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Infant (000)
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jermiah Truett

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Louisa Hardman

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jermiah Truett

(Address) 613 W Lanvale St

15- APR 14 1917 Filed ....., 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

CAUSE OF DEATH. Be plain and definite. Be important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 12th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 9th 1917, to April 12th 1917, that I saw h.. alive on April 11th 1917, and that death occurred, on the date stated above, at 6.00 p.m.

The CAUSE OF DEATH* was as follows:

1 Pneumonia

2 Edema of Lungs

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Geo. W. Lauxmann M. D.

April 13th, 1917 (Address) 2215 Wilson Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... dt. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn cemetery	April 14 1917
20-UNDERTAKER John Hamm	ADDRESS 538 Dolphin St

Gertrude Butler

D 4351

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 131 N. Bruce St ST.: 19 WARD)

2-FULL NAME Gertrude Butler

(Residence in Baltimore: No. 131 N. Bruce St St.; 25 yrs. — mos. 26 ds.)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: March (Month) 18 (Day) 1892 (Year)

7-AGE: 25 yrs. — mos. 26 ds. If LESS than 1 day, — hrs., or — min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House Wife (037)
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Rockhall Md U.S.A.

PARENTS

10-NAME OF FATHER: Richard Clarkson

11-BIRTHPLACE OF FATHER (State or country): Rockhall Md

12-MAIDEN NAME OF MOTHER: Fanny Stuart

13-BIRTHPLACE OF MOTHER (State or country): Rockhall Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Fred Butler

(Address) 131 N Bruce St

15- APR 14 1917

Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March, 1917, to, April 13 1917, that I saw h.. or alive on April 13 1917, and that death occurred, on the date stated above, at 11.50 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
Uremia

Unknown (Duration) yrs. mos. ds.

Contributory (SECONDARY) Pregnancy 3 months
Uremic Coma
(Duration) yrs. mos. 3 ds.

(Signed) Alfred Whitehead M. D.

April 14 1917. [Address] 1213 Madison Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Rock Hall Md — DATE OF BURIAL: April 18, 1917

20-UNDERTAKER: Walter Brown — ADDRESS: 306 N. Howard St

R. S. — [illegible] may be [illegible] property [illegible] certificate.

state CAUSE OF DEATH in plain terms, so that it may [illegible]
TION is very important. See instructions on back of certi[illegible]

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 4352

CERTIFICATE OF DEATH

28 D 4352

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 610 Burgundy. St. 22 WARD)

(If death occured a hospital or Institut give its NAME instead street and number a fill out No. 18.)

2 FULL NAME Clara Cross

(Residence in Baltimore: No. 610 Burgundy St.: 30 yrs. 2 mos. 1 da

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Fractions of a year or month must be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: October 17, 1882 (Month) (Day) (Year)

7 AGE: 34 yrs. 6 mos. 4 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laundress (041)
(b) General nature of indn try, business, or establishment in which employed (or employer): Pd Occupation (244)

9 BIRTHPLACE (State or country): Virginia

PARENTS

10 NAME OF FATHER: Louisa Duncan

11 BIRTHPLACE OF FATHER (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Thomas Cross

13 BIRTHPLACE OF MOTHER (State or country): Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Walter C Bacon

(Address) 100 E 20th St

15

Filed APR 14 1917 ROBERT R. KRAUTER Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April 11 (Month) (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased fro April 2 1917 to April 11 1917 that I saw her alive on April 11 1917 and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) About 4 yrs. mos.

Contributory (SECONDARY) Cardiac Failure

(Duration) yrs. mos. 2

(Signed) Walter C Bacon M.

12 April, 1917 (Address) 100 E 20th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUS state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. .....

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: April 14, 1917

20 UNDERTAKER: Gilbert Browns — ADDRESS 306 or Mount St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 4353

CERTIFICATE OF DEATH.

D 4353

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 102 N Carlton St.; 18 WARD) REGISTERED NO. C

2-FULL NAME Geo E Hall

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

(Residence in Baltimore: No. 102 n Carlton St.; 27 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) Jan (Day) 1 (Year)

7-AGE, 27 yrs. mos. dys.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter (040)
(b) General nature of industry, business, or establishment in which employed (or employer): Sergeant

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Nelson Hall

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Cornelia Chase

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jane Hall

(Address) 2025 Boone St.

15- Filed APR 14 1917, 191.. ROBERT R. KRAUTER Registrar.

CAUSE OF DEATH must be plainly stated. Every item important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apl. 13, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apl 13 191 7, to Apl 13 191 7, that I saw h alive on Apl 12 191 7, and that death occurred, on the date stated above, at 1 a.m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

Asthma (Duration) yrs. mos. ds.

CONTRIBUTORY. Pulmonary Abscess
(Secondary)

(Duration) yrs. mos. ds.

(Signed) E Norwood M. D.

Apl 13, 191.. (Address) 739 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, April 17 191 7

20-UNDERTAKER Gilbert Brown — ADDRESS 306 N. Mont st.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4354

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4354

CERTIFICATE OF DEATH.

29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 783 N Saratoga St.; 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie R Hayes

(Residence in Baltimore: No. 783 N Saratoga St.; 52 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widow

6-DATE OF BIRTH, ... (Month) unknown, 1 (Day) ..... (Year)

7-AGE, 52 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) Pt Occupation

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Peter Sheppard

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Mullin

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E Sheppard

(Address) 783 N Saratoga

15- Filed APR 14 1917, 191.. ROBERT B. KRAUTER Registrar

Burial Permit Issued

CAUSE OF DEATH must be plainly written and important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 12, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 12 1917, to April 12 1917, that I saw h..... alive on April 11 1917, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Cystitis Duration

of Ureters

(Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) J Norwood M. D.

April 14, 1917. (Address) 939 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, April 16 1917

20-UNDERTAKER Hilbert Brown — ADDRESS 3060 Mount St.

Spec.—8-24-14—M. & T.—2000 Blks.

D 4355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 D 4355

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 929 Harford Ave ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Burns

(Residence in Baltimore: No. 929 Harford Ave St.; 52 yrs., \ mos. \ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, ... Not known (Month) ....., 1 (Day) ..... (Year)

7-AGE, about 66 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John O'Rourke

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary F. Hess

(Address) 929 Harford Ave

15- Filed APR 14 1917 191.. ROBERT R. KRAUTER Registrar.

Burial Permit 01611

CAUSE OF DEATH to be plainly written. Every question must be answered if important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 24 1917, to April 12 1917, that I saw h[er] alive on April 12 1917, and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

..... Acute Dilatation of Heart

.....

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ... Arteriosclerosis

..... (Duration) ... ? ... yrs. ..... mos. ..... ds.

(Signed) ..... Wm. Pearce M. D.

Apl. 13, 1917. (Address) ..... 1 E. Preston .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, Apr. 14, 1917

20-UNDERTAKER Henry Horek Son — ADDRESS 1201 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

Patrick Mc Tague

D 4356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH Franklin Sq. Hospital

CITY OF BALTIMORE: (No. Fayette & Calhoun ST.; 18 WARD)

2-FULL NAME Mr Patrick McTague

(Residence in Baltimore: No. 323 S. Appleton St.; 25 yrs., mos. ds.)

11 4/12 D 4356

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. March 10, 1869. (Month) (Day) (Year)

7-AGE. 48 yrs. 1 mos. 3 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Foreman for (86)
(b) General nature of industry, business, or establishment in which employed (or employer): Swift Beef Co. (625)

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Hugh McTague

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Brady

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ellen McTague

(Address) 323 S. Appleton St

15- APR 14 1917 Filed ROBERT R. KRAUTER Burial Permit Clerk Registrar

CAUSE OF DEATH is given below. Items are important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April, 13, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 2 1917, to April 13, 1917, that I saw h[illegible] alive on April 13 1917, and that death occurred, on the date stated above, at 7:30 P.m.

The CAUSE OF DEATH* was as follows:

Abdominal peritonitis

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY, (Secondary) Rupture of gall bladder (Duration) yrs. mos. 6 ds.

(Signed) J. L. Marrow M. D.

April 13 1917. (Address) Franklin Sq. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Cathedral Cemetery	April 16, 1917.
20-UNDERTAKER John J. Govan & Son	ADDRESS 901 Hollins St

Spec.—8-24-14—M. & T.—2000 Bks.

D 4357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

17 D 4357

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 N. Stanford ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Thomas Wallstrum

(Residence in Baltimore: No. 1717 N. Stanford ave. St.; 4 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Child

6-DATE OF BIRTH, December 22d 1903
(Month) (Day) (Year)

7-AGE, 13 yrs. 3 mos. 13 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... (000)
(b) General nature of industry, business, or establishment in which employed (or employer) Child

(000)

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, William Lee Wallstrum

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Georgianna Chalk

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amelia E. Smith M.D.

(Address) 1717 Stanford Ave

15- APR 14 1917 Filed ....., 191.... ROBERT R. KRAUTER Registrar.

CAUSE OF DEATH in plain words. Do not use abbreviations or technical terms. Be particular and give all information important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 13, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 20 1916, to April 12th 1917, that I saw him alive on April 12th 1917, and that death occurred, on the date stated above, at 12 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Dr. of Org. and Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Amelia E. Smith M. D.

April 13 1917. (Address) 1717 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, April 16th 1917

20-UNDERTAKER George J. Rusk ADDRESS 1735 Hanford Ave

Spec.—5-24-14—M. & T.—2000 Blks.

D 4358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 4358

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2136 Harford Av ST.; 9 WARD)
REGISTERED No. C
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew William Schmidt
(Residence in Baltimore: No. 2136 Harford Av St.; 64 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, August (Month) 21 (Day), 1853 (Year)

7-AGE, 63 yrs. 8 mos. 8 ds.
If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher (013)
(b) General nature of industry, business, or establishment in which employed (or employer): Butcher

9-BIRTHPLACE, (State or Country) Echethausen, Germany

PARENTS.
10-NAME OF FATHER, Johann Schmidt
11-BIRTHPLACE OF FATHER (State or Country), Unknown
12-MAIDEN NAME OF MOTHER Unknown
13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Chas. F. Schmidt
(Address) 3030 Harford Road

15- Filed APR 14 1917, 191. ROBERT R. KRAUTER Registrar.
Burial Permit

CAUSE OF DEATH. Physicians are required to report the CAUSE OF DEATH in accurate, full and specific terms. Indefinite and unsatisfactory terms, such as "Debility," "Old Age," "Exhaustion," "Heart Failure," "Convulsions," "Cancer," "Tumor," "Fever," "Abscess," "Child-birth," "Accident," "Injury," "Fracture," without explaining words, are unsatisfactory and will be returned for correction. Consult your Health Officer if you are in doubt as to the proper terms to use. Be sure to answer all questions relating to violent deaths. Write plainly and use ink. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15 1914, to April 13 1917, that I saw him alive on April 13 1917, and that death occurred, on the date stated above, at 12:20 P m.

The CAUSE OF DEATH* was as follows:
Cerebral Haemorrhage (1st)
Hemiplegia (L) Duration 3 yrs
Suppuration Sinus
(Duration) yrs. mos. 3 ds.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Chas. H. Judd M. D.
4/13, 191. 7 (Address) 1701 Madison Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, April 16th, 1917.
20-UNDERTAKER Geo J. Rust ADDRESS 1735 Harford Av

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4359

CERTIFICATE OF DEATH.

92 D 4359

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 9 ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gorden Holter.

(Residence in Baltimore: No. 3606 Old York Road St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. December 12, 1916.
(Month) (Day) (Year)

7-AGE. ..... yrs. 4 mos. — ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child (000)
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country). Maryland.

PARENTS.

10-NAME OF FATHER. George Holter.

11-BIRTHPLACE OF FATHER (State or Country). Maryland.

12-MAIDEN NAME OF MOTHER. Anna Lis.

13-BIRTHPLACE OF MOTHER (State or Country). Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Chester Snyder

(Address) Johns Hopkins Hospital.

15- APR 14 1917 Filed ....., 1917 ROBERT B. KRAUTER Burial Permit Clerk Registrar.

CAUSE OF DEATH in plain terms. If uncertain, say so. Every item important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 12, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 4 1917, to April 12 1917, that I saw him alive on April 12 1917, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) 0 yrs. 0 mos. 11 ds.

CONTRIBUTORY (Secondary) Hydrocephalus

(Duration) 0 yrs. 4 mos. 0 ds.

(Signed) O. C. W. Smith M. D.

April 14, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 8 ds. In the State ..... yrs. 4 mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 3606 Old York Road

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Pinacular Conception Cem. Towson	April 14th, 1917.
20-UNDERTAKER George F. Ruth	ADDRESS 735 Harford Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4360

CERTIFICATE OF DEATH.

79 ✓ D 4360

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Gibson

(Residence in Baltimore: No. 127 Upton St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word)
Female	Black	Widow

6-DATE OF BIRTH, Nov. 30, 1873
(Month) (Day) (Year)

7-AGE, 43 yrs. 4 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): "

(841) (841)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Henry Ebs

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Lydia Parker

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rec'd Mercy Hosp

(Address) Calvert St.

15- Rec'd APR 14 1917, 191.. ROBERT R. KRAUTER Registrar. Burial Permit Clerk

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 12, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 31 1917, to Apr 12 1917, that I saw h[illegible] alive on Apr. 12 1917, and that death occurred, on the date stated above, at 7:10 a. m.

The CAUSE OF DEATH* was as follows:

Uremic Poisoning

Not Given

(Duration) mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) Not Given yrs. mos. ds.

(Signed) Edward T. Samuel M. D.

Apr. 12, 1917. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 13 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 127 Upton St

Former or usual residence 127 Upton St

19-PLACE OF BURIAL OR REMOVAL: St Peter Cemetery — DATE OF BURIAL, Apr 16, 1917

20-UNDERTAKER: Joseph A Farrell — ADDRESS 2319 Division

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4361

CERTIFICATE OF DEATH.

89 D 4361

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 929 S. Ellwood Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ryland P. Loveley

(Residence in Baltimore: No. 929 S. Ellwood Ave St.; ...yrs., mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Dec. (Month) 18th (Day), 1914 (Year)

7-AGE, 2 yrs. 3 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION: (000)
(a) Trade, profession, or particular kind of work: None (000)
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, H. Fillmore Loveley

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Florence Hammack

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Fillmore Loveley

(Address) 929 S. Ellwood Ave

15- APR 14 1917 Filed....., 191.... ROBERT B. KRAUTHER Registrar.

CAUSE OF DEATH in plain terms. Every item is important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 12 1917, to April 13 1917, that I saw him alive on April 12 1917, and that death occurred, on the date stated above, at 12 M. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ...yrs. ...mos. 1 ds.

CONTRIBUTORY (Secondary) Asphyxia

(Duration) ...yrs. ...mos. 1 ds.

(Signed) A. Warriner M. D.

April 14, 1917. (Address) 3048 O'Donnell Sq.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lodge Landing Northumberland Co. Va. DATE OF BURIAL, April 16 1917

20-UNDERTAKER L. Sander & Sons ADDRESS 1710 Pratt

Spec.—8-24-14—M. & T.—2000 Bks.

D 4362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119 ✓ D 4362

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 604 S. Ann ST.; ✓ WARD) REGISTERED No. C

2-FULL NAME Leokadia Kolakowska

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 604 S. Ann St.; 2 yrs., 4 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Aug (Month) 16" (Day), 1914 (Year)

7-AGE, 2 yrs. 7 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child (000)
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Adolph Kolakowski

11-BIRTHPLACE OF FATHER (State or Country). Russia Poland

12-MAIDEN NAME OF MOTHER Josepa Pinpirk.

13-BIRTHPLACE OF MOTHER (State or Country), Russia Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Adolph Kolakowski

(Address) 604 S. Ann St

15- APR 14 1917 ROBERT B. KRAUTER

Filed....., 191... Registrar.

CAUSE OF DEATH in plain terms. If a child, state whether born alive. Also if a woman, whether married, widowed or single, and if recently delivered, whether child is living or dead. All these facts are important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20 1917, to April 13 1917, that I saw h~~er~~ alive on April 13 1917, and that death occurred, on the date stated above, at 3 30 p. m.

The CAUSE OF DEATH* was as follows:

Acute nephritis

Gradual Onset (Duration) yrs. ca 2 mos. ~~ds.~~

CONTRIBUTORY (Secondary) Oedema of lungs

(Duration) yrs. mos. ds.

(Signed) M. J. Sadowski M. D.

April 13, 1917. (Address) 24 S. Paca St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St. Stanislaus. DATE OF BURIAL. Apr. 15, 1917.

20-UNDERTAKER M. J. Sadowski. ADDRESS 705 S. Ann

Spec.—8-24-14—M. & T.—2000 Bks.

D 4363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 79 D 4363

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Markel

(Residence in Baltimore: No. 8 S Highland ave St.; ....yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. fem

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, ...(Month) Sept....; 7, (Day) 1851 (Year)

7-AGE, 66 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. HW (037)
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Joseph Markel

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Margaret Hamalite

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno. Markel

(Address) 8 S Highland Ave

15- APR 14 1917 ROBERT R. KRAUTHER

Filed ....., 191.. Registrar.

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 12, (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 27 1917, to Apr 12 1917, that I saw h. alive on Apr 12 1917, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chron. Myocarditis

(Duration) ....yrs. unknown mos. ....ds.

CONTRIBUTORY. (Secondary) Lipoma of back

(Duration) 30 yrs. ....mos. ....ds.

(Signed) W Lincoln London M. D.

Apr. 14, 191.7 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. 15 ds. In the State 66 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 8 S Highland ave

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery

DATE OF BURIAL, Apl 15..., 191.7.

20-UNDERTAKER J E Hughes

ADDRESS 17 S Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

D 4364 Reilly

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4364

CERTIFICATE OF DEATH.

50

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1936 E. Fayette ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hugh Reilly

(Residence in Baltimore: No. 1936 E. Fayette St.; 40 yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) Aug. ..... (Day) 4, ... (Year) 1860

7-AGE, 56 yrs. 8 mos. 9 da.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Hotel Proprietor
(b) General nature of industry, business, or establishment in which employed (or employer).....

(1830) (086)

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Francis Reily

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margaret Casey

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... George Reily .....

(Address)..... 2613 Shirley Ave. .....

15- ROBERT R. KRAUTER APR 14 1917

Filed..... 191.....

Burial Permit Clerk Registrar.

CAUSE OF DEATH in plain terms, so that it may be understood. All items important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) April ..... (Day) 13, ... (Year) 1917.

17- I HEREBY CERTIFY, That I attended deceased from April 12 1917, to April 13 1917, that I saw h.im alive on April 12 1917, and that death occurred, on the date stated above, at 5.55 a. m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of Heart from Myocarditis

..... (Duration) ..... yrs. 1 mos. ..... da.

CONTRIBUTORY (Secondary) Diabetes Mellitus Not known

..... (Duration) ..... yrs. ..... mos. ..... da.

(Signed) C. W. Kraus M. D.

4/13, 191.7 (Address) 2100 W. North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. | DATE OF BURIAL, April 16, 191.7.

20-UNDERTAKER Jos. J. Kerr | ADDRESS 156 N. Eutaw ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 4365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 4365

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 S. Wolfe ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph H. Schepar.

(Residence in Baltimore: No. 617 S. Wolfe St. St.; 1 yrs., 1 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Feb. 26 Th. 1916, 1
(Month) (Day) (Year)

7-AGE, 1 yrs. 1 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Frank H. Scheper.

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Mary Rieselman.

13-BIRTHPLACE OF MOTHER (State or Country), Balto. MD.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank H. Scheper.

(Address) 617 S. Wolfe St.

15- Filed APR 14 1917, 191 ROBERT R. KRAUTER Burial Permit Clerk
Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 12, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 2 1917, to April 12 1917, that I saw h alive on Apr 12 1917, and that death occurred, on the date stated above, at 12 30 P.M.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

Primary (Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

April 12, 1917. (Address) 1910 Eastern Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Alphonsus Cemetery	April 14, 1917
20-UNDERTAKER	ADDRESS
Lilly & Zeiler 403 S.	Wolfe St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4366

D 4366

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 McMechen ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Montgomery Harris Cooper

(Residence in Baltimore: No. 406 McMechen St ST.; ....yrs., 7 mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH. May 22nd (Month), (Day), 1837 (Year)

7-AGE, 79 yrs. 11 mos. 9 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework (037)
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore County

PARENTS.

10-NAME OF FATHER, John B H Sutton

11-BIRTHPLACE OF FATHER (State or Country). West Virginia

12-MAIDEN NAME OF MOTHER Anne Somerville Harris

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..John Overman and Jacob

(Address)..406 McMechen St

15-

Filed APR 14 1917 191.....

ROBERT R. KRAUTER
Burial Permit Clerk. Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Omissions important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 1st 1917, to April 13 1917, that I saw h.r alive on April 12th 1917, and that death occurred, on the date stated above, at 7.40 a. m.

The CAUSE OF DEATH* was as follows:

Cancer of right breast

about 8

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Jas. Mc. Geraghill M. D.

April 13, 1917 (Address) 1800 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Greenmount Cem	4-15, 1917
20-UNDERTAKER Henry W. Jenkins & Son	ADDRESS Edward McCausland

D 4367

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 D 4367

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2233 Mondawmin Ave St.) (15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gustav. A Kaufman

(Residence in Baltimore: No. 2233 Mondawmin Ave St.; 95 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: October 28, 1865 (Month) (Day) (Year)

7-AGE: 61 yrs. 6 mos. 15 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Ladies Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): " . (88)

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Henry Kaufman

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Sophie Rothwald

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bertha Kaufman

(Address) 2233 Mondawmin Ave

15- APR 14 1917 ROBERT R. KRAUTER Burial Permit Issued Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April - 12th, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 9th, 1917, to April 12th 1917, that I saw him alive on April 11th 1917, and that death occurred, on the date stated above, at 8 a.m. The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) yrs. mos. 5 ds

Contributory (SECONDARY) Cardiac dilatation sudden

(Duration) yrs. mos. ds.

(Signed) I. W. Kerr M. D.

April 13th, 1917. (Address) 1938 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Hebrew Cem. DATE OF BURIAL: April 15 1917

20-UNDERTAKER: Jahrens Co, ADDRESS: 16 W Madison

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4368

110 D 4368

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2135 Homewood ave ST.; 17 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William George Mantz

(Residence in Baltimore: No. 2135 Homewood ave St.; 3 yrs., 11 mos 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. May (Month) 6 (Day) 1913 (Year)

7-AGE. 3 yrs. 11 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work..... None (000) (b) General nature of industry, business, or establishment in which employed (or employer)..... (000)

9-BIRTHPLACE, (State or Country), Balto. md

PARENTS.

10-NAME OF FATHER. George C. Mantz

11-BIRTHPLACE OF FATHER (State or Country). Balto. md

12-MAIDEN NAME OF MOTHER Mary V. Mester

13-BIRTHPLACE OF MOTHER (State or Country). Balto md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Geo. C. Mantz

(Address) 2135 Homewood Ave

15- APR 14 1917 Filed....., 191.... ROBERT P. KRAUTER Burial Permit Clerk. Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 13 (Month) (Day), 1917. (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 26 1917, to April 13 1917. that I saw him alive on April 13 1917. and that death occurred, on the date stated above, at 5.20 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Paralysis

(Duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) yrs. mos. 4 ds.

(Signed) W. J. Gomez M. D.

April 14, 191.7. (Address) 6 E. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery. DATE OF BURIAL, Apr. 15, 191.7.

20-UNDERTAKER Henry Storck Son ADDRESS 1301 E Baltimore St

Spec.—8-24-14—M. & T.—2000 Blks.

John Sella.

D 4369

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 D 4369

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 N. Glover ST.; 7 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Sella

(Residence in Baltimore: No. 616 N. Glover St.; 20 yrs., 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, November 2, 1859.
(Month) (Day) (Year)

7-AGE, 57 yrs. 5 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Granite-cutter
(b) General nature of industry, business, or establishment in which employed (or employer): (075)

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Frederick Herzog

(Address) 616 N. Glover St.

15- APR 14 1917 Filed....., 191.... ROBERT R. KRAUTER

Burial Permit Issued

CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 11th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1917, to April 11, 1917, that I saw him alive on April 11, 1917, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Pneumonia

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Eugene LiPassano M. D.

April 13, 1917. (Address) 734 E. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State 20 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	April 16 1917
20-UNDERTAKER	ADDRESS
Chas J Wasmuth	217 N. Fulton

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4370

CERTIFICATE OF DEATH.

154 D 4370

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 Myrtle Ave St.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Watkins

(Residence in Baltimore: No. 1414 Myrtle Ave St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, unknown, 1 (Month) (Day) (Year)

7-AGE. about 90 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

(630) (000)

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Wm. Watkins

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) John A Bishop

(Address) 1107 Druid Hill Ave

15- APR 14 1917 ROBERT R. KRAUTER

Filed....., 191.... Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 12th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 20th 1917, to Mar 21st 1917, that I saw h m alive on Mar. 21 1917, and that death occurred, on the date stated above, at 1.30 A. m.

The CAUSE OF DEATH* was as follows:

Old age & general debility

(Duration) unknown ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Alan Baker M. D.

April 14, 1917 (Address) 700 W Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn Cemetery

DATE OF BURIAL. April 14 1917

20-UNDERTAKER J A Bishop

ADDRESS 1107 Druid Hill Ave

Spec.—8-24-14—M. & T.—2000 Bkr.

D 4371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

51 D 4371

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq Hosp. ST.; 9 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Lillie Meyers

(Residence in Baltimore: No. 1837 Asquith St. St.; 39 yrs., 9 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, July (Month) 1 (Day), 1877 (Year)

7-AGE, 39 yrs. 9 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at Home (037)
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Charles Jording

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elisa Andre

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary L Lear

(Address) 1700 Asquith St.

15- APR 14 1917 Filed, 191.. ROBERT R. KRAUTER Registrar. Burial Permit Given.

CAUSE OF DEATH to be plain terms, so that it may be properly important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 10 1917, to April 13 1917, that I saw her alive on April 13 1917, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Exophthalmic goitre

(Duration) 2 yrs. ....mos. ....ds.

(Signed) Harvey Gaskill M. D.

4-13, 191.7. (Address) 1508 Mt Royal Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Residence

Former or usual residence 1837 Asquith St

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery DATE OF BURIAL, April 16, 1917

20-UNDERTAKER Chas. G. Black ADDRESS 120 W. Mulberry St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4372

CERTIFICATE OF DEATH.

28 D 4372

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1129 Brusen ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Grayson

(Residence in Baltimore: No. 1129 Brusen St.; ....yrs.,.... mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH. July 12, 1855 (Month) (Day) (Year)

7-AGE. 61 yrs. 9 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Laborer (504) (b) General nature of industry, business, or establishment in which employed (or employer): (074)

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, William Grayson Sr

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Mary Codge

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grace Grayson

(Address) 1127 Brusie St

15- APR 15 1917 Filed ....., 191.... ROBERT B. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 12, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1917, to April 12 1917, that I saw her alive on April 11 1917, and that death occurred, on the date stated above, at 10.50 p. m.

The CAUSE OF DEATH* was as follows: Bronchitis J B

.....

.....

..... (Duration) ....yrs. ....mos. 12 ds.

CONTRIBUTORY (Secondary) Pneumonia

..... (Duration) ....yrs. ....mos. 12 ds.

(Signed) C. H. Thorden M. D.

April 14, 1917. (Address) 1112 S. Stricker

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Ct — DATE OF BURIAL, April 15, 1917

20-UNDERTAKER J. L. Brown & Son — ADDRESS 1201 Mont

CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Frank Corum

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4373 + 1 ✓ D 4373

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Corum.

(Residence in Baltimore: No. Ellicott City, Md St.; ....yrs., ...mos. ....ds.)

8

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1893 (Year)

7-AGE, 24 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer (040)
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER. Albert Corum

11-BIRTHPLACE OF FATHER (State or Country). Va.

12-MAIDEN NAME OF MOTHER Fannie Jeffres

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rhonda

(Address) University Hospital

15-

Filed APR 15 1917, 191.... ROBERT B. KRAUTER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 14, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/17 1917, to 4/14 1917, that I saw h[illegible] alive on 4/6/4 1917, and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) ....yrs. 1 mos. 14 ds.

CONTRIBUTORY (Secondary) None

(Duration) ....yrs. ....mos. ....ds.

(Signed) Rud Klein M. D.

4/14, 1917 (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 28 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence Ellicott City, Md

19-PLACE OF BURIAL OR REMOVAL, New Baltimore Cemetery Virginia — DATE OF BURIAL, Sun. April 15 1917.

20-UNDERTAKER Easter Sons Virginia — ADDRESS Ellicott City

N.B. CAUSE OF DEATH in plain terms, so that it may be properly classified. Indefinite terms, such as "Debility," "Old Age," "Natural Causes," etc., are useless and misleading. Every effort should be made to obtain a definite statement of the

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4374

CERTIFICATE OF DEATH.

43 ✓ D 4374

1-PLACE OF DEATH. CITY OF BALTIMORE: (No. Windsor Mills Rd. 17th St.; 15 Ward) REGISTERED NO. C.....

2-FULL NAME Flora Levin Abramson (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. Windsor Mills Rd. 17th St.; ....yrs. ....mos. ....da.)
Windsor Mills Rd & Tyndhurst Ave

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 27 (Day), 1878 (Year)

7-AGE, 38 yrs. 10 mos. 16 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work. None (032)
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Harris Levin

11-BIRTHPLACE OF FATHER (State or Country). Europe

12-MAIDEN NAME OF MOTHER. Deborah Rosenau

13-BIRTHPLACE OF MOTHER (State or Country). Europe

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Abraham

(Address) Windsor Mills Rd. 17th St.

15-

Filed APR 15 1917 191.....

ROBERT B. KRAUTER
Burial Permit Register

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 12 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 15 1915, to April 12 1917, that I saw her alive on April 12th 1917, and that death occurred, on the date stated above, at 5 30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast
Carcinomatosis i. Spinal
metastasis following
Carc. breast (Duration) Op'n'd 16 mos yrs. mos. 24 ds.

CONTRIBUTORY (Secondary) Metastases (Carc.)
(Duration) 1 yrs. 4 mos. ds.

(Signed) Louis L. Hamburger M. D.

April 13, 1917. (Address) 1207 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Hebrew Friendship — DATE OF BURIAL. Apl 15 1917

20-UNDERTAKER D. Goldheim — ADDRESS 1130 Mt Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each question important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6d D 4375

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 N.Calvert Street. St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Loker Mebb.

(Residence in Baltimore: No. 1010 N.Calvert Street. St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Unknown (Month) (Day) 1834 (Year)

7-AGE, 82 yrs....mos....ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired (086)
(b) General nature of industry, business, or establishment in which employed (or employer): Justice of Peace

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, William Mebb

11-BIRTHPLACE OF FATHER (State or Country) Maryland.

12-MAIDEN NAME OF MOTHER Precella Machel

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Frances M.Jackson

(Address) 1010 N.Caroline St.

15- Filed APR 15 1917, 191.... ROBERT B. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 13th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 12 1917, to April 13 1917, that I saw h[illegible] alive on April 13 1917, and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Left Sided Paralysis

(Duration) ....yrs....mos. 3 ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis

(Duration) ....yrs....mos....ds.

(Signed) [illegible] M. D.

April 14, 1917. (Address) 2 West St. Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cem	April 15, 1917
20-UNDERTAKER	ADDRESS
Chas. P. Wanstron	1182 West Royal

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each item important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 4376

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST.; 14 WARD) REGISTERED NO. C

2-FULL NAME Laurence J. Sherry (Chevy)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Residence in Baltimore: No. 1409 Bel Royal Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, ... June (Month) 2 (Day), 1862 (Year)

7-AGE, 54 yrs. 9 mos. 11 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) .....

(009)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Martin J. Sherry

11-BIRTHPLACE OF FATHER (State or Country). N. Y.

12-MAIDEN NAME OF MOTHER Neal

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mercy Hosp.

(Address) Calvert St.

15 APR 15 1917 Filed ....., 191.... ROBERT B. KRAUTER Clerk

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 13 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar 12 1917, to Apr. 13 1917, that I saw h[illegible] alive on Apr. 13 1917, and that death occurred, on the date stated above, at 3:45 m.

The CAUSE OF DEATH* was as follows:

Chronic Tuberculosis Nephritis and Myocarditis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) A Pulmonary Tuberculosis Did not know

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward P. Davis M. D.

Apr 15, 1917 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 1 ds. In the State ..... yrs. 55 mos. ..... ds.

Where was disease contracted, if not at place of death? 1409 Bel Royal Ave

Former or usual residence 1409 Bel Royal Ave

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery. DATE OF BURIAL, Apr. 15, 1917

20-UNDERTAKER Henry W. Maas & Son ADDRESS 1054 N. Calvert St

N.B.—Fill out CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. The property claimed. Each

Spec.—8-24-14—M. & T.—2000 Bks.

D 4377 HEALTH DEPARTMENT—CITY OF BALTIMORE D 4377

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Holmes M. Lewis

Residence in Baltimore: No. 4810 Homer Ave. St.; (39 yrs. 9 mos. 19 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 24 (Month) (Day), 1888 (Year)

7-AGE, 33 yrs. 9 mos. 19 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: (079)
(a) Trade, profession, or particular kind of work: Stenographer
(b) General nature of industry, business, or establishment in which employed (or employer): Iron Worker

9-BIRTHPLACE, (State or Country) Winchester Va

PARENTS.

10-NAME OF FATHER, Melville P. Lewis

11-BIRTHPLACE OF FATHER (State or Country), Winchester Va

12-MAIDEN NAME OF MOTHER Josephine Leach

13-BIRTHPLACE OF MOTHER (State or Country), Winchester Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alma Lewis

(Address) 4810 Homer Ave

15- APR 15 1917 ROBERT R. KRAUTER

Filed....., 191.... Registrar

Burial Permit Issued

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each item is important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 12th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 31st 1917, to April 12th 1917, that I saw h in alive on April 12th 1917, and that death occurred, on the date stated above, at 3.10 P m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the heart

(Duration) yrs. mos. 1 da.

CONTRIBUTORY (Secondary) Chronic carditis

(Duration) 31 yrs. mos. da.

(Signed) G. A. Bawden M. D.

, 191... (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 13 da. In the State 32 yrs. 2 mos. 19 da.

Where was disease contracted, if not at place of death?

Former or usual residence 4810 Homer Ave

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, April, 1917.

20-UNDERTAKER West & Evans ADDRESS 1420 Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4378

CERTIFICATE OF DEATH.

10 D 4378

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1403 Clarkson ST.; 23 (WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Kupfer.

(Residence in Baltimore: No. 1403 Clarkson St.; 56 yrs., 8 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, June 21, 1860
(Month) (Day) (Year)

7-AGE, 56 yrs. 8 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Tobacco

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John Kupfer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Koch

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Kupfer

(Address) 1403 Clarkson St.

15-

Filed APR 15 1917 191.... ROBERT R. KRAUTNER Registrar.
Burial Permit Clerk

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact information is important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Apr. 13 "
(Month) (Day) , 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 26 " 1916, to Apr. 13 " 1917, that I saw h[illegible] alive on Apr 13 " 1917, and that death occurred, on the date stated above, at .... m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(Duration) 1 yrs. .... mos. .... ds.

CONTRIBUTORY. Rheumatism
(Secondary)

(Duration) .... yrs. 3 mos. .... ds.

(Signed) [illegible] M. D.

Apr. 14, 1917. (Address) 1228 St. Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	April 17, 1917
20-UNDERTAKER	ADDRESS
W. J. Evans & Sons	1428 Madison

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4379

CERTIFICATE OF DEATH.

91 D 4379

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anne Simonsone

(Residence in Baltimore: No. 2929 Dillon St. St.; 2 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April 9th, 1913
(Month) (Day) (Year)

7-AGE, 4 yrs. 5 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

000

9-BIRTHPLACE, (State or Country), Norway

PARENTS.

10-NAME OF FATHER, Thorvald Simonsen

11-BIRTHPLACE OF FATHER (State or Country), Norway

12-MAIDEN NAME OF MOTHER Jennie Samuelson

13-BIRTHPLACE OF MOTHER (State or Country), Norway

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Simonsen

(Address) 2929 Dillon St.

15- APR 15 1917 Filed....., 191.....

ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 14, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 14 1917, to April 14 1917, that I saw him alive on April 14 1917, and that death occurred, on the date stated above, at 6.45 P m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia
(Following acute Bronchitis)
(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Edema of Lungs
(Duration) yrs. mos. 4 hrs.

(Signed) Isaac A. Strauss M. D.
April 14, 1917. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 hrs. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? At residence

Former or usual residence 2929 Dillon St

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem. DATE OF BURIAL, April 17th, 1917.

20-UNDERTAKER H. Sander & Sons ADDRESS 1710 Pent St

N. B.—Every question must be properly answered. Each statement of description must be properly classified. Each statement of fact must be made as definitely as possible. CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of fact must be made as definitely as possible. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4380

CERTIFICATE OF DEATH.

D 4380

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital. ST.: 4 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

REGISTERED No. C .....

2-FULL NAME James W. Hammond

(Residence in Baltimore: No. Stoney Run B. A. Co. Md St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, ~~white~~ ~~black~~,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, March 16, 1865
(Month) (Day) (Year)

7-AGE, 52 yrs. mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General (040)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Andrew Hammond

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary E. —

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.
(Informant) Thos Hammond
(Address) B. A. Co. Md

15- Filed APR 15 1917 191.... ROBERT R. KRAUTER Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 13, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the Skull, caused by falling from Lated Cank — (Accidental)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Albert L. Driscoll M. D.
(Coroner)
April 14 191 7. (Address) 312 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Stoney Run B. A. Co. Md.

Former or usual residence Stoney Run Md.

19-PLACE OF BURIAL OR REMOVAL, Harmans Md | DATE OF BURIAL, April 17, 19....

20-UNDERTAKER W. J. Tackerson | ADDRESS North Ave

N. B.—Every item of information should be carefully supplied. Accurate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 4381

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 317 N Ann St.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Russell

(Residence in Baltimore: No. 317 N Ann St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write the word.*) Single

6-DATE OF BIRTH, April ....., 1847
(Month) (Day) (Year)

7-AGE, 70 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None (000)
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, John Morrow

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Annie Densey

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Bowe

(Address) 317 N Ann St

15- APR 15 1917 Filed....., 191.. Burial Permit ROBERT R. KRAUTER Registrar.

N. B.—CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 11, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 6 1917, to April 11 1917, that I saw h[illegible] alive on April 11 1917, and that death occurred, on the date stated above, at 3P m.

The CAUSE OF DEATH* was as follows:

La G. P. Pneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

April 12, 1917 (Address) 706 E Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, New Cathedral — DATE OF BURIAL, April 15, 1917

20-UNDERTAKER John A Moore — ADDRESS Bank & Ann St

Spec.—8-24-14—M. & T.—2000 Bks.

D 4382

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4382

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2839 N. Calvert St.; 12 Ward)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta Tilden Burgess

(Residence in Baltimore: No. 2839 N. Calvert St.; 20 yrs., ? mos., ? ds.)

8

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: February 11, 1838. (Month) (Day) (Year)

7-AGE: 79 yrs. 2 mos. 2 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none (00)
(b) General nature of industry, business, or establishment in which employed (or employer): none (00)

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: John T. Tilden

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Mary E. Hines

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Sarah E. Burgess

(Address) 2839 N. Calvert St.

15- Filed APR 15 1917 191.... ROBERT R. KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: April 13, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 27 1917, to April 13 1917, that I saw h.. alive on April 13 1917, and that death occurred, on the date stated above, at 4.55 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

8 days

(Duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) Senile

(Duration) ? yrs. .... mos. .... ds.

(Signed) Wm. H. Peters M. D.

April 13, 1917. (Address) 210 S. Bond St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ✓ yrs. ✓ mos. ✓ ds. In the State ✓ yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence ✓

19-PLACE OF BURIAL OR REMOVAL: Wash'd. C. E. Cem. - Kent Co. Md. DATE OF BURIAL: April 16 1917.

20-UNDERTAKER: Stewart Mowin Company ADDRESS 1082 N. Fulton Ave.

N. B.—Each item of information must be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 4383

CERTIFICATE OF DEATH

91 D 4383

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2427 Madison Ave ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Stewart

(Residence in Baltimore: No. 2427 Madison Ave St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: September (Month) 13 (Day) 1844 (Year)

7-AGE: 72 yrs. 8 mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None (00)
(b) General nature of industry, business, or establishment in which employed (or employer): (00)

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Thomas Bond

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Elizabeth Crosby

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. Herbert Stewart

(Address) Chicago, Ill.

15- FILED APR 15 1917 ROBERT B. KRAUTER REGISTRAR

Burial Permit 0671

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 8, 1917, to, April 12 1917, that I saw h.r alive on April 12 1917, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) 0 yrs 0 mos. 5 ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs ..... mos. ..... ds.

(Signed), Henry T. Collenberg M. D.

April 13, 1917. [Address] 3706 York Road

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	April 15 1917
20-UNDERTAKER	**ADDRESS**
J. M. Gittus & Co.	1201 W Fayette St

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. State CAUSE OF DEATH in plain terms, so that it may be properly classified.

D 4384

HEALTH DEPARTMENT—CITY OF BALTIMORE

155 D 4384

CERTIFICATE OF DEATH.

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hahnemann Hosp St. 16 WARD)

2-FULL NAME Wilson Abbott

(Residence in Baltimore: No. 912 N. Mount St.; yrs., 6 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Jan. 11, 1879
(Month) (Day) (Year)

7-AGE, 38 yrs. 3 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: (344) (017)
(a) Trade, profession, or particular kind of work: Cigar
(b) General nature of industry, business, or establishment in which employed (or employer): Maker

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles Abbott

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Lucie Fuchs

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wife

(Address) 912 N Mount

15- APR 15 1917 ROBERT R. KRAUTER
Filed ..... 191... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 13, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar
(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown
(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)
Apr 14, 191... (Address) 819 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 912 N. Mount St

Former or usual residence 912 N. Mount St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	April 15, 1917
20-UNDERTAKER	**ADDRESS**
Chas. E. Franck	Formerly 20

N.B.—Every item of information should be carefully supplied. AGE should be filled EXACTLY. If CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 4385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 4385

REGISTERED No. C.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 678 W. Mulberry ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria. Pinkney

(Residence in Baltimore: No. 678 W. Mulberry. St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Nov (Month) 5 (Day) 1836 (Year)

7-AGE, 80 yrs. 5 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Unknown.

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Catt

(Address) 678 Mulberry

15- Filed APR 15 1917 191 ROBERT R. KRAUTER Burial Permit Director.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 13. (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Robert L Driscoll M. D.
(Coroner.)

April 14, 191.. (Address) 512 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, Apr. 16, 1917

20-UNDERTAKER Easton's Sons ADDRESS Ellicott City

D 4386

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4386

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

× 167

REGISTERED No. C

CITY OF BALTIMORE (No. St Josephs hospital ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas L Stiegler

Residence in Baltimore: No. 4319 Hartford ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	boy

6-DATE OF BIRTH, Feb 4 1910 (Month), (Day), 1 (Year)

7-AGE.			If LESS than 1 day,
7 yrs.	2 mos.	30 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John Steigler

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ida Carter

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) John Steigler
(Address) 4319 Hartford ave

15- Filed APR 15 1917, 191... ROBERT B. KRAUTHER. Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 13 1917., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Burns accidental while playing in alley with fire

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Wm Fowler (Coroner.) M. D.

April 15 1917. (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death? 4314 Hartford Ave
Former or usual residence 4319 Hartford Ave

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, April 16 19...7

20-UNDERTAKER Geo Weber & Son — ADDRESS 2503 Edmondson Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4387

CERTIFICATE OF DEATH.

91 D 4387

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 Rectory Lane ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Nelson Turnbaugh

(Residence in Baltimore: No. 521 Rectory Lane St.; ... yrs., 10 mos. 22 ds.)

N.B.—Every item of information should be carefully considered. Exact statement of OCCUPATION is especially important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... May (Month) 24 (Day), 1916 (Year)

7-AGE, ... yrs. 10 mos. 22 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Geo. H. Turnbaugh

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Louisa E. Chaney

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. H. Turnbaugh

(Address) 521 Rectory Lane

15- APR 15 1917 ROBERT R. KRAUTER

Filed ....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 6 1917, to April 15 1917, that I saw him alive on April 14 1917, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

.....

..... Broncho-Pneumonia

..... (Duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Commotions

..... (Duration) ... yrs. ... mos. 9 ds.

(Signed) ..... M. D.

April 15 1917. (Address) 3844 Rolandale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Mary's Hampden — DATE OF BURIAL, April 17 1917.

20-UNDERTAKER Horace Burgee & Son — ADDRESS 33 Hollins Rd.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 4388

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3720 Elm Ave., ST.) 13 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vivian Ruth Hampshire

(Residence in Baltimore: No. 3720 Elm Ave. St.; 3 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, July (Month) 6 (Day), 1912 (Year)

7-AGE, 4 yrs. 9 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): (000)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John H. Hampshire

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Lillie M. Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H. Hampshire

(Address) 3720 Elm Ave.

15- Filed APR 15 1917, 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 14th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7th 1917, to April 14th 1917, that I saw h.. alive on April 13th 1917, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Primary Broncho Pneumonia

(Duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) —

(Duration) 1 yrs. 4 mos. ds.

(Signed) W. H. Iler M. D.

April 14 1917 (Address) 12 E. 754 St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount, Carroll Co. Md. DATE OF BURIAL, April 16 1917

20-UNDERTAKER Horace Burgee Son ADDRESS 363 Hallo Road

N.B.—Every item of information should be carefully classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4389 D 4389

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 831 N Wayne ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Vikstedt

(Residence in Baltimore: No. 832 N Wayne St.; 22 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, March (Month) 19 (Day) 1895 (Year)

7-AGE, 22 yrs. mos. 25 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Henry Vikstedt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Ruediger

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Vikstedt

(Address) 832 N Wayne Ave

15- APR 16 1917 HARRY C. ANDREWS
Filed ..., 191... Assist. Issuing Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 1917, to Apr 13 1917, that I saw h[illegible] alive on Apr 13 1917, and that death occurred, on the date stated above, at 4:30 m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

4413, 191.7 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Loudon Park	Apr. 16, 1917
20-UNDERTAKER	ADDRESS
Geo Knull & Son	1729 W Pratt St

N.B.—Every item of information should be carefully supplied, that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Mary Kane

D 4390

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

D 4390

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St Josephs Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Kane

(Residence in Baltimore: No. 1325 Ensor St. St.; 66 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 66 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Aubrey Kane

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Ann Connolly

13-BIRTHPLACE OF MOTHER (State or Country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Connolly

(Address) 1325 Ensor St.

15- APR 16 1917 Filed....., 191... MARY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 13, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 6 1917, to April 13 1917, that I saw h.r alive on April 13 1917, and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Congestion

(Duration) yrs. mos. 1 ds.

(Signed) Henry Mueller M. D.

April 13 191 7 (Address) St. Jos. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Dont Know

Former or usual residence 1325 Ensor St.

19-PLACE OF BURIAL, OR REMOVAL, Wdlawn DATE OF BURIAL, April 191 7

20-UNDERTAKER J. H. Frahm & Sons ADDRESS 31 E. Lights

Spec.—8-24-14—M. & T.—2000 Bks.

D 4391

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4391

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH Franklin Sq Hospital REGISTERED NO. C

CITY OF BALTIMORE: (No. Fayette & Calhoun ST.; 19 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John B. Tracy.

(Residence in Baltimore: No Aged Home Calhoun & Lexington St.; 2 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH. Apr 9, 1847 (Month) (Day) (Year)

7-AGE. 70 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). 000

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, John H Pry

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harriet H. Gillman

(Address) 1400 N Lexington St

15- Filed APR 16 1917 191. HARRY C. ANDREWS Registrar

Burial Permit Issued

N.B.—Every item of information should be carefully supplied. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 15, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 14 1917, to April 15 1917, that I saw him alive on April 15 1917, and that death occurred, on the date stated above, at 7.30a m.

The CAUSE OF DEATH* was as follows:

Hemorrhage of brain

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteria sclerosis

(Duration) Not Known yrs. mos. ds.

(Signed) L. L. Mackall M. D.

April 15 191.7. (Address) Franklin Sq Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Aged Home

Former or usual residence 1400 N Lexington St

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Apr. 17, 191.7.

20-UNDERTAKER Geo J Smith

ADDRESS 1000 N Fayette St

D 4392

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4392

CERTIFICATE OF DEATH.

1-PLACE OF DEATH. REGISTERED No. C 175

CITY OF BALTIMORE (No. S.W.cor Race & Ostend Sts. St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Ernst.

(Residence in Baltimore: No. 100 W.Beverly St. St.; 25 yrs., 4 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, November 25th. 1891., 1 (Month) (Day) (Year)

7-AGE, 25 yrs. 4 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work. Iron worker

(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Simon Ernst.

11-BIRTHPLACE OF FATHER (State or Country) Germany.

12-MAIDEN NAME OF MOTHER Theresa Mareis.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Harry Ernst.(brother)

(Informant).....

(Address).....1611 Race St.

15- APR 16 1917

Filed....., 191.....

HARRY O. ANDREWS Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH April 12th.1917., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull.

Accidental fall from motorcycle.

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) Otto M Reinhardt M. D. (Coroner)

April, 12th. 1917. (Address) 1617 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, April 16 Cedar Hill Cemetery, DATE OF BURIAL, 19.17

20-UNDERTAKER M. D. Flynn ADDRESS 1422 Light

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 4393

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 4393

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 N. Kenwood Ave. ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Alice Bond

(Residence in Baltimore: No. 419 N. Kenwood Ave St.; 57 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, February 29, 1860 (Month) (Day) (Year)

7-AGE, 57 yrs. 1 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Thomas McDonnell

11-BIRTHPLACE OF FATHER (State or Country), Not known.

12-MAIDEN NAME OF MOTHER Emily J. Dorman

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alexander Bond

(Address) 419 N. Kenwood Ave.

15-

Filed APR 16 1917, 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 15, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 15 1917, to April 15 1917, that I saw h- alive on April 14, 1917, and that death occurred, on the date stated above, at 8:55 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(Duration)....yrs....mos. 1 ds.

CONTRIBUTORY. (Secondary) Pulmonary Oedema

(Duration)....yrs....mos. 24 hrs ds.

(Signed) Allen S. Bareham M. D.

4-17, 191.7 (Address) 3139 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, April 17, 1917

20-UNDERTAKER H. Sander & Sons — ADDRESS 1710 Eutaw

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24 14—M. & T.—2000 Bks.

D 4394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150 D 4394

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1922 Aliceanna ST., 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Kokoinzki

(Residence in Baltimore: No. 1922 Aliceanna St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... April (Month) 15 (Day), 1917 (Year)

7-AGE,	If LESS than 1 day,
.....yrs.....mos.....ds.	10 hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None 000
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Kokozinski

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Stefania Kozkowska

13-BIRTHPLACE OF MOTHER (State or Country), Penn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Kokozinski

(Address) 1922 Aliceanna St

15-APR 16 1917 HARRY C. ANDREWS

Filed ....., 191.. Deputy Registrar.

523 S Bethel St

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 15 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 15 1917, to April 15 1917, that I saw h[e] alive on April 15 1917 and that death occurred, on the date stated above, at 4.45 a.m.

The CAUSE OF DEATH* was as follows:

Infantile Convulsions

..... (Duration).....yrs.....mos. 10 hrs. ds.

CONTRIBUTORY (Secondary) .....

..... (Duration).....yrs.....mos.....ds.

(Signed) ..... M. D.

April 15 1917. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Rood — DATE OF BURIAL, April 16 1917

20-UNDERTAKER Jacob Fialkowski — ADDRESS 428 N Wood

N.B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

D 4395

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

56 D 4395

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 134 Gay St. ST. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Reitz

(Residence in Baltimore: No. 134 Gay St

St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Sngl

6-DATE OF BIRTH, Unknown, 1
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day.
41 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer): 031

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Conrad Reitz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Moran

13-BIRTHPLACE OF MOTHER (State or Country), Md St Marys

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Reitz

(Address) 1404 Fredk St

15- APR 16 1917 Filed, 191

Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 3, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Overheated

Sunstroke

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. J. Ruby M. D.
(Coroner.)

April 4, 191.. (Address) 105 Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, [redacted] DATE OF BURIAL, April 19, 1917

20-UNDERTAKER E J Fanning 1938 ADDRESS E Lafayette

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4396 x 122 D 4396

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Tucker

(Residence in Baltimore: No. Mercy Hospital St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Mar. 27, 1889
(Month) (Day) (Year)

7-AGE, 28 yrs. 0 mos. 16 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day Work

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Tucker

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary ?

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hospital

(Address) Calvert St

15-

Filed APR 18 1917, 191.. HARRY C. ANDREWS Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 12, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 31 1917, to Apr. 12 1917, that I saw him alive on Apr. 12 1917, and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH* was as follows:

Syphilis - Special Paul

Diabetes

(Duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary)

(Duration) .... yrs. .... mos. .... ds.

(Signed) Geo. P. Smith M. D.

Apr. 17, 191.. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. 13 ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? Rockville Md

Former or usual residence Rockville Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oaklawn Cemetery	Apr. 14, 1917
20-UNDERTAKER Zinkler & Zinkler	ADDRESS 1739 E Eager St

N.B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 4397

HEALTH DEPARTMENT--CITY OF BALTIMORE

10 D 4397

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 1930 W Lexington ST. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Hofstetter

(Residence in Baltimore: No. 1930 W Lexington St.: Life time 5 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female — 4-COLOR OR RACE: White — 5-~~MARRIED~~ ~~WIDOWED~~ ~~DIVORCED~~ (Write the word): Widow

6-DATE OF BIRTH: August 29th, 1870. (Month) (Day) (Year)

7-AGE: 46 yrs. 7 mos. 16 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 13

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Peter Lautenklos

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md.

12-MAIDEN NAME OF MOTHER: Barbara Remmy

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Hofstetter

(Address) 1930 W Lexington St

15 — Filed APR 16 1917, 191 — HARRY C. ARCHER Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 14, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 7, 1917, to April 13 1917, that I saw h~~er~~ alive on April 13, 1917, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo D Young M. D.

April 14, 1917 (Address) 1531 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. — In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cemetery — DATE OF BURIAL: APR 17 1917

20-UNDERTAKER: Geo. A. Gerbig — ADDRESS: Back to Hayward St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY. WITH INK.

D 4398

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79

D 4398

1 PLACE OF DEATH

Registered No. C .....

CITY OF BALTIMORE (No. 2310 Monroe St. 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2 FULL NAME Bessie Birnberg

(Residence in Baltimore: No. Persie 2310 Mordowan Ave St. 25 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~ (Write the word): Widowed

6 DATE OF BIRTH: Unknown, 1834 (Month) (Day) (Year)

7 AGE: 83 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9 BIRTHPLACE (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jack Lewis

(Address) 1411 E. Baltimore St

15. Filed APR 16 1917 191 HARRY C. ARONSON Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April 15, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1917, to April 15 1917 that I saw h[illegible] alive on April 15, 1917. and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(Duration) ..... yrs. 1 mos. ..... ds

Contributory (SECONDARY) Colitis Insufficiency

(Duration) 5 yrs. ..... mos. ..... ds.

(Signed) S. Wolmon M. D.

April 16, 1917 (Address) 2407 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Balto. Hebrew Friendship

DATE OF BURIAL: 4/16, 1917

20 UNDERTAKER: Jack Lewis

ADDRESS: E. Balto. St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK

Spec.—8-21-14—M. & T.—2000 Bks.

D 4399

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

52 D 4399

REGISTERED NO. C.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1951 Ridgewood ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank R. Kennedy.

(Residence in Baltimore: No. 1951 Ridgewood St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, April 13th, 1917
(Month) (Day) (Year)

7-AGE, ...yrs.....mos. 2 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frank Kennedy.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Margaret A. Kent.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Kennedy.

(Address) 1951 Ridgewood St.

15. APR 16 1917 Filed....., 191.....

HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 15, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 13 1917, to April 15 1917, that I saw h[illegible] alive on April 15 1917, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Internal Injury from fall

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Jno. Frahn M. D.

April 16, 1917 (Address) 1823 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
New Cathedral Cemetery	April 16, 1917

20-UNDERTAKER	ADDRESS
George J. Ruth	1735 Harford ave

N. B.—Every item of information should be carefully supplied. Accuracy is important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4400

CERTIFICATE OF DEATH.

92 D 4400

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1624 Ashburton St. ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John R. Olmer

(Residence in Baltimore: No. 1624 Ashburton St.; 1 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Mar 25, 1883 (Month) (Day) (Year)

7-AGE, 34 yrs. — mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Restaurant
(b) General nature of industry, business, or establishment in which employed (or employer)..... 016

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Chas A Olmer

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Annie Mulcay

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret R. Olmer

(Address) 1624 Ashburton St.

15-

Filed APR 16 1917, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

Dr Cookman 24 N. Fulton

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 14, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 6 1917, to April 14 1917, that I saw h.. alive on April 14 1917, and that death occurred, on the date stated above, at 2.00 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ...yrs. ...mos. 9 ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) ...yrs. ...mos. 1 ds.

(Signed) E. Dennis Cookman M. D.

4/15/17, 191... (Address) 24 N Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cemetery — DATE OF BURIAL, Apr. 18., 191.7.

20-UNDERTAKER Lew Cook — ADDRESS 502 E Pratt

N.B.—Every item of information should be carefully supplied. AGE, NAME OF DISEASE CAUSING DEATH, and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 4401

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

81

D 4401

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE (No. 1527 N Caroline St.; 8 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Charles Kahler

(Residence in Baltimore: No. 1527 N Caroline St.; Yrs. Life Mos. Ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~ MARRIED ~~WIDOWED OR DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: Sept 28, 1844 (Month) (Day) (Year)

7-AGE: 72 yrs. 6 mos. 17 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Fruit & Produce
(b) General nature of industry, business, or establishment in which employed (or employer): Dealer

9-BIRTHPLACE (State or country): City

PARENTS

10-NAME OF FATHER: Jacob Kahler

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Wilhelmina Keingle

13-BIRTHPLACE OF MOTHER (State or country): ~~Germany~~ Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John J Kahler

(Address) 1734 Bolton St

15. Filed APR 16 1917, 191 EARLY C. ARNOLD Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 15, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 11, 1917, to April 15 1917, that I saw h— alive on April 15, 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 12 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Heart failure

(Duration) 6 yrs. mos. 4 ds.

(Signed) R G Davis M. D.

April 15, 1917. (Address) 1573 N Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park. DATE OF BURIAL: April 18, 1917

20-UNDERTAKER: Wm Cook ADDRESS: 502 E North

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK

D 4402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

D 4402

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 910 E Lemwood Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Cornelius Emiko

(Residence in Baltimore: No. 910 E Linwood Ave St.; yrs., mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, April 5, 1917.
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 10 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). 000

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John H Emiko

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Ida N. Miller

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H Emiko

(Address) 910 E Linwood Ave

15- Filed APR 16 1917, 191.... MARY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 14, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) I find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital debility

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Premature birth (Prem.)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Henry Grant Linthicum M. D.
(Coroner.)

April 16 1917. (Address) 1611 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Schumacher Crmt. DATE OF BURIAL, April 16 1917

20-UNDERTAKER, Lilly & Zeiler ADDRESS 403 So Wolfe

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 D 4403

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 N. S. Dallas ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva. Cisz

(Residence in Baltimore: No. 522 S. Dallas St.; 5 months yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Apr. (Month) 15 (Day), 1917 (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, ...hrs. or 5 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Linon Cisz

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Josfa. Majka

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Linon Cisz

(Address) 522 S. Dallas

15- Filed APR 16 1917, 1917 HARRY C. ANDREWS Burial Permit Clerk.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 15 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 15 1917, to April 15 1917, that I saw h.r alive on April 15 1917, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Premature Birth

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) Eileen J. Brown M. D.

April 16, 1917 (Address) 2048 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary DATE OF BURIAL, Apr. 16, 1917

20-UNDERTAKER, Wm Gaulfour ADDRESS 1618 Ea

N. B.—Every item of information should be carefully supplied. AGE should be stated in YEARS, MONTHS and DAYS. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 4404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 4404

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 137 N. Streeper ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Webster

(Residence in Baltimore: No. 137 N. Streeper St.; ..... yrs., ... mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Mar. 21, 1917. (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 25 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Geo T. Webster

11-BIRTHPLACE OF FATHER (State or Country), Del

12-MAIDEN NAME OF MOTHER Mary J. Crampton

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo T. Webster

(Address) 137 N. Streeper

15- Filed APR 16 1917, 191... HARRY C. ANDREWS Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 15, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 21 1917, to April 15 1917, that I saw her alive on April 15 1917 and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

..... Contusion and
..... Concussion of Brain
..... (Duration) ..... yrs. ..... mos. 25 ds.

CONTRIBUTORY (Secondary) Exhaustion
..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Chas. T. Eisenhart M. D.

April 15, 1917. (Address) 2101 Druid Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Com — DATE OF BURIAL, Apr. 16 1917.

20-UNDERTAKER Philip Henry — ADDRESS 2016 Orleans

N.B.—Every item of information should be carefully supplied. AGE should be filled ENGLISH. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4405

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

30 D 4405

1-PLACE OF DEATH Mercy Hospital REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian A. Costranda

(Residence in Baltimore: No. 534 N Conway St.; Life yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June (Month) 8 (Day), 1906 (Year)

7-AGE, 9 yrs. 10 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). None

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Costranda

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Martha Domestic

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Martha Constranda

(Address) 534 N. Conway St.

15-

Filed APR 16 1917, 191.....

HARRY C. ANDREWS
Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 9 191..., to Apr 15 191..., that I saw h... alive on Apr 13 191..., and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

1. Lobar Pneumonia

.....

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward P. Davis M. D.

Apr 15, 1917. (Address) 1 Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. 5 mos. ..... ds.

Where was disease contracted, if not at place of death? 534 N. Conway St.

Former or usual residence 534 N. Conway St.

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery — DATE OF BURIAL, April 17, 1917

20-UNDERTAKER Fred. A. Neddermeyer — ADDRESS 703 Hanover

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4406

CERTIFICATE OF DEATH.

119 D 4406

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 316 S. Spring ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irvin Hefner

(Residence in Baltimore: No. 316 S. Spring St.; 16 yrs. ..... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col	Married

6-DATE OF BIRTH, Unknown ..... (Month) ..... (Day) 1 ..... (Year)

7-AGE,	If LESS than 1 day,
29 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Floor Scraper
(b) General nature of industry, business, or establishment in which employed (or employer): Self 240

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alberta Young

(Address) 316 S. Stpring St

15- APR 16 1917 Filed....., 191.... EARLY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 13th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 7 1917, to Apr 13th 1917, that I saw h.. alive on Apr 13 1917, and that death occurred, on the date stated above, at 4:04 m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) ..... yrs. 6 mos. 7 ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. C. Burns M. D.

Apr 14, 1917. (Address) 222 E. Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Albery Cemetery	April 16 1917
20-UNDERTAKER	ADDRESS
R. C. Gross	1405 McElderry St

FILMED

D 4407

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

113

D 4407

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 113 N. Gruen St. ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria Farace.

Residence in Baltimore: No. 113 N. Gruen St.: 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~ (Write the word): Widowed

6-DATE OF BIRTH: Apr 9, 1857 (Month) (Day) (Year)

7-AGE: 58 yrs. mos. 7 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE (State or country): Italy

PARENTS

10-NAME OF FATHER: Frank Farace.

11-BIRTHPLACE OF FATHER (State or country): Italy

12-MAIDEN NAME OF MOTHER: Mary Di

13-BIRTHPLACE OF MOTHER (State or country): Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Demarco

(Address) Howard & Camden

APR 16 1917

Filed ....., 191 HARRY C. ANDREWS Serial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 4 — 15, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1 mo., 1917, to 4-15, 1917, that I saw h[illegible] alive on 4-14, 1917 and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Arrhoeis Fever

(Duration) 2 yrs. mos. ds.

Contributory (SECONDARY) Acute Dementia

(Duration) yrs. 2 mos. ds.

(Signed) A. G. Barnes M. D.

4-15, 1917 (Address) 1631 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Vincents Cem. DATE OF BURIAL: April 17, 1917

20-UNDERTAKER: Jno J. Tobey & Sons ADDRESS: 1318 Eutaw St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK

PHOTOSTAT

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4408

151 D 4408

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Burke

(Residence in Baltimore: No. 144 Jackson Place St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, January 23, 1917
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. 2 mos. 24 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm. Burke

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Gray

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... A. Smith

(Address)..... Johns Hopkins Hospital

15- APR 16 1917 Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 15, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 23 1917, to April 15 1917, that I saw h[illegible] alive on April 15 1917, and that death occurred, on the date stated above, at 6.57 p.m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(Duration)....0 yrs. 2 mos. 24 ds.

CONTRIBUTORY (Secondary) None

(Duration)....0 yrs. 0 mos. 0 ds.

(Signed) D. C. D. Smith M. D.

April 16, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs. 1 mos. 24 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 144 Jackson Place

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Oak Lawn Cem.	April 17, 1917.
20-UNDERTAKER	ADDRESS
Hilliard & Fuller	221 N. Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARYLAND

Spec.—5-19-13—M. & T.—500 Bks.

D 4409

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 4403

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1935 E Biddle ST.; 8 WARD) (If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah C. Clark

(Residence in Baltimore: No. 1935 E Biddle St.; Life mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Feb 27, 1876 (Month) (Day) (Year)

7-AGE, 41 yrs. 1 mos. 19 da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) Domestic 037

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Robert K Kuhn

11-BIRTHPLACE OF FATHER (State or Country). Balto City

12-MAIDEN NAME OF MOTHER Sarah Elvina Bollinger

13-BIRTHPLACE OF MOTHER (State or Country), Washington D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert K Kuhn

(Address) 1935 E Biddle St

15- APR 16 1917 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 15, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1916, to April 15, 1917, that I saw her alive on April 14, 1917, and that death occurred, on the date stated above, at 10 A.M. The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) Edwin B. Stanby, M. D.

April 15, 1917. (Address) 1223 N. Carolina St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem. DATE OF BURIAL, A.P. 18, 1917

20-UNDERTAKER Albert E Fuller ADDRESS 221 N Brady

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS will please see that CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

10. Family.

17
48
49

D 4410

HEALTH DEPARTMENT—CITY OF BALTIMORE

165

D 4410

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Md. Homeopathic Hosp. 1st; 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Apple

(Residence in Baltimore: No. 1306 Grason St.; 25 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... February (Month) ..... 15 (Day), 1869 (Year)

7-AGE, 48 yrs. — mos. — da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Nathan Apple

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Ar Apple

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herman Apple

(Address) 408 N. Eutaw St.

15- APR 16 1917 Filed....., 191.. HARRY C. ANDREWS Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) ..... 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

Acute (Accidental)

(Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Anemia

(Duration) ..... yrs. ..... mos. ..... da.

(Signed) ..... M. D.

Apr. 16, 1917. (Coroner.) (Address) 8129 Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 da. In the State ..... yrs. 9 mos. ..... da.

Where was disease contracted, if not at place of death? —

Former or usual residence 1306 Grason St.

19-PLACE OF BURIAL OR REMOVAL, Balto Hebrew Cemetery — DATE OF BURIAL, April 16, 1917

20-UNDERTAKER L. Lumsden & Bro — ADDRESS 1107 E Balto St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH INDELIBLE PENCIL.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4411

CERTIFICATE OF DEATH.

92 D 4411

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1421 Mosher ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernice Schaffer

(Residence in Baltimore: No. 1421 Mosher St. St. Life yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb 3 (Month) (Day), 1915 (Year)

7-AGE, 2 yrs. 2 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Clarence Schaffer

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Rosie Williams

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Basil Williams

(Address)... 1421 Mosher st.

15- Filed APR 16 1917 191..... HARRY C. ANDREWS Asst. Temp. Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 13 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4/8 1917, to 4/13 1917, that I saw h[er] alive on 4/13 191[7], and that death occurred, on the date stated above, at 8 20 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration).....yrs.....mos.....6.....ds.

CONTRIBUTORY.....
(Secondary)

(Duration).....yrs.....mos.....ds.

(Signed)..... M. D.

....., 191... (Address)...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, April 16 191 7

20-UNDERTAKER James H. Dennis

ADDRESS 1303 Preston

Spec.—8-24-14—M. & T.—2000 Bks.

D 4412

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4412

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C 29

CITY OF BALTIMORE: (No. University Hospital St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME (Benjamin F. Knapp

(Residence in Baltimore: No. 1003 Burgundy St. St.; — yrs., — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Dec (Month) 16 (Day), 1863 (Year)

7-AGE, 53 yrs. 3 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 140

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Daniel Knapp.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Mary Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Knapp

(Address) 1003 Burgundy St

15- Filed APR 16 1917, 191... HARRY C. ANDREWS Registrar. Burial Permit Clerk...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4/11/17 191... to 4/13/17 191..., that I saw h.. alive on 4/13/17 191..., and that death occurred, on the date stated above, at 9.10 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(Duration) Not Known mos. ds.

(Signed) Frank C. Menard M. D.

4/13/17, 191... (Address) University Hospital.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State Not known yrs. mos. ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 1003 Burgundy St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet Cemetery	April 16 191.7
20-UNDERTAKER James Dignan & Son	ADDRESS 1000 E. Monument St

Spec.—8-24-14—M. & T.—2000 Bks.

D 4413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

D 4413

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1025 W. Cross ST.: 21 (WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Kelly

(Residence in Baltimore: No. 1025 W. Cross St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, June (Month) 6 (Day), 1854 (Year)

7-AGE, 62 yrs. 10 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION,
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 040

9-BIRTHPLACE, (State or Country), Govans Md.

PARENTS.

10-NAME OF FATHER, Edward Kelly

11-BIRTHPLACE OF FATHER (State or Country), Balto. Co.

12-MAIDEN NAME OF MOTHER, Mary Dougherty

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Cecelia Kelly

(Address) 1025 W. Cross St.

15-

Filed APR 16 1917, 191.... HARRY O. ANDREWS Registrar.

Burial Permit Clerk

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 14 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jany 2nd 191 , to April 14 1917 , that I saw h i alive on April 14 1917 , and that death occurred, on the date stated above, at .... m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) 2 yrs. mos. ds.

(Signed) Edward L. Duncan M. D.

April 16, 191.. (Address) 320 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, April 17, 191 7

20-UNDERTAKER, James Degnan & Son ADDRESS 1000 E. Pratt St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4414

CERTIFICATE OF DEATH.

28 D 4414

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1000 E Madison ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mathew A Lynch

(Residence in Baltimore: No. 1000 E Madison St. 28 yrs. 7 mos. 1 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Sept. 12 (Month) (Day), 1888 (Year)

7-AGE. 28 yrs. 7 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Conductor 078
(b) General nature of industry, business, or establishment in which employed (or employer). United R.R. Co

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Francis J Lynch

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER. Rosalia Rowles

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary E. Lynch

(Address) 1000 E. Madison St.

15- APR 16 1917

Filed....., 191.... HARRY ... Clerk

Burial Permit ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 13 (Month) (Day), 1917 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 1 1916, to April 13 1917, that I saw h... alive on April 13 1917, and that death occurred, on the date stated above, at 11 p m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Larynx

(Duration) 2 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. E. Dunnbach M. D.

April 15 1917. (Address) 1207 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer — DATE OF BURIAL. April 17 1917

20-UNDERTAKER Robert J. Turner — ADDRESS 1442 Broadway

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4415 D 4415

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital 4 REGISTERED NO. C

CITY OF BALTIMORE: (No. ..... ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph H. Coleman

(Residence in Baltimore: No. 645 Josephine St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black	Widower

6-DATE OF BIRTH, ... (Month) ..... (Day) 1860 (Year)

7-AGE, 57 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Lewis Coleman

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Bunn

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- APR 16 1917

Filed ....., 191... MARY C. ANDREA

Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1917, to April 10 1917, that I saw him alive on April 10 1917, and that death occurred, on the date stated above, at 8.45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Primary (Duration) 7 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Catalic Decompensation

(Duration) yrs. mos. ds.

(Signed) Bernard J. Feeny M. D.

4/11/, 1917. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mo. 30 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 645 Joseph St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNIV. OF MARYLAND

Commissioner Health

T. J. WOODALL

D 4416

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4416

CERTIFICATE OF DEATH.

REGISTERED No. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital ST. 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Jagodzynski

(Residence in Baltimore: No. 715 S Bond st

St.; 24 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
male	w hite	married

6-DATE OF BIRTH, Unknown, 1 ..... (Month) (Day) (Year)

7-AGE, 51 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

243 040

9-BIRTHPLACE, (State or Country), Poland

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER NotKno wn

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Michael Jagodzynski Wife

(Address) 715 S. Bond St

15-

Filed ....., 191.... HARRY C. ANDREWS Registrar

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 15 1917, 191 ... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) G. Knox Ingalls M. D. (Coroner.)

Apr 16, 191. (Address) 4 E. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 715 S Bond St

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
St Stanislaus.	Apr 18, 1917
20-UNDERTAKER	ADDRESS
M F. Sadowski.	705 S Ann

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4417

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4417

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

REGISTERED NO. C.

CITY OF BALTIMORE: (No. 1119 Penna ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Floyd Lee Darden

(Residence in Baltimore: No. 1119 Penna ave St.; yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should state N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) mch

6-DATE OF BIRTH, Feb (Month) 8 (Day) 1905 (Year)

7-AGE, 2 yrs. 2 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Va Md

PARENTS.

10-NAME OF FATHER, Floyd Darden

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Zephia Terry

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Floyd Darden

(Address) 1119 Penn ave

15- Filed APR 16 1917 19.. HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 14th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apl. 12 191 7, to Apl. 14 191 7, that I saw him alive on Apl 14 191 7 and that death occurred, on the date stated above, at 4.35 P m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Cold

(Duration) ....yrs. ....mos. 5 ds.

(Signed) Jno. H. Tongue M. D.

April 16, 1917 (Address) 1019 Druid Hill ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn — DATE OF BURIAL, April 16, 1917

20-UNDERTAKER John T. Owens — ADDRESS 5-38 Druid

Spec.—8-24-14—M. & T.—2000 Bks.

D 4418 HEALTH DEPARTMENT—CITY OF BALTIMORE D 4418

CERTIFICATE OF DEATH. 152

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 E Fidera ST.; 12 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick Carberry

(Residence in Baltimore: No. same St.; ...yrs. ...mos. ...ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. 4 (Month) 13 (Day), 1917 (Year)

7-AGE, ...yrs. ...mos. 2 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Pat Carberry

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Boyd or Holden

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P Carberry

(Address) 406 E Fidera St

15- Filed APR 16 1917, 191... [illegible] Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) 15 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4-13 1917, to 4-15 1917, that I saw h[illegible] alive on 4-15 1917, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Hemorrhage from Stomach and Bowel

(Duration) ...yrs. ...mos. 1 ...ds.

CONTRIBUTORY (Secondary).....

(Duration) ...yrs. ...mos. ...ds.

(Signed) Benard Lee M. D.

4/15, 191.7 (Address) 914 E Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross — DATE OF BURIAL, April 16, 1917

20-UNDERTAKER H. C. Wiedefeld — ADDRESS 914 Fremont Av

D 4419

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4419

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 29 E. Hamburg St. ST.: 23 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence McD. Seward.

(Residence in Baltimore: No. 29 E. Hamburg St. St.: ~~yrs.~~ 3 mos. ~~da.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	White	Single.

6-DATE OF BIRTH, March 25th, 1911., / (Month) (Day) (Year)

7-AGE, 6 yrs. -- mos. 21 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Co. Md.

PARENTS.

10-NAME OF FATHER, Edward F. Seward.

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md.

12-MAIDEN NAME OF MOTHER Louise Robock.

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward F. Seward. / father.

(Address) 29 E. Hamburg St.

15- APR 16 1917 MARY C. ANDREWS
Filed ..... 191 ..... Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 15th 1917., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the dny stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(Duration) ....yrs. ....mos. ....da.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....da.

(Signed) Otto M. Reinhardt M. D.
(Coroner.)

April 15, 1917 (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, April 17., 1917

20-UNDERTAKER Mrs J. E. Evans ADDRESS 425 S. Charles

N.B.—Every item of information should be carefully supplied. Exact statements of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statements important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4420

CERTIFICATE OF DEATH.

120

D 4420

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1836 E Pratt ST.; 2 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ida Carr

(Residence in Baltimore: No. 1836 E. Pratt St.; 70 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH, ... Dont Know (Month) ..., 1 (Day) ..., ... (Year)

7-AGE, about 50 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer): 087

9-BIRTHPLACE, (State or Country): New York

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Louisa Heintz

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary C. McGuire

(Address) 1836 E. Pratt

15-

Filed APR 16 1917 191... HARRY O. ANDREWS Registrar

Burial Permit Issued

N.B.—Every item of information should be given as full as may be important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 15, (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 6 1916, to April 1917, that I saw her alive on April 13 1917 and that death occurred, on the date stated above, at 3:30 a m.

The CAUSE OF DEATH* was as follows:

1. Chronic Nephritis

(Duration) ... yrs. 7 mos. ... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) ... yrs. 7 mos. ... ds.

(Signed) Geo. Hiller M. D.

April 15, 1917 (Address) 1937 Gough St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral

DATE OF BURIAL, April 18, 1917

20-UNDERTAKER William Cook

ADDRESS 507 N. North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4421

CERTIFICATE OF DEATH.

64 D 4421

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 762 Dolphin ST.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Appleby Dougherty

(Residence in Baltimore: No. 762 Dolphin St.; 78 yrs., 8 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Apr (Month) 14 (Day), 1917 (Year)

7-AGE, 78 yrs. 8 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, Geo R Appleby

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Mary Southcomb

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Georgetta Dougherty

(Address) 762 Dolphin

15-APR 16 1917 ROBERT R. KRAUTER Registrar.

Filed....., 191.... Burial Permit filed

N.B.—Every item of information called for in this CAUSE OF DEATH in plain terms, so that it may be properly classified. It is important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 17 191 7, to Apr 14 191 7, that I saw h[illegible] alive on Apr 14 191 7, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) ... yrs. ... mos. ... ds.

(Signed) Wm E Burton M. D.

Apr 14, 191 7 (Address) 762 Dolphin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cem — DATE OF BURIAL, Apr 17, 191 7

20-UNDERTAKER Jno F Jakeman — ADDRESS 318 E Eutaw St

Spec.—8-24-14—M. & T.—2000 Bks.

D 4422

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4422

CERTIFICATE OF DEATH.

81

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1628 N. Caroline St. ST.; 9 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward F. Meehan

(Residence in Baltimore: No. 1628 N. Caroline St. St.; Lifetime. yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April 6th., 1855
(Month) (Day) (Year)

7-AGE, 62 yrs. --- mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Private 056
(b) General nature of industry, business, or establishment in which employed (or employer): Detective.

9-BIRTHPLACE, (State or Country), City.

PARENTS.

10-NAME OF FATHER, John Meehan.

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margaret Gillespie

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Hannah T. Meehan
(Address) 1628 N. Caroline St.

15- APR 16 1917 ROBERT R. KRAUTER
Filed....., 191.... Burial Permit Clerk
Registrar.

N. B.—Every item must be answered in plain terms, so that it may be understood by a person not a physician. CAUSE OF DEATH in plain terms, so that it may be understood by a person not a physician. Every item is important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 14, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7 1917, to April 14 1917, that I saw h[illegible] alive on April 13 1917, and that death occurred, on the date stated above, at 2:10 a. m.

The CAUSE OF DEATH* was as follows:

acute myocarditis

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John M. Donaldson M. D.

April 16, 191 7. (Address) 1704 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cem. | DATE OF BURIAL, April 17, 191 7

20-UNDERTAKER Chas. J. Wadstadt Son | ADDRESS 1180 W. Baltimore St.

Spec.—8-24-14—M. & T.—2000 Blks.

D 4423

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

120 D 4423

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1413 N. Central Ave. St.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John A. Fortman

(Residence in Baltimore: No. 1413 N. Central Ave. St.; Lifetime. yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Oct. (Month) 22nd. (Day), 1891 (Year)

7-AGE, 25 yrs. 5 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shipping Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer): Electrical Co.

9-BIRTHPLACE, (State or Country), City.

PARENTS.

10-NAME OF FATHER, Henry Fortman

11-BIRTHPLACE OF FATHER (State or Country), City.

12-MAIDEN NAME OF MOTHER Thressa Neus

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mr. Fortman
(Address) 1413 N. Central Ave.

15- Filed APR 16 1917 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

N.B.—Every item must be filled out, so that it may be proper. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 15 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10 1917, to April 15 1917, that I saw h[im] alive on April 14 1917, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ?yrs. 4 mos. ?ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(Duration) yrs. 1 mos. 6 ds.

(Signed) John J. Kemp Jr. M. D.

April 16, 1917 (Address) 1400 O'Sullivan Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, April 18, 1917

20-UNDERTAKER Chas. R. Krauter & Son ADDRESS 1180 W. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4421

CERTIFICATE OF DEATH.

D 4421

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 N. Milton Ave. ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Kornmann

(Residence in Baltimore: No. 9. N. Milton Ave. St.; Lifetime, yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 16th., 1854 (Month) (Day) (Year)

7-AGE, 63 yrs. --- mos. 30 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....Retired 045
(b) General nature of industry, business, or establishment in which employed (or employer).....Shoe-Merchant.

9-BIRTHPLACE, (State or Country), City.

PARENTS.

10-NAME OF FATHER, Henry Kornmann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Caroline Hammel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
Mr. L. Kornmann
(Informant)
9 N. Milton Ave.
(Address)

15- APR 16 1917 ROBERT R. KRAUTH
Filed....., 191.... Registrar.

N.B.—Every item must be filled in plain terms, so that it may be understood. CAUSE OF DEATH important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 15, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 1 1917, to April 15 1917, that I saw h[illegible] alive on April 14 1917, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:
Mitral Regurgitation
Dilated Heart
Nephritis
(Duration) yrs. 1 mos. 13 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis
(Duration) 2 yrs. mos. ds.

(Signed) Alberlas Cattus M. D.
4/15/, 1917. (Address) 1303 Md ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Balto. Cem. DATE OF BURIAL, Apr. C. 18th, 1917.

20-UNDERTAKER Chas. F. Evans & Son ADDRESS 118 W. Mt. Royal Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 4425

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 17 N. Linwood Ave. ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah T. Donovan.

(Residence in Baltimore: No. 17 N. Linwood Ave. St.; Lifetime. yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH: June 2nd., 1856 (Month) (Day) (Year)

7-AGE: 60 yrs. 10 mos. 13 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ooo

9-BIRTHPLACE, (State or Country): City.

PARENTS.

10-NAME OF FATHER: Simon Donovan

11-BIRTHPLACE OF FATHER (State or Country): Ireland.

12-MAIDEN NAME OF MOTHER: Agatha Davis

13-BIRTHPLACE OF MOTHER (State or Country): England.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mr. Donovan
(Address) 17 N. Linwood Ave.

15- APR 16 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

N. B.—Every question in this certificate must be answered, so that it may be complete and important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: April 15, 1917 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from April 14 1917, to April 15 1917, that I saw her alive on April 15 1917, and that death occurred, on the date stated above, at 11.20 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. ds.

(Signed) John L. Crouter M. D.

April 15, 1917 (Address) Fairmount Ave & Poplar St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cem. DATE OF BURIAL: April 18, 1917

20-UNDERTAKER: Chas. E. Waud & Son ADDRESS: 11 E. Mont Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

Elmer Harris

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4426

CERTIFICATE OF DEATH.

6 D 4426

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST.; 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elmer Harris

(Residence in Baltimore: No. 765 W. Lafayette St St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Male	white	single

6-DATE OF BIRTH, ... September ....., 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
25 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) 0 760

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Joseph Herrop.

11-BIRTHPLACE OF FATHER (State or Country) Pa

12-MAIDEN NAME OF MOTHER Alice Keatley

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Herrop Jr.

(Address) 503 Orchard St.

15- APR 16 1917 Filed ....., 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

N. B.—Every item of information must be given in plain terms, so that it may be properly understood. CAUSE OF DEATH is important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 13, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 28 1917, to Apr. 13 1917, that I saw h... alive on Apr. 13 1917, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Endocarditis, Chronic, Mitral

Pneumonia, Lobar

..... (Duration) ..... yrs. ..... mos. 25 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward L. Duncan M. D.

Apr. 13, 191.7 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 16 ds. In the State ..... yrs. 5-10 mos. ..... ds.

Where was disease contracted, if not at place of death? Mercy Hospital

Former or usual residence 765 W. Lafayette St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, Apr. 17 1917.

20-UNDERTAKER Thos. J. Cowan & Co. ADDRESS 901 Hollins St

Spec.—5-19-22—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4427

CERTIFICATE OF DEATH.

151 D 4427

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 Oakley St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Wesley Cannon

(Residence in Baltimore: No. 1810 Oakley St.; ...yrs.,.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, April (Month) 1 (Day) ..... (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, 6 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Oscar Cannon

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Jessie J. Maly

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Oscar Cannon

(Address) 1810 Oakley St.

15-

Filed APR 16 1917, 191... ROBERT R. KRAUTH, Registrar

Burial Permit Issued

N.B.—Be sure to write CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 13 (Day), 1913 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 13 1913, to April 13 1917, that I saw h... alive on ... 191..., and that death occurred, on the date stated above, at 11.20 A.M.

The CAUSE OF DEATH* was as follows:

(a) Pneumatic Croup

(Duration) ...yrs. 5 mos. ...ds.

CONTRIBUTORY (Secondary) unknown

(Duration) ...yrs. ...mos. ...ds.

(Signed) Edw. Bennett M. D.

April 13, 1917. (Address) 600 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL. ....., 191...
20-UNDERTAKER	ADDRESS

APR 16 1917

STATE OF MARYLAND

Commissioner Health.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4428

CERTIFICATE OF DEATH.

37 D 4428

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 322 E. Federal ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Garrett

(Residence in Baltimore: No. ..... St.; ..... yrs., ... mos. 7 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	Black	

6-DATE OF BIRTH, 4 - 4 - , 1917
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. ....mos. 7 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Thornton Young

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Juniea Garrett

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- Filed APR 16 1917, 191... ROBERT R. KRAUTER Registrar.
Burial Permit

N.B.—Every item of information should be carefully applied. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 - 11 - , 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4-4 1917, to 4-11 1917, that I saw her alive on 4-9 1917, and that death occurred, on the date stated above, at 3.30 p. m.

The CAUSE OF DEATH* was as follows:

.....
Congenital Syphilis
.....
..... (Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY .....
(Secondary)
..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Wm B Schapiro M. D.
4-11, 1917. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence ✓

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL, APR 16 1917
20-UNDERTAKER Commissioner Health.	ADDRESS

UNIVERSITY OF MARYLAND

D 4429

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 D 4429

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 1919 Riggs Ave ST 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Mary E. Williams

(Residence in Baltimore: No. 1919 Riggs Ave. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH: Nov 23. (Month) (Day), 1847 (Year)

7-AGE: 69 yrs. 4 mos. 23 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): A.A.Co.

PARENTS

10-NAME OF FATHER: Rugold Blount

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jos J. Linsted

(Address) 1919 Riggs Ave

15. Filed APR 16 1917 ROBERT B. KRAUTER Burial Permit Clerk REGISTRAR

N. B.–Every item of information should be carefully supplied. AGE should be given in all cases. Be sure to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 15th (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 5th, 1917, to date of death, 191.., that I saw h.. alive on April 15th, 1917, and that death occurred, on the date stated above, at 108 m.

The CAUSE OF DEATH* was as follows:

The result of
Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 10 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jeremy L. Davis M. D.

April 15th, 1917. (Address) 1824 N. Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. — In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Carmel A.A.Co. — DATE OF BURIAL: April 17 1917

20-UNDERTAKER: Edw. Mitchell & Co — ADDRESS: 1201 W. Fayette

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4430

CERTIFICATE OF DEATH.

79 D 4430

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1838 Eagle ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Lehmuth

(Residence in Baltimore: No. 1838 Eagle St. St.; 33 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, December 9, 1878
(Month) (Day) (Year)

7-AGE, 38 yrs. 4 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home 037

9-BIRTHPLACE, (State or Country), Columbia, Pa.

PARENTS.

10-NAME OF FATHER, Henry Miller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Harriet Descher

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Young

(Address) 1830 Eagle St.

15-

Filed APR 16 1917 by ROBERT R. KRAUTER

Burial Permit Issued

N. B.—Every item must be answered in plain terms, so that it may be plainly understood. CAUSE OF DEATH in plain terms, so that it may be plainly understood. Every item is important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 13, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7 1917, to April 13 1917, that I saw her alive on April 13. 1917, and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

Influenza (Pneumonia)

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Valvula Disease of Heart

(Duration) yrs. 1 mos. 6 ds.

(Signed) L. O. Wilson M. D.

4.14....., 1917. (Address) 1733 Wilkens

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, April 17 1917.

20-UNDERTAKER Joseph T. Cook

ADDRESS 1003 W. Balto.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4431

CERTIFICATE OF DEATH.

15 D 4431

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 2514 Eager Pl. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Inf of Wm & Catherine Herold.

(Residence in Baltimore: No. 2514 Eager Place St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, April 13, 1917. (Month) (Day) (Year)

7-AGE, ... yrs. ... mos. ... ds. If LESS than 1 day, 5 hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work /
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm W Herold.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Catherine Franz

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ...

(Address) ...

15-

Filed APR 16 1917 ROBERT R. KRAUTHR.... Registrar.

Burial Permit Clerk

4737

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 13, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 13 1917, to April 13 1917, that I saw him alive on April 13 1917, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Stom Mouths Foetus

Chloroform Coll.

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Walter W. Wolste Jr. M. D.

(Address) 1101 N. Broadway

Apr. 15, 1917.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rel Cemetary Assn Board ... DATE OF BURIAL, April 15, 191...

20-UNDERTAKER ... ADDRESS ...

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 4432 +64 D 4432

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St.; 11 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Johnson

(Residence in Baltimore: No. Provident Hospital St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem.

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) 1830 (Year)

7-AGE, 87 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None —
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Md —

PARENTS.

10-NAME OF FATHER, John Gray —

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Johnson

(Address) Carey Md.

15- Filed APR 16 1917 191... ROBERT R. KRAUTER Registrar

Burial Permit Issued

CAUSE OF DEATH in plain terms, and must be important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 16th (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 27 1917, to Apr 16th 1917, that I saw her alive on Apr 15 1917, and that death occurred, on the date stated above, at 3.40 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 3 mos. 21 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Harry F. Brown M. D.

Apr 16 1917 (Address) 1501 Presstman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 14 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Cubb Hill Balto Co Md

19-PLACE OF BURIAL, OR REMOVAL, Woodlawn Cemetery — DATE OF BURIAL, Apr 18, 1917

20-UNDERTAKER Frederick Lassahn Mfg — ADDRESS Fullerton Md

D 4433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

17 D 4433

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1439 N. Bond St. St. 3 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Lewis Straiter

(Residence in Baltimore: No. 1439 N Bond St St.: 37 yrs. 7 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Divorced

6-DATE OF BIRTH: Sept 15, 1879 (Month) (Day) (Year)

7-AGE: 37 yrs. 7 mos. 0 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Clothing trimmer
(b) General nature of industry, business, or establishment in which employed (or employer): 080

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Lewis Straiter

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Catherine Ringsdorf

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Walter C. Bacon

(Address) 100 E 20th St

15 APR 16 1917 Filed ....., 191.... ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 15, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1916 to April 15 1917, that I saw h.m alive on April 15, 1917, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) About 1 yrs. 3 mos. 0 ds

Contributory (SECONDARY) Cardiac Failure

(Duration) ..... yrs. ..... mos. 1/2 ds.

(Signed) Walter C. Bacon M. D.

April 15, 1917 (Address) 100 E 20th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: April 18, 1917

20-UNDERTAKER: Henry Lutz — ADDRESS: 1007 N. Bond St

N. B.—Every item of information should be carefully supplied. AGE should be filled [illegible] state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

D 4434

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 D 4434

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2615 E Oliver St. 8 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Joshua Wright

(Residence in Baltimore: No. 2605 E Oliver St.: ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED ~~WIDOWED OR DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: Sept 14 (Month) (Day), 1837 (Year)

7-AGE: 79 yrs. 7 mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Bricklayer
(b) General nature of industry, business, or establishment in which employed (or employer): —
011

9-BIRTHPLACE (State or country): Illinois

PARENTS

10-NAME OF FATHER: John Wright

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Wright

(Address) 2615 E Oliver

15-Filed APR 16 1917 191 ROBERT E. KRAUTER REGISTRAR

Burial Permit Issued

N. B.-Every item of information should be carefully supplied. AGE should be stated. If child, state it in hours or days if it is very important. See instructions on back of certificate. Exact statement of OCCUPATION may be properly classified.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 16 (Month) (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from April 12, 191 7. to April 16 191 7. that I saw h[illegible] alive on April 16, 191 7. and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ~~yrs.~~ ..... mos. 4 ds

Contributory (SECONDARY) Arteriosclerosis

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Theodore Figueira M. D.

April 16 191 7 (Address) 1202 Gay

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: April 18 191 7

20-UNDERTAKER: Henry Lutz

ADDRESS: 1007 N. Bond st

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4435

CERTIFICATE OF DEATH.

6 ✓ D 4435

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1229 W Arros ST.; 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca J Taylor

(Residence in Baltimore: No. 1229 W arros St.; 56 yrs., 9 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, July (Month) 19 (Day), 1860 (Year)

7-AGE, 56 yrs. 8 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) 100

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER, Geo Herling

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Jane Nicholson

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs F Taylor

(Address) 1229 W arros St

15- APR 16 1917

ROBERT R. KRAUTER

Filed....., 191.....

Registrar

Burial Permit Issued

N. B.—CAUSE OF DEATH in plain terms, so that it may be understood. Every item important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 5 1917, to April 16 1917, that I saw h[illegible] alive on April 5 1917, and that death occurred, on the date stated above, at 7 30 p m.

The CAUSE OF DEATH* was as follows:

April 16

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edw Gamble M. D.

April 16, 1917 (Address) 521 Easton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western — DATE OF BURIAL, April 18, 1917

20-UNDERTAKER Geo W Little — ADDRESS 531 N Fremont Ave

D 4436

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

81

D 4436

1-PLACE OF DEATH

REGISTERED NO. C .....

CITY OF BALTIMORE (No. 324 N Schroeder ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas E. Childs

(Residence in Baltimore: No. 324 N. Schroeder St.; 58 yrs. mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~ MARRIED ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: April 5, 1859 (Month) (Day) (Year)

7-AGE: 58 yrs. — mos. 10 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Timer
(b) General nature of industry, business, or establishment in which employed (or employer): B+O RR

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Thomas Childs

11-BIRTHPLACE OF FATHER (State or country): Pennsylvania

12-MAIDEN NAME OF MOTHER: Sarah DeCoombs

13-BIRTHPLACE OF MOTHER (State or country): Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Everitt Childs

(Address) 324 A Schroeder St

15.

Filed APR 10 1917 ROBERT B. KRAUTER Burial Permit ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 15, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 10th, 1917, to April 15th 1917, that I saw h-m alive on April 14, 1917, and that death occurred, on the date stated above, at 3:10 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Sclerosis

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Bronchial Catarrh

(Duration) 2 yrs. 1 mos. ds.

(Signed) J. L. Lybrand M. D.

4/16, 1917 (Address) 211 N. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: April 18, 1917

20-UNDERTAKER: Geo W. Little — ADDRESS: 531 N Fremont Av

N. B.—Every item of information should be carefully supplied. Age must be stated. Exact statement of OCCUPATION is very important. See instructions on back of certificate. State CAUSE OF DEATH in plain terms, so that it may be properly classified.

D 4437.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 4437.

Lot 4 105

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2225 Cecil ave ST. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Doris A Smith

(Residence in Baltimore: No. 2225 Cecil ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word.) Girl

6-DATE OF BIRTH, Feb. 3 1911, (Month) (Day) / (Year)

7-AGE, 6 yrs. 2 mos. 12 ds. If LESS than 1 day ....hrs. or....min.? Inquiry

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Arnes Smith

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Laura Watson

13-BIRTHPLACE OF MOTHER (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laurs Smith

(Address) 2225 Cecil ave

15- APR 16 1917 Filed....., 191... Registrar. ROBERT R. KRAUTER Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 15 1917., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Indigestion

(Duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

, 191... (Address) N. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem DATE OF BURIAL, Apl 17, 1917

20-UNDERTAKER Chas F. Evans & Son ADDRESS 1180 Wnd Royal ave

N. B.—CAUSE OF DEATH in plain terms, so that it may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4438

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D 4438

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1204 Jefferson St. ST.; 5 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard H Venney

(Residence in Baltimore: No. 1204 Jefferson 20 St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Jan 28, 1916.
(Month) (Day) (Year)

7-AGE, 1 yrs. 2 mos. 18 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Matthew Venney

11-BIRTHPLACE OF FATHER (State or Country), Richmond Va.

12-MAIDEN NAME OF MOTHER Emmie Paine

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emmie Venney

(Address) 1204 Jefferson St.

15- APR 17 1917

Filed ..... 191.. Burial Permit Clerk
Registrar.

CAUSE OF DEATH must be stated by a physician if possible, and in all cases as definitely as the information will permit. Every certificate should be signed and the date of death given as near the time of death as possible. Every question should be answered if the information can be obtained by any reasonable effort. Special attention is called to the importance of stating the exact locality where the disease was contracted. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 15, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 6 1917, to April 15 1917, that I saw h[illegible] alive on April 15 1917, and that death occurred, on the date stated above, at 1025a m.

The CAUSE OF DEATH* was as follows:

12 a.m. Uremia Chronic Nephritis

Cardiac

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchitis Chronic

(Duration) ..... yrs. ..... mos. 9 ds.

(Signed) H. H. Leonard M. D.

April 16 1917. (Address) 108 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mount Zion Cem. DATE OF BURIAL, April 17, 1917.

20-UNDERTAKER Mrs J. G. Locks ADDRESS 1302 Jefferson

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

MICROFILMED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4439

CERTIFICATE OF DEATH.

79 D 4439

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 935 Lemmon ST.; 18 WARD)

(If death occurred in hospital or institution give its NAME instead of street and number fill out No. 18.)

2-FULL NAME Edward J Lafferty

(Residence in Baltimore: No. 935 Lemmon St.; 1 yrs., 11 mo., 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May 4 1905 (Month) (Day) (Year)

7-AGE, 11 yrs. 11 mos. 9 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... None

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Robert J Lafferty

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Lillian Magruder

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Brooks

(Address) 17 S Calhoun St

15- Filed APR 17 1917, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 14, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 1 1917, to Apr 14 1917, that I saw h[illegible] alive on 4/14/17, and that death occurred, on the date stated above, at 2.45 m.

The CAUSE OF DEATH* was as follows:

1. Valvular Heart Disease
(Mitral Regurgitation)
(Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) .....
(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.
4/15 1917 (Address) 888 W Lombard St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the St...

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL
Loudon Park Cem

20-UNDERTAKER
Robert Brookes Sons

A K S · A F F E T

Spec.—8-24-14—M. & T.—2000 Bks.

D 4440

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4440

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 12 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Burrell

(Residence in Baltimore; No. 2219 Hunter St St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) (Day) 1 (Year)

7-AGE, ... yrs. 14 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Burrell

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mattie Edmonds

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Smith

(Address) Johns Hopkins Hospital

15. Filed APR 17 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 14, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 12 1917 to April 14 1917, that I saw h.. alive on April 14 1917, and that death occurred, on the date stated above, at 1 45 p. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) 2 yrs. 0 mos. 7 ds.

CONTRIBUTORY (Secondary) Rachitis

(Duration) 0 yrs. 6 mos. 0 ds.

(Signed) D W Smith M. D.

April 14, 191.7 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 3 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2219 Hunter St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, April 17 191.7

20-UNDERTAKER Joseph A Harrell — ADDRESS 2319 Division St

N.B. CAUSE OF DEATH in plain terms, so that it may be properly classified. Each question important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4441

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

D 4441

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 Harrison ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Finegold

(Residence in Baltimore: No. 117 Harrison Street St.: 19 yrs.... mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1831 (Year)

7-AGE, 86 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 080

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J Lewis

(Address) 1411 E. Balto St

15- Filed APR 17 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1st 1910, to April 15 1917, that I saw h.r alive on April 15 1917, and that death occurred, on the date stated above, at 3P.M.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis

(Duration) 20 yrs.... mos.... ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) .... yrs. .... mos. 5 ds.

(Signed) M Lehrenreich M. D.

4/16, 191.. (Address) 716 N. High

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mehren Belair Road	4/17, 191..
20-UNDERTAKER Jacob Lewis	ADDRESS 1411 E Balto St

D 4442

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 175 D 4442

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Johns Hopkins Hospital ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harold Huhn

(Residence in Baltimore: No. ~~720 S. Boulding~~ St In Hospital St.; yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, August 23rd (Month), (Day), 1906 (Year)

7-AGE, 10 yrs. 7 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work School
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Ernst Huhn

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Helena Karreus

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ernst Huhn

(Address) 300 S. Boulding St.

15- Filed APR 17 1917, 191... HARRY C. ANDREWS Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 14th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism hit by automobile accident

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs....mos....ds.

(Signed) J. Knox Sinclair M. D.
(Coroner)

April 17 1917, 191... (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State 10 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 300 S Boulden St

19-PLACE OF BURIAL OR REMOVAL, 1st Evangelical Cemetery

DATE OF BURIAL April 17 1917

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson St

N. B.—CAUSE OF DEATH in plain terms, so that it may be properly classified. Each answer important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4443

CERTIFICATE OF DEATH.

92 D 4443

1-PLACE OF DEATH
CITY OF BALTIMORE: No. St. Joseph's Hosp ST.; 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Hesse

(Residence in Baltimore: No. 1211 N. Durham St.; 65 yrs., 4 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, November 27, 1851 (Month) (Day) (Year)

7-AGE, 65 yrs. 4 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sheet Metal Worker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herman R. Newman

(Address) 958 N. Chester St.

15- APR 17 1917 HARRY C. ANDREWS

Filed....., 191.... Registrar.

CAUSE OF DEATH In plain terms, so that it may be understood. Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 14 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 2 1917, to Apr. 14 1917, that I saw h im alive on Apr. 13 1917, and that death occurred, on the date stated above, at 5:30 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Chronic Pulmonary Oedema

(Duration) yrs. mos. 2 ds.

(Signed) W. F. Ohnell M. D.

4/17, 191.7 (Address) St. Joseph Hosp

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 12 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? /

Former or usual residence 1211 Durham St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel Cemetery	Apr. 17, 191.7
20-UNDERTAKER	**ADDRESS**
Christian Miller	2334 Jefferson St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4441 D 4441

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 123. W. Lanvale ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph. Mc. Dugan

(Residence in Baltimore: No. 123. W. Lanvale St.; ..... yrs., 6 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED~~ WIDOWED, OR DIVORCED, (*Write* the word.) Divorced

6-DATE OF BIRTH, August 1st, 1870
(Month) (Day) (Year)

7-AGE, 46 yrs. 8 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hardware Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer): " "

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Cumberland Dugan

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Harriett Buchanan

13-BIRTHPLACE OF MOTHER (State or Country), Washington County Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr C Nelson Dugan

(Address) 129 W Lanvale St

15- Filed APR 17 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 16th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20th 1917, to April 16th 1917, that I saw him alive on April 16th 1917, and that death occurred, on the date stated above, at 1.20 pm.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia Acute Nephritis

Contributory Arterio Sclerosis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

April 16th, 1917. (Address) 1305 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park Cathedral Cem — DATE OF BURIAL, 4—18..., 1917.

20-UNDERTAKER Henry W. Jenkins & Sons Co — ADDRESS Howard and Fayette

D 4445

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

41 D 4445

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1902 Cedar Road Walbrook (ST.) 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Allen Mc. Berry Worthington

(Residence in Baltimore: No. 1902 Cedar Road Walbrook One yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH Sept 30th 1855
(Month) (Day) (Year)

7-AGE 62 yrs. 6 mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE (State or country) Va.

PARENTS

10-NAME OF FATHER John L Berry

11-BIRTHPLACE OF FATHER (State or country) Va

12-MAIDEN NAME OF MOTHER Virginia Harpson

13-BIRTHPLACE OF MOTHER (State or country) Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Catherine I Worthington

(Address) 1902 Cedar Rd Walbrook

15. FILED APR 17 1917 BY HARRY C. ANDREWS Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Apr. (Month) 15 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 31st, 1917, to, Apr 15th 1917.

that I saw h[illegible] alive on Apr 15th, 1917.

and that death occurred, on the date stated above, at 7.50 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

Colon Inoperable

(Clinical) (Duration) yrs. mos. ds

Contributory (SECONDARY) Exhaustion

(Duration) yrs. mos. ds.

(Signed) Geo L Caverno M. D.

Apr 17th 1917 (Address) 2102 N Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: April 16, 1917

20-UNDERTAKER: C M Mahler — ADDRESS: 1201 W Fayette St.

N. B.-Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

D 4446

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

D 4446

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 813 China St. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Bailey

813 China

(Residence in Baltimore: No..... St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	married.

6-DATE OF BIRTH July (Month) 26 (Day) 1865 (Year)

7-AGE 51 yrs. 8 mos. 18 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer) 037

9-BIRTHPLACE (State or country) Maryland

PARENTS

10-NAME OF FATHER Thomas V. Dillehay

11-BIRTHPLACE OF FATHER (State or country) Maryland.

12-MAIDEN NAME OF MOTHER Georgeanna Foden

13-BIRTHPLACE OF MOTHER (State or country) Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Eliza Hayes

(Address) 223 Denver St

15- APR 17 1917

Filed ....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk REGISTRAR

N. B.—Every item of information called for should be properly furnished, so that it may be possible to state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. ATTENTION is very important.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY That I attended deceased from Nov 22, 191 6, to, April 13 191 7 that I saw h.. alive on April 12 191 7, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) ..... yrs ..... mos. ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs ..... mos. ..... ds.

(Signed) A. S. McCard M. D.

4/16, 191 7 [Address] 1005 Druid Hill Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Laurel Cemetery

DATE OF BURIAL April 17 191 7

20-UNDERTAKER John H. Toadvine

ADDRESS 1720 W. Pratt St

Spec.—8-24-14—M. & T.—2000 Bks.

D 4447

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 D 4447

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 W. Lee ST.; 22 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nannie Belle Sassiter

(Residence in Baltimore: No. 508 W Lee St.; 1 yrs. 4 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored.	Single

6-DATE OF BIRTH. Dec, 10, 1915
(Month) (Day) (Year)

7-AGE. 1 yrs. 4 mos. 5 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Joseph Sassiter

11-BIRTHPLACE OF FATHER (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER Nannie Puryear

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. Sassiter

(Address) 508 W. Lee St.

15- APR 17 1917 HARRY C. ANDREWS
Filed ..... 191.... Burial Permit Clerk
Registrar.

CAUSE OF DEATH must be stated. See instructions on back of certificate. important.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April, 15, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 24, 1917, to Apr. 15, 1917, that I saw her alive on Apr. 15, 1917, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Acute Bronchopneumonia

No History (Duration) ....yrs. ....mos. 21 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) David Drauchin M. D.

4/16, 1917 (Address) 172 W Lee St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Cemetery	April 17..., 1917
20-UNDERTAKER John H. Toadvine	ADDRESS 142 W Hill

D 4448

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 4448

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 224 W. Hamburg St. ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Spriggs.(C)

(Residence in Baltimore: No. 224 W. Hamburg St. St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female.	Colored	Married.

6-DATE OF BIRTH, Do not know., (Month) (Day) 1 (Year)

7-AGE, 63 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None.
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Calvert Co Md.

PARENTS.

10-NAME OF FATHER, Thomas Harrid.(C)

11-BIRTHPLACE OF FATHER (State or Country) Calvert Co Md.

12-MAIDEN NAME OF MOTHER Do not know.

13-BIRTHPLACE OF MOTHER (State or Country) Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F. Spriggs.(C) husband.

(Address) 234 W. Hamburg St.

15- Filed APR 17 1917, 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 15th. 1917., 191.. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart and Kidneys.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo. W. Reinhardt M. D. (Coroner.)

April 17, 1917 (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, April 18, 19.17

20-UNDERTAKER John H Sowden — ADDRESS 1431 Eutaw

N. B.—Every item of information must be given in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

D 4449

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4449

CERTIFICATE OF DEATH.

80

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 929 Somerset st ST.: 10 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nicholas H Fetsch

(Residence in Baltimore: No. 929 Somerset st St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
male	white	married

6-DATE OF BIRTH, Jan 27 (Month) 1852 (Day), 1 (Year)

7-AGE, 65 yrs. 2 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Broom Maker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Valemtine Fetsch

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Barbara Sutman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Fetsch

(Address) 929 Somerset st

15-

Filed APR 17 1917, 191.. MARY L. ANDREWS Registrar.

Burial Permit Clerk

N.B.—EVERY BLANK must be filled. Data furnished should be properly classified. Place a figure 0 where the answer is none. Write plainly with ink. Use no abbreviations in CAUSE OF DEATH in plain terms, so that it may be properly classified. Each item is important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 15 1917 (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. Luckey M. D. (Coroner)

191... (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State 61 yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 929 Somerset St

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem. DATE OF BURIAL, Apr. 18, 19..

20-UNDERTAKER Albert E. Fiedler ADDRESS 221 N Brady

Spec.—8-24-14—M. & T.—2000 Bks.

D 4450

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

D 4450

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 W. Pratt ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Welch

(Residence in Baltimore: No. 1114 W. Pratt St ST.; 35 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 15th, 1865
(Month) (Day) (Year)

7-AGE, 51 yrs. 10 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 197

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, James Kavanaugh

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Feeney

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) John Welch

(Address) 1114 W Pratt st

15- APR 17 1917 HARRY C. ANDREWS
Filed ....., 191 Burial Permit Clerk
Registrar.

N. B.—Every item of information called for in CAUSE OF DEATH in plain terms, so that it may be properly classified. Each item is important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 15, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 10 1917, to Apr. 15 1917, that I saw h[illegible] alive on Apr. 15 1917, and that death occurred, on the date stated above, at 9 30 a.m.

The CAUSE OF DEATH* was as follows:

Cystitis & Hemorrhage

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas Norton M. D.

4/16, 191 7 (Address) 848 N. Lomb St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, New Cathedral Cemetery

DATE OF BURIAL, April 17, 1917.

20-UNDERTAKER John J Fields

ADDRESS 1200 W Lombard st

D 4451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 7 4 D 4451

REGISTERED No. C

PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST. 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME Charles Gosnell

(Residence in Baltimore: No. 2509 W. Christian St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, April 10, 1863
(Month) (Day) (Year)

7-AGE, 54 yrs. mos. 5 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Washman 041
(b) General nature of industry, business, or establishment in which employed (or employer). Laundry

9-BIRTHPLACE, (State or Country), Don't know

PARENTS.

10-NAME OF FATHER, Don't know

11-BIRTHPLACE OF FATHER (State or Country). Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country). Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H E. Conelay

(Address) Elite Laundry

15-

Filed APR 17 1917, 191.. HARRY O. ANDREWS Registrar.

Burial Permit Given

N. B.—Every item of information should be given. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 15, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

I. Ac. Dilatation of Heart

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(Duration) yrs. mos. ds.

(Signed) M. L. Miles M. D.
(Coroner.)

April 16, 1917 (Address) 165 E Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Airy - Carroll Co.	April 18, 1917
20-UNDERTAKER Wm. Cook	ADDRESS 502 E. North Ave.

Spec.—3-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 4452

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3413 Greenmount St.; 9 Ward)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philip H. Warfield

(Residence in Baltimore: No. 3413 Greenmount Ave St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Oct (Month) 1 (Day), 1847 (Year)

7-AGE.	If LESS than 1 day,
69 yrs. 6 mos. 15 ds.	....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Car Conductor
(b) General nature of industry, business, or establishment in which employed (or employer): C.T.

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm Warfield

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Shipley

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Warfield

(Address) 3413 Greenmount Ave

15-

Filed APR 17 1917 191.... HARRY C. ANDREWS Registrar.
Burial Permit Clerk

CAUSE OF DEATH. Please read carefully the important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7 1917, to April 16 1917, that I saw him alive on April 16 1917, and that death occurred, on the date stated above, at 1.30 P.m.

The CAUSE OF DEATH* was as follows:

Exhaustion from Syncope with Heart Block

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) ....yrs. ....mos. 9 ds.

(Signed) Wm. H. Pillsbury M. D.

4/17, 191.7. (Address) 2801 York Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Bait Cem	Apl 18, 191.7.

20-UNDERTAKER Lowe Crook

ADDRESS 502 E. Fayette

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4453

CERTIFICATE OF DEATH.

91 D 4453

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1118 Saratoga ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Green

(Residence in Baltimore: No. 1118 Saratoga St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Child

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 1 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER, Jerry Green

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Nora Golden

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vincent Johnson

(Address) 1118 N Saratoga St

15- APR 17 1917 Filed....., 191.... Burial Permit Clerk Registrar.

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 15, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 30 1917, to April 15 1917, that I saw h[illegible] alive on April 15 1917 and that death occurred, on the date stated above, at 2:00a m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) H. P. Haddock M. D.

4/15, 191.7 (Address) 117 N. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn | DATE OF BURIAL, April 17, 191.7

20-UNDERTAKER Charles B. Jones | ADDRESS 233 Pine St

Spec.—8-24-14—M. & T.—2000 Bks.

D 4454

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4454

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 S. Carrish ST. 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Albert Clazey

(Residence in Baltimore: No. 306 S. Carrish St St.; 21 yrs. 4 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, November 19, 1895
(Month) (Day) (Year)

7-AGE, 21 yrs. 4 mos. 27 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... 040

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Harry Clazey

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Florence Ely

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Clazey

(Address) 306 S. Carrish St.

15- APR 17 1917 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CAUSE OF DEATH in plain words. Omit technical terms if possible. Be sure to fill in all items which are important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 15, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 10 1917, to April 15 1917, that I saw h.. alive on April 14 1917, and that death occurred, on the date stated above, at 10 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis,

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) yrs. 4 mos. ds.

(Signed) Stephen [illegible] M. D.

....., 191... (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, London Park DATE OF BURIAL, Nov. 18....., 191..

20-UNDERTAKER Harry A. Witzke ADDRESS 153 W. Lombard

Spec.—8-24-14—M. & T.—2000 Bks.

D 4455

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4455

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1407 Kupper Place ST.; 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Edward Vinyard

(Residence in Baltimore: No. 1407 Kupper Place St.; yrs. 11 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, April 17, 1916
(Month) (Day) (Year)

7-AGE, yrs. 11 mos. 29 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, William Vinyard

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Adelaide Smith

13-BIRTHPLACE OF MOTHER (State or Country) Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Vinyard

(Address) 1407 Kupper Place

15-

Filed APR 17 1917, 191.

Burial Permit Clerk
Registrar.

ROBERT C. ANDERSON
Burial Permit Clerk

CAUSE OF DEATH to plain terms, if important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 16, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 3 1917, to April 15 1917, that I saw h[illegible] alive on April 15 1917, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos. ds.

(Signed) Dr. H. C. Nuttall M. D.

April 17, 1917. (Address) 2249 Mulberry

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Western Cemetery DATE OF BURIAL, April 19, 1917

20-UNDERTAKER Harry L. Witzke ADDRESS 153 W. Lombard

Spec.—8-24-14—M. & T.—2000 Bks.

D 4456

HEALTH DEPARTMENT—CITY OF BALTIMORE

103 D 4456

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1307 Division ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza J. Dudley

(Residence in Baltimore: No. 1307 Division St.; 18 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Feb 1 (Month) (Day) 1854 (Year)

7-AGE, 63 yrs. 2 mos. 1 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laundress
(b) General nature of industry, business, or establishment in which employed (or employer)..... Home

9-BIRTHPLACE, (State or Country), N C

PARENTS.

10-NAME OF FATHER, John Bump

11-BIRTHPLACE OF FATHER (State or Country), N C

12-MAIDEN NAME OF MOTHER Rosa Brock

13-BIRTHPLACE OF MOTHER (State or Country), N C

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Emanuel Dudley

(Address) 1307 Division St

15- Filed APR 17 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 16, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7 1917, to April 16 1917, that I saw h[illegible] alive on April 16 1917, and that death occurred, on the date stated above, at 7.30 m.

The CAUSE OF DEATH* was as follows:

Pyaemia Septic

(Toxic form)

(Duration) yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. 14 ds.

(Signed) E. Edward Hughes M. D.

April 6, 1917. (Address) 1423 N. [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn N C — DATE OF BURIAL, April 19 1917.

20-UNDERTAKER Geo A Holland — ADDRESS Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

D 4457

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4457

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 10 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Madeline Grossman

(Residence in Baltimore: No. 1014 West Sterling Court St.; 5 yrs., 6 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, October 2nd, 1860
(Month) (Day) (Year)

7-AGE 56 yrs. 6 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 637

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Plaut

(Address) Johns Hopkins Hos

15- APR 17 1917 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 31 1917, to Apr. 17 1917, that I saw h[illegible] alive on April 17 1917, and that death occurred, on the date stated above, at 4 15 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(Duration) yrs. 0 mos. 5 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

(Signed) W. H. Welch M. D.

April 17 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 18 ds. In the State Life yrs.....mos.....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1014 West Sterling Ct.

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, Apr. 20, 1917.

20-UNDERTAKER Henry Hoen Son

ADDRESS 1301 E Eager

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4458 — D 4458

CERTIFICATE OF DEATH.

REGISTERED NO. C.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1330 Steever St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Byrnes

(Residence in Baltimore: No. 1330 Steever St St.; 13 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, June (Month) 24 (Day) 1845 (Year)

7-AGE, 71 yrs. 9 mos. 21 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Baker
(b) General nature of industry, business, or establishment in which employed (or employer) 008

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Thomas Byrnes

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Kirby

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Byrne

(Address) 2019 E. Preston St.

15- APR 17 1917 Filed, 191. HARRY C. ANDREWS Burial Permit Clerk Registrar.

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 15 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from April 12 1917, to April 15 1917, that I saw him alive on April 14 1917, and that death occurred, on the date stated above, at 8.30 m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma (Primary)

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) B P Kerzer M. D.

April 15, 191 7. (Address) 1305 N Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Westerns — DATE OF BURIAL, April 17, 191 7.

20-UNDERTAKER C. J. Medefindt — ADDRESS 2113 Greenmount Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 4459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 D 4459

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 N Spring ST. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernestine York.

(Residence in Baltimore: No. 714 N Spring St St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown, 1902
(Month) (Day) (Year)

7-AGE, 15 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School girl.
(b) General nature of industry, business, or establishment in which employed (or employer). 00

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John York

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Rosa.

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary York

(Address) 714 N Spring St

15. APR 17 1917 HARRY C. ANDREWS
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 16, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 1917, to April 16 1917, that I saw h alive on April 16 1917, and that death occurred, on the date stated above, at 12 5 m.

The CAUSE OF DEATH* was as follows:

C. M. Malignant Tuberculosis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. M. Watts M.D. Watts M. D.

April 16 191 7. (Address) 1101 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery DATE OF BURIAL, April 18, 191 7.

20-UNDERTAKER Wm. H. A. Elliott ADDRESS 506 East St.

N.B.—Every item of information should be given if possible. Read CAUSE OF DEATH in plain terms, so that it may be properly classified. Each item is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4460 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 4460

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 10 St.; WARD) REGISTERED No. C 92

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Columbus Drake

(Residence in Baltimore: No. 817 Sterling St. St.; ..yrs..mos..ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) Unknown (Day), 1885 (Year)

7-AGE, 32 yrs. mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work Laborer (b) General nature of industry, business, or establishment in which employed (or employer) Odd

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp

15- Filed APR 17 1917, 191.. ROBERT E. KRAUTER Registrar Burial Permit

CAUSE OF DEATH is plainly written and important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 17 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from April 3 1917, to April 17 1917, that I saw him alive on April 17 1917, and that death occurred, on the date stated above, at 12.15 m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ..yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) Pneumococcus Meningitis

(Duration) ..yrs. mos. 4 ds.

(Signed) H. W. Barton M. D.

April 17 1917. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. mos. 14 ds. In the State L yrs. mos. ds.

Where was disease contracted, if not at place of death? L

Former or usual residence 817 Sterling St

19-PLACE OF BURIAL OR REMOVAL, Penbrook N.C. DATE OF BURIAL, 4/17..., 1917.

20-UNDERTAKER Jack Lewis ADDRESS 1411 E Balt

Spec.—8-24-14—M. & T.—2000 Bks.

D 4461

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4461

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1240 Dargent ST.; 21 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Chas H. Jr Gen Foster

(Residence in Baltimore: No. 1240 Sargent St.; ....yrs., ...mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH Apr. 16, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 1 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Chas Henry Foster

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Jennie Smith

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C H Foster

(Address) 1240 Sargent

15- APR 17 1917 Filed....., 191... ROBERT R. KRAUTER Registrar

Burial Permit

CAUSE OF DEATH is particularly important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 17, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 16 191.. to April 17 191..
that I saw h.. alive on April 16, 191..
and that death occurred, on the date stated above, at 7 m.
The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Paul Schwarzkopf M. D.

Apr 17 191.. (Address) 1120 W Lexington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, April 18, 1917

20-UNDERTAKER John J Fields — ADDRESS 1200 W Lombard St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 4462

CERTIFICATE OF DEATH.

D 4462

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 S. Rose St. ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catharine M. Ey,

(Residence in Baltimore: No. 701 S. Rose St. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, September 15, 1903
(Month) (Day) (Year)

7-AGE, 13 yrs. 7 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work At School
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country) Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Charles Ey.

11-BIRTHPLACE OF FATHER (State or Country) Baltimore, Md.

12-MAIDEN NAME OF MOTHER Louisa Pocock

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Charles Ey,
(Address) 701 S. Rose St.

15- Filed APR 17 1917, 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

CAUSE OF DEATH in plain terms. Omissions important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 16 (Day) 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 14 1917, to April 16 1917, that I saw h[illegible] alive on April 16 191..., and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Pyloric Stenosis

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Peritonitis

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) O. L. Long M. D.

April 17, 1917. (Address) 2701 Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Schwartz's Cemetery DATE OF BURIAL, April 19.., 1917

20-UNDERTAKER Zirkler & Zirkler ADDRESS 1739 E. Eager St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4463

CERTIFICATE OF DEATH.

8 D 4463

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1729 E. Lafayette Ave. St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Hilberg

(Residence in Baltimore: No. 1729 E. Lafayette av. St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, 9 (Month) 7 (Day) 1846 (Year)

7-AGE,	If LESS than 1 day,
71 yrs. 7 mos. 8 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Jacob Rusty

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Mary Higgins

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. R. L. Kraut Jr.

(Address) 1729 E. Lafayette Ave.

15- Filed APR 17 1917 191.... ROBERT R. KRAUTH Registrar.

Burial Permit Given

CAUSE OF DEATH to be filled in plainly and completely. Use no abbreviations or ditto marks. Be particular and critical. Every item important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1916, to April 15, 1917, that I saw her alive on April 15, 1917, and that death occurred, on the date stated above, at 11 35 p. m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

(Duration) 2 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edwin B. Fenby M. D.

Apr. 17, 1917. (Address) 1223 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cem.	April 18 1917
20-UNDERTAKER	ADDRESS
Geo. J. Ruth	1735 Linford Ave.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4464

CERTIFICATE OF DEATH.

120 D 4464

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3662 Falls Road ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia A. Kaiser

(Residence in Baltimore: No. 3662 Falls Road St.: 66 yrs., 9 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June 20, 1850 (Month) (Day) (Year)

7-AGE, 66 yrs. 9 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Michael Myers

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Eva

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John A. Kaiser

(Address) 3662 Falls Road

15- APR 17 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 16, 1917 (Month) (Day) (Year)

17, I HEREBY CERTIFY, That I attended deceased from Dec 10th 1917, to April 16 1917, that I saw her alive on April 16th 1917, and that death occurred, on the date stated above, at 5A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) yrs. mos. ds.

(Signed) John H. Mosser M. D.

April 17 1917 (Address) 3632 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cathedral Cemetery	April 18, 1917

20-UNDERTAKER Horace Burgee & Son ADDRESS 363 Falls Rd.

D 4465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 4465

REGISTERED No. C 29

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 655 W. Mulberry ST.: 4 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Brickley

Residence in Baltimore: No. 655 W Franklin St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Color	Single

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, 55 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer) —

243 040

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Harris

(Address) 655 W. Mulberry St

15- Filed APR 17 1917, 191.... ROBERT B. KRAUTER Burial Permit Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 3, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease,

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Gilbert F Dorsett M. D.
(Coroner.)

Apl 3, 1917. (Address) 312 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death .....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19...
20-UNDERTAKER Commissioner Health	ADDRESS

UNIVERSITY OF MARYLAND APR 17 1917

S. B.—Everything must be written in plain terms, so that it may be properly CAUSE OF DEATH important. See instructions on back of certificate.

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D 4466

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 4466

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. St Josephs Hospital ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Ganner

(Residence in Baltimore: No. Not Known St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	

6-DATE OF BIRTH, ... (Month) ....., 1 (Day) ..... (Year)

7-AGE, 50 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... 040

9-BIRTHPLACE, (State or Country), Un

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country), Un

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country), Un

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed ..... 4, 191.....

ROBERT B. KRAUTER
Registrar

APR 17 1917
Burial Permit Clerk

Morgue

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April 4 (Month) 1917 (Day), 191 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner.) M. D.

Apr. 6, 191.. (Address) 114 E. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

STATE OF MARYLAND APR 17 1917
Commissioner Health

N. B.—Every line must be properly answered, so that it may be plain terms, so that it may be property examined. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

24 3

4735

D 4467

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 4467

CERTIFICATE OF DEATH.

REGISTERED No. C

PLACE OF DEATH

CITY OF BALTIMORE (No. 1710 Thames St ST.: 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Osborne Hindson

(Residence in Baltimore: No. 1710 Thames St St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown, 1 ..... (Month) (Day) (Year)

7-AGE, 27 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Seaman
(b) General nature of industry, business, or establishment in which employed (or employer) ..... USN

9-BIRTHPLACE, (State or Country), Norway

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Easley Tabler Platts

(Address) Bond & Broadway

15- Filed APR 17 1917 191.... ROBERT R. KRAUTER Registrar Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) Investigation find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry Ryan Smith M. D. (Coroner)

April 15 1917 (Address) 1610 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19...
20-UNDERTAKER	ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

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Mortgage

UNIVERSITY OF MARYLAND APR 17 1917 Department of Public Health

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4468

CERTIFICATE OF DEATH.

120 D 4468

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 107 Broad Alley St.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jack Corey

(Residence in Baltimore: No. 107 Broad Alley St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Unknown

6-DATE OF BIRTH, ... Unknown, 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
40 about Unknown yrs. mos. ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Unknown
(b) General nature of industry, business, or establishment in which employed (or employer)..... 487

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Estelle Bobby, Sister

(Address) Bond K. v Broadway

15-

Filed APR 17 1917 191.... ROBERT B. KRAUTER

Registrar

Burial Permit Issued

733

Morgue

CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 15, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Chronic Alcoholism

(Duration)....yrs....mos....ds.

(Signed) Thomas Ryan Asst Eg M. D.
(Coroner)

3/5, 1917. (Address) 1610 E. Fairmount

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health

W. E. WOODALL

D 4469

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 4469

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 314 Lewis st ST.: 5 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Moody

(Residence in Baltimore: No. 314 Lewis at St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	col	single

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, 60 ....yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laboter
(b) General nature of industry, business, or establishment in which employed (or employer)..... 040

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9-BIRTHPLACE, (State or Country). MD

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- APR 17 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar

732

CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April 10 1917 ....., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

(Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs.....mos.....ds.

(Signed) ..... M. D. (Coroner.)

4/12/ 191... (Address) ..... Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs.....mos.....ds. In the State....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND

Spec.—8-24-14—M. & T.—2000 Bks.

D 4470

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 4470

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 7 WARD)
REGISTERED No. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Irwin.

Residence in Baltimore: No. Johns Hopkins Hosp St.; ..... yrs., ... mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, Oct (Month) 15 (Day), 1854 (Year)

7-AGE, 62 yrs. 6 mos. 2 ds.
If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Peter Irwin.

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER, Mary Shaw

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Pfeiffer

(Address) Johns Hopkins Hosp

15- APR 17 1917 Filed ..... 191... ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 21st 1917, to April 17- 1917, that I saw him alive on April 17- 1917, and that death occurred, on the date stated above, at 4-a- m.

The CAUSE OF DEATH* was as follows:

Carcinoma Rectum

(Duration) 15 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Operation

(Duration) ... yrs. ... mos. 13 ds.

(Signed) C. E. Ed. Caverly M. D.

April 17, 191.7 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. 18 ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death? —
Former or usual residence Williamsport Pa

19-PLACE OF BURIAL OR REMOVAL, Jersey Shore Pa. DATE OF BURIAL, April 18, 1917.

20-UNDERTAKER Wm J. Schaeffer & Son ADDRESS 1800 monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4471

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4471

CERTIFICATE OF DEATH

1-PLACE OF DEATH Union Protestant Infirmary REGISTERED NO. C 479

CITY OF BALTIMORE: (No. 1514 Division ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edwin Wetherington

Residence in Baltimore: No. Union Protestant Infirmary St.; yrs., mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	white	married

6-DATE OF BIRTH, February 7, 1857.
(Month) (Day) (Year)

7-AGE, 60 yrs. 2 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Ofc

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Amos Wetherington

11-BIRTHPLACE OF FATHER (State or Country). North Carolina

12-MAIDEN NAME OF MOTHER Mary Owen

13-BIRTHPLACE OF MOTHER (State or Country). North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Edward Wetherington

(Address) New Bern N.C.

15- APR 17 1917 Filed....., 191.. ROBERT R. KRAUTER Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 13 1917, to April 17 1917, that I saw him alive on April 17 1917, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was, as follows:

Myocardial insufficiency

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(Duration) yrs. mos. 2 ds.

(Signed) R. T. Kieffer M. D.

Apr. 17, 1917. (Address) 1514 Division

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State yrs. mos. 4 ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence Newbern, N. C.

19-PLACE OF BURIAL OR REMOVAL. New Berne N.C. DATE OF BURIAL, April 18, 191.7

20-UNDERTAKER Jos B Cook ADDRESS 1003 Madison

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks. Charles C. Brockhoff

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1472 64 D 1472

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 S Castle ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles C Brackhoff

(Residence in Baltimore: No. 608 S Castle St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Nov (Month) 9 (Day), 1835 (Year)

7-AGE, 81 yrs. 5 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)..... 080

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Elizabeth Mandler

(Address) 608 S Castle St

15- APR 17 1917 Filed....., 191.....

ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 15 (Day), 1917 (Year)

I HEREBY CERTIFY, That I attended deceased from Mch 21 1917, to April 15 1917, that I saw h[illegible] alive on April 15 1917, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Central Hemorrhage

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) La Grippe

(Duration) ....yrs. ....mos. 25 ds.

(Signed) Geo. Lelle M. D.

4-17, 191.7 (Address) 1937 Gough St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Western Cem

DATE OF BURIAL, April 18, 1917.

20-UNDERTAKER Peter Nicolaus

ADDRESS 2046 Eastern Ave

important. See instructions on back of certificate.

FILM

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4473

CERTIFICATE OF DEATH.

167

D 4473

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Hales

(Residence in Baltimore: No. 149 E. Fort Ave St.; yrs., 30 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept (Month) Four (Day) 1 (Year)

7-AGE, 37 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House
(b) General nature of industry, business, or establishment in which employed (or employer). 03

9-BIRTHPLACE, (State or Country), Balt.

PARENTS.

10-NAME OF FATHER, Adam Junker

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Hales

(Address) 329 E. Hamburg St

15- APR 17 1917 Filed, 191. ROBERT R. KRAUTER Registrar.

Burial Permit filed.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns - accidental
Caught fire from stove
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

Apr 17, 1917. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death? E. Fort Ave
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, April 22 19 17

20-UNDERTAKER M. L. Flynn ADDRESS 42 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Use no abbreviations. Be specific. Be important. See instructions on back of certificate.

PHOTOSTAT

Spec.—5-19-13—M. & T.—500 Bks. Martha A. Schultz

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4474 — 170 — D 4474

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 2023 W Lanvale ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha A Schultz

(Residence in Baltimore: No. 2023 W Lanvale St.; yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) — (Day) 1 (Year)

7-AGE, 61 yrs. 9 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Treadall

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Staub

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs A Schultz

(Address) 2023 W Lanvale

15- ROBERT R. KRAUTER

Filed APR 17 1917, 191.. Burial Permit Clerk.

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 16 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from April 4 1917, to April 16 1916, that I saw her alive on April 15 1917, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows: Chronic Nephritis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) yrs. mos. ds.

(Signed) C H Evans M. D.

April 17, 191.. (Address) 2138 Druid Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	April 18, 1917
20-UNDERTAKER	ADDRESS
Stewart Mowen Co	108 W North Ave

KODAK

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4475 D 4475

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Busjaeger

(Residence in Baltimore: No. 2 Lauriston Ave Arlington yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ..., 1894.
(Month) (Day) (Year)

7-AGE, 23 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): 015

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Albert Busjaeger

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Eliz. Simons

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Busjaeger

(Address) 212 E Lexington St

15- Filed APR 17 1917, 191.... ROBERT R. KRAUTER Registrar.
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4/10/17 191..., to 4/17/17 191..., that I saw h.. alive on 4/17/17 191..., and that death occurred, on the date stated above, at 10:30 Am.

The CAUSE OF DEATH* was as follows:
Septic Endocarditis Meningitis

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Alcoholism Malaria (two)
Tr. Masturbation (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frank C. Marino M. D.

St. 1.7.17, 191... (Address) Maternity Hosp...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Not Known

Former or usual residence 2 Lauriston Ave.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cem	April 18, 1917.
20-UNDERTAKER	ADDRESS
Wm Cook &	502 E Hoffman

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4476

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4476

CERTIFICATE OF DEATH.

X 127

1-PLACE OF DEATH Md. Gen. Hospital REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Lindsay ave & Madison ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Daniels

(Residence in Baltimore: No. Md. Gen. Hospital St.; ....yrs., ...mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	colored	Married

6-DATE OF BIRTH, January (Month) 5th (Day), 1874 (Year)

7-AGE, 43 yrs. 3 mos. 10 ds. If LESS than 1 day, ...hrs. or ....mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Africa.

PARENTS.

10-NAME OF FATHER, Samuel Daniels.

11-BIRTHPLACE OF FATHER (State or Country), African.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Africa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Daniels

(Address) Winchester Md.

15- APR 17 1917 ROBERT B. KRAUTER

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 21 1917, to April 15 1917, that I saw h im alive on April 15 1917, and that death occurred, on the date stated above, at 2.15 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism

..... (Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Tuberculosis unknown

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) B. B. Gump M. D.

April 16 1917 (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 25 ds. In the State 43 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Winchester, Md.

Former or usual residence " " "

19-PLACE OF BURIAL OR REMOVAL, ... DATE OF BURIAL, April 16, 1917.

20-UNDERTAKER Commissioner Health. ADDRESS [redacted]

For Wm. R. Stockell

Important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 4477. 134 D 4477.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 379 Yale Ave ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie H. Engel

(Residence in Baltimore: No. 379 Yale Ave St.; life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Aug (Month) 2 (Day) 1878 (Year)

7-AGE 38 yrs. 8 mos. 15 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, John Peregoy

11-BIRTHPLACE OF FATHER (State or Country) Baltimore City

12-MAIDEN NAME OF MOTHER Sarah J. Blunt

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) William E. Engel
(Address) 379 Yale Ave Dmgtr

15- Filed APR 17 1917, 191.... ROBERT R. KRAUTER Registrar

Burial Permit

Cross out words not important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 17th (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1916, to April 17 1917, that I saw h.. alive on April 17th 1917, and that death occurred, on the date stated above, at 3.30 p m.

The CAUSE OF DEATH* was as follows:

Pregnancy

(Duration) ... yrs. 8 mos. 15 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) ... yrs. ... mos. ½ hour ds.

(Signed) Hyman J. Greenberg M. D.

Apr. 17..., 1917. (Address) 1841 Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem | DATE OF BURIAL: Apr 19 1917

20-UNDERTAKER: William Cook | ADDRESS: 5076 North

D 1478

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

168 D 1478

REGISTERED NO. C.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 607 W Fayette ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John L. Matthews

(Residence in Baltimore: No. 607 W Fayette St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Nov. 16, 1844
(Month) (Day) (Year)

7-AGE, 72 yrs. 5 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Watchman
(b) General nature of industry, business, or establishment in which employed (or employer) 062

9-BIRTHPLACE, (State or Country). Ireland

PARENTS.

10-NAME OF FATHER, Owen Mathews

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER dau Kerr

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Owen Mathews

(Address) 105 Scott St

15- APR 17 1917 191.. ROBERT R. KRAUTER Registrar

Filed Burial Permit Given

CAUSE OF DEATH to be plainly written. Important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 15, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gas Poison. — Accidental

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Albert L. Dorsett M. D.
(Coroner)

Apl 16, 1917. (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, New Cathedral

DATE OF BURIAL, Apr. 18, 1917

20-UNDERTAKER E. LeRoy Stiffler

ADDRESS 844 W 36th St

D 4479

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

29 D 4479

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1704 N. Smallwood St. 15 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William H. Griffith

Residence in Baltimore: No. 1704 N. Smallwood St. (If not in Baltimore give CITY OR TOWN and STATE)

18 yrs. 6 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6 DATE OF BIRTH Oct 30 1898 (Month) (Day) (Year)

7 AGE 18 yrs. 6 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9 BIRTHPLACE (State or country) Baltimore

PARENTS

10 NAME OF FATHER William H Griffith

11 BIRTHPLACE OF FATHER (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Minnie L Lumacher

13 BIRTHPLACE OF MOTHER (State or country) Baltimore

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) William Henry Griffith
(Address) 1704 N Smallwood St

15. APR 17 1917 ROBERT B. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr. 17, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan, 1917, to Apr. 17 1917, that I saw h[illegible] alive on Apr. 17, 1917, and that death occurred, on the date stated above, at 11.00 a m.
The CAUSE OF DEATH* was as follows:

Tuberculous D Spine - right & left Hip.
about 10
(Duration) yrs. mos. ds

Contributory (SECONDARY) General miliary tuberculosis
(Duration) yrs. mos. ds.

(Signed) C.S. Nesbett M. D.
Apr 17, 1917 (Address) Garrison & Calvert

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Mt Olivet Cem. DATE OF BURIAL Apr 20, 1917

20 UNDERTAKER Joseph B Cook ADDRESS 1003 W Balto

N. B.—Every question must be answered, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Bessie Girardeau

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4480

CERTIFICATE OF DEATH.

108

D 4480

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Bessie Girardeau

(Residence in Baltimore: No. 1226 Oak Hurst Place St.: 35 yrs., 7 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Jan 24th, 1882
(Month) (Day) (Year)

7-AGE, 35 yrs. 7 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Nicholas L. McCauley

11-BIRTHPLACE OF FATHER (State or Country), Howard Co Md.

12-MAIDEN NAME OF MOTHER, Clara Carmody

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R L Girardeau

(Address) 1226 Oakhurst Place

15- APR 17 1917 Filed....., 191.. ROBERT R. KRAUTER Burial Permit Clerk

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 16, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 10 1917, to April 16 1917, that I saw h er alive on April 14 1917, and that death occurred, on the date stated above, at 2 15 P m.

The CAUSE OF DEATH* was as follows:

Chr Appendicitis

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Pneumonia (Postoperative)

(Duration) ....yrs. ....mos. 5 ds.

(Signed) A M Harmon M. D.

4/16, 191.7 (Address) Church Home & Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1226 Oak Hurst Place.

19-PLACE OF BURIAL OR REMOVAL, Western Cem — DATE OF BURIAL, April 19, 191..

20-UNDERTAKER Joseph B Cook — ADDRESS 1003 W Baltimore

64481 HEALTH DEPARTMENT—CITY OF BALTIMORE 167

CERTIFICATE OF DEATH.

REGISTERED No. C 4481

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital ST.: WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Viola. Pezzica.

(Residence in Baltimore: No. 1100 N. Sharp. St St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female.	White	Single.

6-DATE OF BIRTH, Not Known., 1 (Month) (Day) (Year)

7-AGE, ..Yrs..mos..ds. If LESS than 1 day, ..hrs. or..min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS

10-NAME OF FATHER, Antino Pezzica

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Rose Morino

13-BIRTHPLACE OF MOTHER (State or Country), Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leo G. Cook

(Address) North & Harford Ave

15- Filed April 17th, 1917. ROBERT R. KRAUTER, Burial Permit Clerk

CAUSE OF DEATH in plain terms, as full as may be necessary. All items important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ..death on the day stated above.

The CAUSE OF DEATH* was as follows:

Forcing following Convulsions
burns about face & body caused
by falling hot water on herself accidental
(Duration) ..yrs..mos..ds.

CONTRIBUTORY (Secondary)
(Duration) ..yrs..mos..ds.

(Signed) Albert L. Driscoll M. D.
(Coroner.)

Apl. 29, 1917. (Address) 312 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS). At place University Hospital In the of death..yrs..mos.12ds. State..yrs..mos..ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Vincents	April 18th 1917
20-UNDERTAKER	ADDRESS
Wendell Dippel & Son	325 Cumb St

NERAL AFFIDAVIT — The Daily Record Print.

State of Maryland, to wit:

BE IT REMEMBERED, That on this 20 day of April
D., 1917, before me the subscriber, a Notary Public
the said state, in and for the City aforesaid, personally appeared
A. L. Driscoll met Coroner.

nd made oath in due form of law that Viola Pergica, is correct
ame hereinto stated on Death Certificate
ho died on april 17 - 1917 University Hospital
s witnessed my hand and Notorial
eal.

Emily M Schaefer
Notary Public

D 4481

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

17 D 4481

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital. ST.: 33 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pasito Zuley

Residence in Baltimore: No. 1100 S Sharp. St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... December, 1 ..... (Month) (Day) (Year)

7-AGE, 2 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Arturo Zuley

11-BIRTHPLACE OF FATHER (State or Country). Italy

12-MAIDEN NAME OF MOTHER Rose morrisi

13-BIRTHPLACE OF MOTHER (State or Country). Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hospital Records

(Address) Green & Lombard St.

15- APR 17 1917

Filed....., 191.... ROBERT R. KRAUTER Registrar.

Burial Permit (Over)

CAUSE OF DEATH must be given in all cases. It is important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry.) thereon and, from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Toxemia following Extensive burns about face & body upset hot water on her. (Duration) ..... yrs. ..... mos. ..... ds.
Accident.
CONTRIBUTORY (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. A Doscani M. D. (Coroner.)

Apl 17, 1917. (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place University Hospital In the of death.....yrs.....mos. 12 ds. State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1100 S Sharp St

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, April 18 1917

20-UNDERTAKER Wendell Appel & Co — ADDRESS 378 N

D 4482

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

109

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1232 N. Caroline ST. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna L. Hopwood

(Residence in Baltimore: No. 1232 N. Caroline St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Jan (Month) 2 (Day), 1843 (Year)

7-AGE: 74 yrs. 3 mos. 14 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE (State or country): Frederick Md

PARENTS

10-NAME OF FATHER: David Miller

11-BIRTHPLACE OF FATHER (State or country): Frederick Md

12-MAIDEN NAME OF MOTHER: Charlotte Miller

13-BIRTHPLACE OF MOTHER (State or country): Frederick Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Purks

(Address) 1232 N. Caroline St

15- APR 18 1917 Filed ....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 15th, 1917, to, April 16th 1917, that I saw h.r alive on April 16th 1917, and that death occurred, on the date stated above, at 7.25 P. m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction

Adhesions (Duration) ..... yrs ..... mos. 2 ds.

Contributory (SECONDARY) Shock

..... (Duration) ..... yrs ..... mos. 1 ds.

(Signed), Leonard M. C. Parker M. D.

April 17th 1917. [Address] 1114 Hampstead Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Frederick Md — DATE OF BURIAL: April 19, 1917

20-UNDERTAKER: Henry Lutz — ADDRESS: 1007 N. Bond St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

D 4483

HEALTH DEPARTMENT–CITY OF BALTIMORE

28

CERTIFICATE OF DEATH

D 4483

1 PLACE OF DEATH

CITY OF BALTIMORE (No 639 West Hoffman St.: 17 WARD)

Registered No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Monzella Johnson

Residence in Baltimore: No. 639 West Hoffman St.: 18 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Blk

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Unknown 1899
(Month) (Day) (Year)

7 AGE: 18 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 870

9 BIRTHPLACE (State or country): Baltimore - Md.

PARENTS

10 NAME OF FATHER: Henry Johnson

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Caroline Billingsley

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Mary Billingsley

(Address): 54 Dolphin St.

15. Filed APR 18 1917, 191 HARRY C. ANDREWS Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April 15th, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 14, 1917, to April 17 1917.
that I saw her alive on April 17, 1917.
and that death occurred, on the date stated above, at 9 A m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
7

(Duration) 1 yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Bertha E. Tapman M. D.

April 15, 1917 (Address) 2733 York Road.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: Apr 18, 1917

20 UNDERTAKER: Sam'l Newsley

ADDRESS: 578 Biddle

N. B.—Every item of information should be given, so that it may be properly classified. EXACTNESS is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4484 — 129 — D 4484

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp ST.; 17 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary L. Lewis

(Residence in Baltimore: No. 1311 Argyle Ave St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	widowed

6-DATE OF BIRTH, Unknown, 1867
(Month) (Day) (Year)

7-AGE, 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, Charles Williams

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Johanna Hall

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josephine V. Tilley

(Address) 1311 Argyle Ave

15- Filed APR 18 1917 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 16., 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 28 191 7, to April 16 191 7, that I saw h e alive on April 16 191 7, and that death occurred, on the date stated above, at 10:30 m.

The CAUSE OF DEATH* was as follows:

General Peritonitis

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Inoperable Fibroma

of Uterus (Duration) yrs. mos. ds.

(Signed) J. F. Lentz M. D.

April 16, 1917. (Address) Univ. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 19 ds. In the State 50 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1311 Argyle Ave

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cem	Apr 19, 1917
20-UNDERTAKER	ADDRESS
Samuel V. Hemsley	3 Bast Eddie

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4485

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4485

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2111 Division ST.: 14 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Avon C Gantt

(Residence in Baltimore: No. 2111 Division St.: ....yrs., 11 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May 2nd 1916, (Month) 11-16 (Day) 1 (Year)

7-AGE, ...yrs. 11 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Thurmon Gantt

11-BIRTHPLACE OF FATHER (State or Country), Baltio

12-MAIDEN NAME OF MOTHER Mary Young

13-BIRTHPLACE OF MOTHER (State or Country), Baltio

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Gantt

(Address) 2111 Division st

15-

Filed APR 18 1917, 191.... HARRY O. ANDREWS Registrar.

Burial Permit Issued

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4/17, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4/14 191.., to 4/17 191.., that I saw h.. alive on 4/17 191.., and that death occurred, on the date stated above, at 5:20 p. m.

The CAUSE OF DEATH* was as follows:

To-ber Pneumonia

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Black Butler M. D.

4/17, 191.. (Address) 2132 N Howard St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Apr 18, 1917

20-UNDERTAKER Sam. H. Thompson

ADDRESS 1400 Harlem

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4486

CERTIFICATE OF DEATH.

37 D 4486

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Millinier

(Residence in Baltimore: No. Mercy Hospital St.; yrs., mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April 14, 1917
(Month) (Day) (Year)

7-AGE, — yrs. — mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Jacob Millinier

11-BIRTHPLACE OF FATHER (State or Country), Russia.

12-MAIDEN NAME OF MOTHER Minnie Werner

13-BIRTHPLACE OF MOTHER (State or Country), Russia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Millinier

(Address) 2113 Westwood Ave

15- APR 18 1917 Filed ..... 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 14 1917, to April 17 1917, that I saw h[im] alive on April 17 1917, and that death occurred, on the date stated above, at 11½ m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobular

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward R. Leavell M. D.

April 18, 1917. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Rosedale

DATE OF BURIAL, April 18, 1917

20-UNDERTAKER H. Feinsod & Bro

ADDRESS 1107 E Balto St.

D 4487 HEALTH DEPARTMENT—CITY OF BALTIMORE 155 D 4487

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST. 11 WARD)

2-FULL NAME David Hooks

Residence in Baltimore: No. St. Charles Hotel N. Charles St.

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Aged 33 yrs., mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, 1

(Month) (Day) (Year)

7-AGE, 33 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bar-tender
(b) General nature of industry, business, or establishment in which employed (or employer): Bar

9-BIRTHPLACE, (State or Country), Alabama

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Police Dept.

(Address)

15-

Filed APR 19 1917, 191 HALLY C. ANDREWS Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17, 1917.

(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an M. Yes. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) M. Yes. find that said deceased came to h[illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Pulmonary Tuberculosis Hemorrhage

4 days

Duration

Taken with Suicidal Intent

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis & Arteriosclerosis Hemorrhage

Duration

(Duration) yrs. mos. ds.

(Signed) W T Riley M. D.

(Coroner.)

April 18, 1917. (Address) 1637 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 4 days yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? St Charles Hotel

Former or usual residence? Florence Alabama

19-PLACE OF BURIAL, OR REMOVAL, Florence Ala

DATE OF BURIAL, Apr 18, 191

20-UNDERTAKER George A Phelps Sulter & Sayette

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 4488

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 4488

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged People Home St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Auguste Elise Boss

(Residence in Baltimore: No. German Aged Peoples Home St.; 63 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Feb. (Month) 10 (Day), 1829 (Year)

7-AGE, 88 yrs. 2 mos. 6 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, B. W. Cola.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Gertrude Reuter

13-BIRTHPLACE OF MOTHER (State or Country), Gemany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Records of German Aged Home

(Address) Baltimore Hayden Sts

15- Filed APR 18 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

important. See instructions on back of certificate

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 15 1917, to April 16 1917, that I saw h-ll alive on April 15 1917, and that death occurred, on the date stated above, at 12 30 noon m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteio Sclerosis

(Duration) — yrs. — mos. — ds.

(Signed) John H. Huff M. D.

April 16, 1917. (Address) 1543 W Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 7 yrs. mos. ds. In the State 63 yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence German Aged Peoples Home

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	April 18, 1917.
20-UNDERTAKER	**ADDRESS**
Jos Block	1003 W Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

D 4489

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 4489

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 13 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Anderson

Residence in Baltimore: No. 25-10 Druid Hill ave St.; — yrs., — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... (Month) ....., 1839 (Day) (Year)

7-AGE, 78 yrs. ..... mos. ..... da. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, James Anderson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie Little

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Univ. Hospital Record

(Address) Greene & Lombard Sts.

15-

Filed APR 18 1917, 191.... HARRY C. ANDREWS ..... Registrar.
Burial Perm

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 14 1917, to April 17 1917, that I saw him alive on April 17th 1917, and that death occurred, on the date stated above, at 5.55 P.m.

The CAUSE OF DEATH* was as follows:

Dulcan Pneumonia

(Duration) ..... yrs. ..... mos. 3 da.

CONTRIBUTORY. (Secondary) Sclerosis of Coronary

(Duration) ..... yrs. ..... mos. ½ da.

(Signed) J. E. Owens M. D.

4/18, 191.7 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 da. In the State Life mos. ..... da.

Where was disease contracted, if not at place of death? —

Former or usual residence 25-10 Druid Hill ave

19-PLACE OF BURIAL, Loudon Park Cem DATE OF BURIAL, April 20, 191.7

20-UNDERTAKER Ed Roy Shipley ADDRESS 844 N 36 St

important. See instructions on back of certificate

Spec.—8-24-14—M. & T.—2000 Bks.

D 4490

HEALTH DEPARTMENT—CITY OF BALTIMORE 19

D 4490

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1427 N. Vincent ST.; 15 WARD) — REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Harris

Residence in Baltimore: No. 1427 N. Vincent St. St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Widow

6-DATE OF BIRTH, May (Month) 2 (Day), 1862 (Year)

7-AGE, 54 yrs. 11 mos. 14 ds. — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 100

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Adele Williams

(Address) 1427 N. Vincent St.

15. APR 18 1917 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 16 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 6 1917, to April 18 1917, that I saw h er alive on April 13 1917, and that death occurred, on the date stated above, at 3:45 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John D. [illegible] M. D.

April 16, 1917. (Address) 1502 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn	April 18, 1917.
20-UNDERTAKER	**ADDRESS**
Edward Ringgold	1463 N. Carey

important. See instructions on back of certificate.

Spec.—4-14—M. & T.—2000 Bks.

D 4491

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 4491

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Harvard A. Kelly Hosp. St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irene MacBeth Adger

(Residence in Baltimore: No. 1416 Eutaw Place. St.; — yrs., — mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, aug. 16, 1872.
(Month) (Day) (Year)

7-AGE 44 yrs. 8 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) ooo

9-BIRTHPLACE, (State or Country), S.C. Batesville

PARENTS.

10-NAME OF FATHER, Alex. MacBeth.

11-BIRTHPLACE OF FATHER (State or Country), S.C. Charleston

12-MAIDEN NAME OF MOTHER Eliza L. Lenholm.

13-BIRTHPLACE OF MOTHER (State or Country), S.C. Charleston

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. I. E. Adger (per rus)

(Address) Greenville S.C.

15- HARRY C. ANDREWS

Filed APR 18 1917 by Burial Permit Clerk
Registrar.

important. See instructions on back of Certificate

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 18, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 5 1917, to April 18 1917, that I saw her alive on April 17 1917, and that death occurred, on the date stated above, at 7.10 a.m.

The CAUSE OF DEATH* was as follows:

Exophthalmic Goitre

Brain Abscess

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. 4 mos. ds.

(Signed) Robert W. Lewis M. D.

April 18 1917. (Address) 1418 Eutaw Pl. Balto.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 17 ds. In the State yrs. mos. 17 ds.

Where was disease contracted, if not at place of death? Greenville S.C.

Former or usual residence Greenville S.C.

19-PLACE OF BURIAL OR REMOVAL, Greenville S.C. DATE OF BURIAL, April 18, 1917.

20-UNDERTAKER Chas. G. Black ADDRESS 1211 W. Mulberry

Spec.—8-24-14—M. & T.—2000 Bks.

D 4492

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 4492

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Hopkins

(Residence in Baltimore: No. 3 mos 4 days in Hospital St.; ..... yrs. 3 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, December 31, 1856
(Month) (Day) (Year)

7-AGE, 60 yrs. 3 mos. 18 ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, J. C. Hopkins

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Priscilla W. Hopkins

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G. Smith

(Address) Johns Hopkins Hospital

15- Filed APR 18 1917, 191.... HARRY O. ANDREWS Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 18, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 15 1917, to April 18 1917, that I saw h[illegible] alive on April 17 1917, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of cæcum

Clinical 4th Operation

(Duration) ... yrs. 3 mos. ... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ... yrs. ... mos. ... ds.

(Signed) Alan C. Woods M. D.

April 18, 191.. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. 3 mos. 4 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Havre de Grace Md

19-PLACE OF BURIAL OR REMOVAL Havre de Grace Md | DATE OF BURIAL. April 18, 191..

20-UNDERTAKER E & B Hale | ADDRESS #115 E West St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4493

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4493

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 N. Wolfe ST.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Hill

(Residence in Baltimore: No. 1007 N. Wolfe St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored a. a.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 1, 1897
(Month) (Day) (Year)

7-AGE, 20 yrs. 1 mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 040

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Wright Hill

11-BIRTHPLACE OF FATHER (State or Country) N. C.

12-MAIDEN NAME OF MOTHER Chasie Hill

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Hill

(Address) 1303 Fremont Ave

15-

Filed APR 18 1917 191.

BARRY O. ANDREWS
Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 16, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 16, 1917, to April 16 1917, that I saw h[illegible] alive on April 16 1917, and that death occurred, on the date stated above, at 11 a, m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Phthisis Pulmonalis

(Duration) yrs. 2 mos. ds.

(Signed) J. K. Lowson M. D.

4/16/17 (Address) 1520 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, April 18th, 1917

20-UNDERTAKER Chas E Bailey

ADDRESS 143-1 Jefferson st

important. See instructions on back of certificate

D 4491

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92) D 4491

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1021 Patapsco St. St. 23 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alfred C.Rice.

(Residence in Baltimore: No. 1021 Patapsco St. St.: 26 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: April 22nd. 1868. (Month) (Day), 1 (Year)

7-AGE: 48 yrs. 11 mos. 26 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Tinner
(b) General nature of industry, business, or establishment in which employed (or employer): 084

9-BIRTHPLACE (State or country): Ludington Mich.

PARENTS

10-NAME OF FATHER: Orenzo R.Rice

11-BIRTHPLACE OF FATHER (State or country): New York.

12-MAIDEN NAME OF MOTHER: Lucy M.Chandler.

13-BIRTHPLACE OF MOTHER (State or country): New York.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): M.Elizabeth Rice.(wife)
(Address): 1021 Patapsco St.

15- Filed APR 18 1917 191 HARRY C. ANDREWS Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 17th. 1917. (Month) (Day), 191 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April.4th. 191 7. to. April 17th 191 7. that I saw him alive on April 17th 191 7. and that death occurred, on the date stated above, at 2.25A m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 13 ds

Contributory (SECONDARY): Apnoea.

(Duration) yrs. mos. ds.

(Signed) Otto M. Rennhardt M. D.

April.17. 191 7. (Address) 1017 S.Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemtery	April 19th 191 7
20-UNDERTAKER: F. A Krause	ADDRESS: 703 S Conk.

N. B.—Every item of information must be given if possible, so that it may be properly classified. Each item should be answered in full, and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Each item should be answered in full, and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Each item should be answered in full, and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Each item should be answered in full, and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Each item should be answered in full, and state CAUSE OF DEATH in plain terms, so that it is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4495 D 4495

HEALTH DEPARTMENT—CITY OF BALTIMORE

35

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1209 Hull St ST.; 24 WARD)
REGISTERED No. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James E. Murphy
(Residence in Baltimore: No. 1209 Hull St St.; 34 yrs. 5 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	white.	Single

6-DATE OF BIRTH, Oct (Month) 23 (Day) 1882 (Year)

7-AGE, 34 yrs. 5 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto, Md.

PARENTS.
10-NAME OF FATHER, Theodore J. Murphy
11-BIRTHPLACE OF FATHER (State or Country), West Indies
12-MAIDEN NAME OF MOTHER Laura A. Heymach
13-BIRTHPLACE OF MOTHER (State or Country), Balto, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. Murphy (mother)
(Address) 1209 Hull St

15- Filed APR 18 1917, 191..... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 15, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1916, to Apr. 15 1917, that I saw him alive on Apr. 14 1917, and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:

(a) Thrombosis
(Duration) 1 yrs. mos. 10 ds.
CONTRIBUTORY (Secondary) General Debilitation
(Duration) yrs. 6 mos. ds.

(Signed) C. N. Heuchan M. D.
Apr. 18, 1917. (Address) 1228 St. Paul

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cem. DATE OF BURIAL, April 18, 1917.

20-UNDERTAKER M. J. Flynn ADDRESS 1422 Light

Spec.—8-24-14—M. & T.—2000 Bks.

D 4496

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 4496

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2511 Elsinor Ave. St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Glesenkamp Carr

Residence in Baltimore: No. 2511 Elsinor Ave. St.; 21 yrs., --- mos. --- ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, August 9th., 1864.
(Month) (Day) (Year)

7-AGE 52 yrs. 8 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country), Penna.

PARENTS.

10-NAME OF FATHER. William Glesenkamp.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
William Carr.
(Informant)
2511 Elsinor Ave.
(Address)

15- Filed APR 18 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 16, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 16 1917, to April 16 1917, that I saw h[illegible] alive on April 16 1917, and that death occurred, on the date stated above, at 5 P m.
The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

6 hours
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) 4 yrs. 4 mos.

(Signed) Arthur A Schamberg M. D.
April 17, 1917. (Address) 2806 Barron Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL April 17, 191.7

20-UNDERTAKER Chas E. Evans & Son ADDRESS 118 W. Mt. Royal Ave

Important. See instructions for filling out.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4497.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4497

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Caroline and Jefferson Sts

CITY OF BALTIMORE: (No.) St Joseph Hospital St.; 8 WARD) 108 REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen J. Stromer

(Residence in Baltimore: No. 1503 Federal st St.; lifetime yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, July 12" (Month) (Day), 1903 (Year)

7-AGE, 13 yrs. 9 mos. 6 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work School Girl
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Henry K. Stromer

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Mary A. Spahn

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry K. Stromer

(Address) 1503 E. Federal St.

15- APR 18 1917 Filed, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 18th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 24th 1917, to April 18 1917, that I saw her alive on apl 17th 1917, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Lung resulting from a Diseased pulmonary tuberculosis (Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Gangrenous appendix (Duration) yrs. mos. 5 ds.

(Signed) Millard L Rexmore M. D.

Apl 18, 1917. (Address) St Jo Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death — yrs. — mos. 5 3 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Home

Former or usual residence 1503 Federal St.

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer DATE OF BURIAL, Apl 20, 1917

20-UNDERTAKER Chas. S. Cronin & Son ADDRESS 1518 N. Eutaw

Important. See instructions on back of this sheet.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4498

CERTIFICATE OF DEATH.

120. D 4498

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 Mosher ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J. Speddeu

(Residence in Baltimore: No. 1216 Mosher St.; 82 yrs., 6 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, Oct (Month) 16 (Day), 1834 (Year)

7-AGE, 82 yrs. 6 mos. 0 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Robert B Speddeu

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Elizabeth Wrightson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lillian Corcoran

(Address) 1216 Mosher St

15- Filed APR 18 1917 191.... ROBERT R. KRAUSER Registrar.

Important. See instructions on back of this sheet.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 16th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15 1917, to April 16th 1917, that I saw her alive on April 16th 1917, and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Apnoea - sclerosis
Chronic Interstitial Nephritis
(Duration) 1.0 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Pneumonia
(Duration) — yrs. — mos. 10 ds.

(Signed) Herbert F. Freeman M. D.

April 18, 1917. (Address) 127 W. Lafayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London St Cem.	4/19, 1917
20-UNDERTAKER	**ADDRESS**
D. F. and M. Cully	130 E. Fort Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4499

CERTIFICATE OF DEATH.

28

D 4499

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1814 Hanover ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gust. Haffner

(Residence in Baltimore: No. 1814 Hanover St. 20 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	White	Married

6-DATE OF BIRTH. Oct. 7, 1850 (Month) (Day) (Year)

7-AGE. 66 yrs. 6 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Store 0140

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry Haffner.

11-BIRTHPLACE OF FATHER (State or Country), Germ

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Haffner

(Address) 1814 Hanover

15- APR 18 1917 Filed ....., 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

Important. See instruction on back of Certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1916, to April 17 1917, that I saw h in alive on April 16 1917, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Respiratory Trouble

(Duration) D yrs. mos. 2 ds.

(Signed) R. R. Campbell M. D.

April 18 1917. (Address) 164 E Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, 4/19, 1917

20-UNDERTAKER J. Frew McCully ADDRESS 130 E. Fort Ave.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4500 64 D 4500

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 626 N. Kenwood Avenue ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katie Hyde

(Residence in Baltimore: No. 626 N. Kenwood Avenue St.; 50 yrs., 1 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
female	white	married

6-DATE OF BIRTH, March 11th (Month) (Day), 1867 (Year)

7-AGE, 50 yrs. 1 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Christ

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Helena Schaefer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Grace H. Lankford

(Address) 826 N. Carorine St.

15- Filed APR 18 1917, 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

Important. See instructions on back of this blank.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 16th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany. 4th 1917, to April 16th 1917, that I saw her alive on April 16th 1917, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Paralysis Agitans

(Duration) 2 yrs. mos. ds.

(Signed) Edw. M. Emanuel M. D.

April 17, 1917 (Address) 5 N. Washington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, April 18 1917

20-UNDERTAKER Robb J. Turner — ADDRESS 1442 N. Broadway

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4501

CERTIFICATE OF DEATH.

42 D 4501

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1803 E. North av. ~~St.~~ 8 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah M. Slasman

(Residence in Baltimore: No. 1803 E. North av. ~~St.~~; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Fenal

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widowed

6-DATE OF BIRTH, ... December ..., (Month) ... (Day) 185[illegible] (Year)

7-AGE, 58 yrs. ... mos. ... da.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country): Balto Md.

PARENTS.

10-NAME OF FATHER: J. Slasman.

11-BIRTHPLACE OF FATHER (State or Country): Balto Md.

12-MAIDEN NAME OF MOTHER: Martha Lightner

13-BIRTHPLACE OF MOTHER (State or Country): Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence Frey

(Address) 1803 E. North Ave

15-

Filed APR 18 1917 191... ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 17 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1916, to April 17, 1917, that I saw her alive on April 16, 1917, and that death occurred, on the date stated above, at 12 a m.

The CAUSE OF DEATH* was as follows:

Uterine carcinoma

Chronic (Duration) 2 yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) Edwin B. Fenby, M. D.

Apr. 18, 1917. (Address) 1223 N. Carolina Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudenne — DATE OF BURIAL, April 20 1917

20-UNDERTAKER H. Grasson. — ADDRESS 705 W 37th St.

Important. See instructions on back of Certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4502

CERTIFICATE OF DEATH.

120 D 4502

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 225 E. 25th St.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cecelia Pindar Hamilton

(Residence in Baltimore: No. 225 E 25 St. St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ..., 1853
(Month) (Day) (Year)

7-AGE, 63 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Miles

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Ann Rund

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) O. A. Fergusson

(Address) 225 E. 25th St.

15- APR 18 1917 ROBERT R. KRAUTER
Filed....., 191.....
Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 16, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 1916, to Apr 16 1917, that I saw her alive on Apr 16 1917, and that death occurred, on the date stated above, at 10-45 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

Uremia

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. O. Kirby M. D.

Apr 17, 1917 (Address) 110 E North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cat. Chas Co Md. DATE OF BURIAL, April, 1917

20-UNDERTAKER W E Gossom ADDRESS 705 W 37th St.

Important. See instructions on back.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4503

CERTIFICATE OF DEATH.

39 D 4503

REGISTERED No. C.....

1-PLACE OF DEATH 128 S. Schroeder St.

CITY OF BALTIMORE: (No.) ..... ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Egan,

(Residence in Baltimore: No. 128 S. Schroeder St St.; ....yrs.,....mos.....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Wht	Married

6-DATE OF BIRTH, ... (Month) Feb (Day) 1 (Year)

7-AGE,	If LESS than 1 day,
60 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Retired 040

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, James Egan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Egan

(Address) 128 S. Schroeder St.

15- Filed APR 18 1917 ROBERT R. KRAUTER ..... Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 17 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 1 1917, to Apr. 17 1917, that I saw him alive on Apr 17 1917, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Tongue

Exhaustion

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Chas Norton M. D.

4/18, 1917. (Address) 888 W. Lombard St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Peters Cem	Apr 20, 1917
20-UNDERTAKER	ADDRESS
J. J Canavo Son	901 Hillen St

Important: See instructions on the back of this Certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4504

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

REGISTERED NO. C D 4504

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1035 N. Stricker ST.; 16 WARD)

2-FULL NAME Olivia V. Jones

(Residence in Baltimore: No. 1035 N. Stricker St.; ....yrs.,....mos.....ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec 16, 1857
(Month) (Day) (Year)

7-AGE, 59 yrs. 4 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School
(b) General nature of industry, business, or establishment in which employed (or employer): Teacher 068

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thomas J. Jones

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Brown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Thos Walls

(Address) 1035 N. Stricker st

15- APR 18 1917 ROBERT R. KRAUTER

Filed....., 191... Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 30 1917, to April 17, 1917, that I saw h[illegible] alive on April 16, 1917, and that death occurred, on the date stated above, at 6.30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis (non-tuberculous)

(Duration) 1 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Respiratory failure

(Duration) ....yrs. ....mos. 7 ds.

(Signed) [illegible] M. D.

April 17 1917 (Address) Wood & Eastern

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Coem — DATE OF BURIAL, April 19, 1917.

20-UNDERTAKER Wm J Tucker & Sons — ADDRESS Pratt ave

Important.—See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4505 **CERTIFICATE OF DEATH.** 152 D 4505

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. ..... ST. ..... WARD) 7

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Kanow

(Residence in Baltimore: No. 1712 E. Madison St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. April 13, 1917.
(Month) (Day) (Year)

7-AGE. ....yrs. ....mos. 3 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) — 000

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Harry Kuhl

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Anna Kanow

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital

(Address) Records

15-

Filed APR 18 1917 ROBERT R. KRAETER, Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 16, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 13 191 7, to April 16 191 7, that I saw him alive on April 16 191 7, and that death occurred, on the date stated above, at 10:19 m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Disease of Newborn

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Congenital debility

(Duration) ....yrs. ....mos. 3 ds.

(Signed) H. Schwarz M. D.

4-16 191 7 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State ....yrs. ....mos. 3 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
UNIVERSITY OF MARYLAND.	APR 18 1917
20-UNDERTAKER	ADDRESS
Commissioner Health.	

Per. Wm. E. WOODALL.

Important. See instructions on back of certificate.

741

Naomi Laurence.

D 4506

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4506

CERTIFICATE OF DEATH.

91

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 26 W Lafayette St. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Naomi Laurence

(Residence in Baltimore: No. 26 W Lafayette St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 1 yrs. 3 mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none.
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

000

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Emmet Crawford.

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Sarah Laurence.

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Laurence

(Address) 26 W. Lafayette St.

15- APR 18 1917 Filed....., 191... ROBERT R. KRAUTER Registrar

Burial Permit

CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 17, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest, au-
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchitis

Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Organic Heart Disease

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. T. Riley M. D.
(Coroner.)

April 18, 191... (Address) 1637 Bunday

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem	Apr. 19, 17

20-UNDERTAKER E. B. Pyc ADDRESS 1026 Mulberry

S·A·F·E

D·A·K

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4507

CERTIFICATE OF DEATH.

28 D 4507

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Carey

(Residence in Baltimore: No. 614 N. Wallus St St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	Black	single

6-DATE OF BIRTH, August 31, 1914
(Month) (Day) (Year)

7-AGE, 2 yrs. 5 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

000

9-BIRTHPLACE, (State or Country), md.

PARENTS.

10-NAME OF FATHER, Samuel Carey

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Emma Walkins

13-BIRTHPLACE OF MOTHER (State or Country), md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address) Johns Hopkins Hospital

15- Filed APR 18 1917, 191... ROBERT R. KRAUTH Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 13 1917, to April 17 1917, that I saw h.... alive on April 17 1917, and that death occurred, on the date stated above, at 6 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 0 yrs. 1 mos. 0 ds.

CONTRIBUTORY.....
(Secondary)

(Duration)....yrs....mos....ds.

(Signed) Henry B. Conrad M. D.

April 17, 191... (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 2 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 614 N Wallus St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Apr. 19, 1917

20-UNDERTAKER Felix B. Frye ADDRESS 1025 E. Baltimore St.

D 4508

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 D 4508

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 409 W Hoffman ST. 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Charity Kinnard

(Residence in Baltimore: No. 409 Hoffman St.; 2 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	Married

6 DATE OF BIRTH ..... (Month) ..... (Day), 1874 (Year)

7 AGE 43 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 037

9 BIRTHPLACE (State or country) Virginia

PARENTS

10 NAME OF FATHER John Smith

11 BIRTHPLACE OF FATHER (State or country) Va

12 MAIDEN NAME OF MOTHER Mat Kemp

13 BIRTHPLACE OF MOTHER (State or country) Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George Kinnard

(Address) 409 N Hoffman

15 Filed APR 18 1917, 19.. ROBERT R. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH ..... 4 (Month) ..... 16 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from June ..., 1916, to April 16 1917, that I saw h.er alive on April 16, 1917, and that death occurred, on the date stated above, at 7 45 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ... yrs. 8 mos. ... ds

Contributory (SECONDARY) Bronchitis

(Duration) ... yrs. 2 mos. ... ds.

(Signed) J. L. Hawkins M. D.

April 18, 1917 (Address) 202 S Mulberry

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Lemmon Cemetery	Apr 20, 1917
20 UNDERTAKER	ADDRESS
John A Bickley	5 [illegible]

N. B. Every item must be answered. Exact statement of OCCUPATION is necessary that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

James Dumbrill

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4509

CERTIFICATE OF DEATH.

64 D 4509

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 762 Pulton ST.; 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Dumbrill

(Residence in Baltimore: No. 762 Pulton St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) ..... (Year)

7-AGE, 55 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Cotton
(b) General nature of industry, business, or establishment in which employed (or employer) ..... General

3 4

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Dumbrill

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Simmons

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Dumbrill

(Address) 411 Dr. Lane

15- APR 18 1917 ROBERT E. KRAUTER Registrar.

Filed ..... 191. Burial Permit Issued

Important. See instructions on the back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April 17th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 15th 191 7 to April 17th 191 7
that I saw h[illegible] alive on April 17th 191 7
and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 1 ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. A. Lee Ellis M. D.

April 18, 191 7 (Address) 924 Mad. Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Farmer or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, April 19, 191 7

20-UNDERTAKER John A. Bechtol

ADDRESS 1107 N. Eden Ave

4510

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 D 4510

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1423 Riverside Ave ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augusta W Quenhart

(Residence in Baltimore: No. 1423 Riverside Ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: February (Month) 15th (Day) 1852 (Year)

7-AGE: 65 yrs. 2 mos. 1 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): At Home. 037

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Frederick Ehoff

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Augusta A Feltz

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alma Quenhart

(Address) 1423 Riverside Ave

15- Filed APR 18 1917 191 ROBERT R. KRAUTER Burial Permit Issued REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan., 1910, to, April 16 1917, that I saw h.r. alive on April 16 1917, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 6 yrs mos ds.

Contributory (SECONDARY) Cardiac Dilatation

(Duration) 6 yrs mos 5 ds.

(Signed) G. L. Duxton M. D.

April 16, 1917 [Address] 301 E. Lanvale St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cem. DATE OF BURIAL: Apr 19, 1917

20-UNDERTAKER: G. Lehmann & Son ADDRESS: 1037 Hanover St

State CAUSE OF DEATH. See instructions on back of certificate.
TION is very important.

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 4511 28 D 4511

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1963 Patterson Pl ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Howard Walter Heinick

(Residence in Baltimore: No. 1963 Patterson Pl St.; Duplex' ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male — 4-COLOR OR RACE: White — 5-SINGLE (Write the word): Single

6-DATE OF BIRTH: Jan (Month) 16 (Day), 1897 (Year)

7-AGE: 23 yrs. 3 mos. ds. — If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Pressman
(b) General nature of industry, business, or establishment in which employed (or employer): Grief Bros. 063

9-BIRTHPLACE (State or country): Maryland.

PARENTS

10-NAME OF FATHER: Charles. W. Hennick

11-BIRTHPLACE OF FATHER (State or country): Maryland.

12-MAIDEN NAME OF MOTHER: Mary L. Grupy

13-BIRTHPLACE OF MOTHER (State or country): Hartford Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles. W. Hennick

(Address) 1963 Patterson Place

APR 18 1917 Filed ..., 191... ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 16 (Day), 1917 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 7, 1917, to, April 16 1917, that I saw him alive on April 16 1917, and that death occurred, on the date stated above, at 8.46 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs 6 mos. ds.

Contributory (SECONDARY) .....

(Duration) yrs. mos. ds.

(Signed) L. Shelley M. D.

April 18, 191... [Address] 2249 Roland

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Oaklawn Cem — DATE OF BURIAL: April 19th 1917.

20-UNDERTAKER: Geo. G. Cook — ADDRESS: North & Harford Ave

State CAUSE OF DEATH in plain words. See instructions on back of certificate. TION is very important.

D 4512

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4512

CERTIFICATE OF DEATH.

79

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 717 Brannan's Court. ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Matthews.(C)

(Residence in Baltimore: No. 626 Warner St. St.; yrs. 20 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male.	Colored	Widower.

6-DATE OF BIRTH. Do not know., (Month) / (Day) / (Year)

7-AGE. 48 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). 040

9-BIRTHPLACE. (State or Country). Virginia.

PARENTS.

10-NAME OF FATHER. Sedrick Matthews.(C)

11-BIRTHPLACE OF FATHER (State or Country) Virginia.

12-MAIDEN NAME OF MOTHER. Annie

13-BIRTHPLACE OF MOTHER (State or Country). Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). William H.Scott.(C)brother.

(Address) 626 Warner St.

15-APR 19 1917 Filed, 191

HARRY C. ANDREWS
Registrar.

Burial Permit Clerk

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April, 16th. 1917., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Otto W. Leuthardt (Coroner.) M. D.

April 17, 1917 (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mount Auburn	Apr. 19, 1917.

20-UNDERTAKER	ADDRESS
John H Owens	538 Dolphin

D 4513

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 4513

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1465-N. Carey St.; 15 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Russell Jones

(Residence in Baltimore: No. 1465-N. Carey St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July (Month) 15 (Day), 1916 (Year)

7-AGE, yrs. 9 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Edward Jones

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Eva Russ

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO ~~THE~~ BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 1465 N. Carey

15- Filed APR 19 1917, 191... HARRY [illegible] Burial Permit Clerk Registrar.

CAUSE OF DEATH in plain words, using no abbreviations. Omissions will delay burial permit. Be particular and state fully and correctly all diseases or conditions which caused death, and all which were important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Inquest~~ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. Wells Lurie M. D.

(Coroner), 191... (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds. Here

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn. DATE OF BURIAL, April 19, 1917.

20-UNDERTAKER Edward Ringgold. ADDRESS 1465 N. Carey.

D 4514

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 4514

CERTIFICATE OF DEATH

120

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2125 Etting St ST.: 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Adie Stevenson

(Residence in Baltimore: No. 2125 Etting St ST.: 30 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	Married

6 DATE OF BIRTH July (Month) ..... (Day), 1851 (Year)

7 AGE 65 yrs. 9 mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Home work Washing
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9 BIRTHPLACE (State or country): Virginia

PARENTS

10 NAME OF FATHER: David Jones

11 BIRTHPLACE OF FATHER (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Agnes Sampson

(Address) 2116 Etting St

15. APR 19 1917 (Filed ....., 191.....) HARRY C. ANDERS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 18 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 3, 1917, to, April 15 1917, that I saw her alive on April, 1917, and that death occurred, on the date stated above, at 4.40 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis + Cystitis

(Duration) ..... yrs. 4 mos. ..... ds

Contributory (SECONDARY) Uremia

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) Chas E. Tuttle M. D.

April 18, 1917 (Address) Chas E. Tuttle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	April 20, 1917

20 UNDERTAKER	ADDRESS
Edward Ringgold	1432 N Carey

N. B.—Every item of information should be given as required by the law. Be sure to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Jannie Rutkowska

HEALTH DEPARTMENT—CITY OF BALTIMORE

91

4515

D 4515

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 S. Bethel ST.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jannie Rutkowski

(Residence in Baltimore: No. 520 S. Bethel St.; 1 yrs., 9 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July 24, 1915
(Month) (Day) (Year)

7-AGE, ... 21 ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER Adolph Rutkowski

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Mary Kohonska

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Adolph Rutkowski

(Address) 520 S. Bethel St.

15-

Filed APR 19 1917, 191...

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 18, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 18 1917, to Apr 18 1917, that I saw h[er] alive on Apr 18 1917, and that death occurred, on the date stated above, at 1145 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Bronchial

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) ... yrs. ... mos. ... ds.

(Signed) Nathan D. Hoffman M. D.

..., 191.7 (Address) 1092 E. Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Apr. 19, 1917

20-UNDERTAKER W. F. Sadowski ADDRESS 905 S. Ann

D 4516

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6 152 D 4516

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 115 N castle st ST.: WARD)

(If death occurred in a hospital or institution, give Its NAME Instead of street and number and fill out No. 18.)

2-FULL NAME Baby Schaff

(Residence in Baltimore: No. 115 N Castle st St.; yrs., mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
female	white	babr

6-DATE OF BIRTH, April 16 1917, / (Month) (Day) (Year)

7-AGE, ...yrs. 2 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Balt

PARENTS.

10-NAME OF FATHER, Howard Schaff

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Bessie Frost

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Schaff

(Address) 115 N Castle st

15- FILED APR 19 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 18 1917, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Atelectasis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Wm. Engels (Coroner)

Apr. 18, 191... (Address) N. Calvert St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cem.	April 19, 1917
20-UNDERTAKER Lilly + Zeile	ADDRESS 4038 Walker

CAUSE OF DEATH in plain terms, so that it may be properly classified. Every item important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4517

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 4517

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1408 McCulloh ST.; 14 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James William Clarke

Residence in Baltimore: No. 1408 McCulloh St.; 40 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, April (Month) 20 (Day), 1844 (Year)

7-AGE, 72 yrs. 11 mos. 30 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clothing Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): 066

9-BIRTHPLACE, (State or Country). Surry Courthouse Surry County Va

PARENTS.

10-NAME OF FATHER. James Lampson Clarke

11-BIRTHPLACE OF FATHER (State or Country). Surry Courthouse Surry Cty. Va

12-MAIDEN NAME OF MOTHER Virginia Laughton

13-BIRTHPLACE OF MOTHER (State or Country). Surry Courthouse Surry Cty Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Jas. Clarke
(Address) 1408 McCulloh St.

15-
Filed APR 19 1917, 191.... HARRY C. ANDREWS Clerk
Burial Permit ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 11 1917, to April 19 1917, that I saw him alive on April 18 1917, and that death occurred, on the date stated above, at 12.10 a m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 8 ds.

(Signed) Louis Vogel M. D.

April 19, 1917 (Address) 2601 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Surrey Court House Va. DATE OF BURIAL, April 19, 1917

20-UNDERTAKER H. W. Jenkins & Sons Co ADDRESS Richard & McCulloh Sts

Important. See instructions on back of certificate.

Spec.--8-24-14—M. & T.—2000 Bks.

D 4518

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 4518

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1206 St Paul St ST.; 11 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Marian Chase

(Residence in Baltimore: No. 1206 St Paul St. St.; — yrs., 5 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, July (Month) 11 (Day), 1842 (Year)

7-AGE, 74 yrs. 9 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... 037

9-BIRTHPLACE, (State or Country). Erie Co. New York.

PARENTS.

10-NAME OF FATHER. Myron T. Sherwin

11-BIRTHPLACE OF FATHER (State or Country). New York

12-MAIDEN NAME OF MOTHER Ellen Ricksords

13-BIRTHPLACE OF MOTHER (State or Country). Hull, England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Samuel M. Chase

(Address)..... Hopkinton, N.H.

15- Filed APR 19 1917 191.... HARRY C. ANDREWS Registrar.
Burial Permit issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 18th (Day), 1917. (Year)

17. I HEREBY CERTIFY, That I attended deceased from November 14 1916, to April 17 1917, that I saw her alive on April 17 1917, and that death occurred, on the date stated above, at 6-45 A m.

The CAUSE OF DEATH* was as follows:

Chronic Hyp. Carditis

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia (Lobar)

(Duration) mos. 13 ds.

(Signed) C. Duval Atkinson M. D.

April 18, 1917. (Address) 921 N. Chas St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).
At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hopkinton New Hampshire — DATE OF BURIAL, April 20th, 1917.

20-UNDERTAKER Henry H. Jenkins & Sons Co — ADDRESS 7 to 15 Lock & Orchard Sts.

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4519

CERTIFICATE OF DEATH.

28 D 4519

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1738 Druid Hill Av ST.; 14 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lonia Boston

(Residence in Baltimore: No.) 1738 Druid Hill St.) Life yrs.... mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1875 (Year)

7-AGE 42 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter 070
(b) General nature of industry, business, or establishment in which employed (or employer): Private family

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Boston

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sarah Jackson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Boston

(Address) 1738 Druid Hill Ave

15- Filed APR 19 1917 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 16, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 26 1917, to Apr 16 1917, that I saw h... alive on Apr 16 1917, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Pleurisy with effusion over left Lung

Duration yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis with Dilatation

Duration yrs. 1 mos. 10 ds.

(Signed) D. Paultash M. D.

Apr 19, 1917. (Address) 354 W. Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cem DATE OF BURIAL, Apr 18 1917

20-UNDERTAKER Samuel Hemsley ADDRESS 358 W. Biddle

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4520

CERTIFICATE OF DEATH.

79 D 4520

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1306 W. Mulberry ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis J. Kroll

(Residence in Baltimore: No. 1306 W Mulberry St.; 61 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug 4, 1855.
(Month) (Day) (Year)

7-AGE, 65 yrs. 8 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)..... 066

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, Joseph Kroll

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Mary Wiegand

13-BIRTHPLACE OF MOTHER (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clara S. Kroll

(Address) 1306 W. Mulberry St.

15- Filed APR 19 1917, 191... HARRY C. ANDREWS Registrar.
Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 16, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 5 1916, to Apr 16 1917, that I saw h— alive on Apr 16 1917, and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows: Acute Cardiac Dilatation

..... (Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Myocarditis

..... (Duration) 1 yrs. mos. ds.

(Signed) James R Fotheringay M. D.

Apr 17., 1917. (Address) 1227 W Lombard St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Apr. 19., 191.7.

20-UNDERTAKER Wm Cook — ADDRESS 605 E Fayette

important. See instructions on back of certificate.

#11

D 4521

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159 D 4521

REGISTERED No. C

1. PLACE OF DEATH

CITY OF BALTIMORE (No. Greenmount Ave. ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Frank Bolko

(Residence in Baltimore: No. 1925 Hillman St.; yrs. 26 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Sept. (Month) 2 (Day), 1870 (Year)

7-AGE, 46 yrs. 7 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer): 003

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)....

(Address) 1928 Mulberry

15- Filed APR 19 1917, 191.... HARRY C. ANDREWS Clerk Registrar.

Burial Permit

CAUSE OF DEATH in plain terms, so that it may be properly classified. 210 important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun shot wound of head (suicide)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. Mole-Hine M. D.

(Coroner) 1918 Eutaw

....., 191.. (Address)....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs. Home mos....ds.

Where was disease contracted, if not at place of death?....

Former or usual residence....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL
Loudon Park Cemetery	April 19 1917

20-UNDERTAKER F. B. Neppert ADDRESS 2236 Fleet Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4522 — X 92 — D 4522

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Vlcek

(Residence in Baltimore: No. University Hospital St.; ..... yrs., ... mos. 5 days)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	(Marri.)

6-DATE OF BIRTH, Unknown, 1888
(Month) (Day) (Year)

7-AGE, 29 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 640

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, John Vlcek

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Volcek

(Address) 4101 First Ave

15- Filed. APR 19 1917 HARRY C. ANDREWS Burial Permit Clerk Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 16 1917, to April 17, 1917, that I saw him alive on April 17, 1917, and that death occurred, on the date stated above, at 10:45 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) History of yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Bernard J. Fury M. D.

4/17, 1917. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State 5 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 4101 First Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Stanislaus Cem	April 19, 1917.
20-UNDERTAKER, Stephen F Kaminski	ADDRESS 1012 S Kenwood Ave

D 4523 D 4523

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

169

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Haxtay Chester ST.: 2 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME unknown

(Residence in Baltimore: No. unknown St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) unknown

6-DATE OF BIRTH, unknown, 1 (Month) (Day) (Year)

7-AGE, 33 Years unknown yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... unknown
(b) General nature of industry, business, or establishment in which employed (or employer)..... 087

9-BIRTHPLACE, (State or Country), unknown

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Calvert Bros. Undertakers

(Address).....

15-

FILED APR 19 1917 191.... HARRY C. ANDREWS Registrar.

Burial Permit Clark

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

Signed) Henry Ryan Coroner. M. D.

3/5 1917 (Address) 1610 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, PUBLIC CEMETERY. DATE OF BURIAL, APR 19 1917

20-UNDERTAKER Commissioner Health, ADDRESS

CAUSE OF DEATH to be plain terms, so that any one may understand it. Abbreviations are important. See instructions on back of certificate.

D 4521

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

169 D 4521

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Found dead of Frederick St 4 WARD)
2-FULL NAME unknown
(Residence in Baltimore: No. unknown St.; yrs., mos. ds.)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	unknown

6-DATE OF BIRTH, ... (Month) unknown, 1 (Day) ..... (Year)

7-AGE, 25 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work unknown
(b) General nature of industry, business, or establishment to which employed (or employer) .....

9-BIRTHPLACE, (State or Country), unknown

PARENTS.

10-NAME OF FATHER, unknown
11-BIRTHPLACE OF FATHER (State or Country), unknown
12-MAIDEN NAME OF MOTHER unknown
13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Police Dept.
(Address) .....

15-
Filed APR 19 1917, 191.... HARRY C. ANDREWS
Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Found dead April 7, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:
Chronic,
Probably accidental
(Duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W. J. Riley M. D.
(Coroner)
Apl 18, 1917 (Address) 1639 Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
PUBLIC CEMETERY.	APR 19 1917, 19....
20-UNDERTAKER	ADDRESS
Commissioner Health.	
Per Wm. J. WOODALL	

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4525

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16 D 4525

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 Hillman ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Monat

(Residence in Baltimore: No. 1014 Hillman St. St.; 58 yrs., 1 mos. (ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, not known ....., 1 .....
(Month) (Day) (Year)

7-AGE, 67 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Mate on Boy
(b) General nature of industry, business, or establishment in which employed (or employer): 086

9-BIRTHPLACE, (State or Country), Scotland.

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Robert J. Monat

(Address) No. 12 Belmar Ave (Ragtime)

15-

Filed APR 19 1917 191.... HARRY C. AIKENS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 18, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 17 1917, to April 18 1917, that I saw h[illegible] alive on April 18 1917, and that death occurred, on the date stated above, at 11.59 m.

The CAUSE OF DEATH* was as follows:

Septic meningitis

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cut otitis media

(Duration) yrs. mos. 4 ds.

(Signed) Bernard Wise M. D.

4/18, 191.7 (Address) 9.4. E. Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery — DATE OF BURIAL, April 20, 1917.

20-UNDERTAKER Henry Hoch Son — ADDRESS 1301 E Eager St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4526

CERTIFICATE OF DEATH.

× 40

D 4526

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospt. St.; 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. Royster

(Residence in Baltimore: No. University Hospital St.; yrs., mos. 36 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH. Unknown (Month) (Day) 1877 (Year)

7-AGE. 40 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). 040

9-BIRTHPLACE, (State or Country). N. C.

PARENTS.

10-NAME OF FATHER. Addison Royster

11-BIRTHPLACE OF FATHER (State or Country). N. C.

12-MAIDEN NAME OF MOTHER B. Hunt.

13-BIRTHPLACE OF MOTHER (State or Country). N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hospt. Data.

(Address) Green & Lombard Sts

15- Filed APR 19 1917 191... MARY C. ARMIGER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 12 1917, to April 16 1917, that I saw him alive on April 16 1917, and that death occurred, on the date stated above, at 5.20 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of stomach

Clinical & Operative

(Duration) Unknown yrs. mos. ds.

(Signed) E. A. Reisenweber M. D.

3/17, 1917. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 36 ds. In the State yrs. 3 mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Henderson N. C.

19-PLACE OF BURIAL OR REMOVAL, Henderson, N. Carolina

DATE OF BURIAL, April 20, 1917

20-UNDERTAKER Mrs. Robt. A. Elliott.

ADDRESS 506 East St.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 1527 — 40 — D 1527

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1256 Columbia Ave. ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John L. Heiser

(Residence in Baltimore: No. 1256 Columbia Ave. St.; 47 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. March (Month) 11 (Day), 1860 (Year)

7-AGE. 57 yrs. 1 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer): Carnegie Steel

9-BIRTHPLACE, (State or Country), Frederick, Md.

PARENTS.

10-NAME OF FATHER, Louis Heiser

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margarett

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary L. Heiser,

(Address) 1256 Columbia Ave/

15- FILED APR 19 1917, 19.. HARRY C. ANDREWS Burial Permit Clerk

Important. See instruction on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 16th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 9 1917, to April 16 1917, that I saw him alive on April 16 1917, and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

.....

.....

Cd. Asthenia

..... (Duration) yrs. mos. 5 ds.

CONTRIBUTORY. (Secondary) Gastro Carcinoma (Terminal)

..... (Duration) yrs. 3 mos. ds.

(Signed) C. McMillan M. D.

4.16.17, 191.7 (Address) 1279 Williams V

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, April 18, 191..?

20-UNDERTAKER Joseph B. Cook — ADDRESS 1003 W. Balto.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4528

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

80 D 4528

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1223 Hollins ST.; A WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Haddock

(Residence in Baltimore: No. 1223 Hollins St.; 53 yrs. 10 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Single

6-DATE OF BIRTH. June (Month) 12 (Day), 1863 (Year)

7-AGE. 53 yrs. 10 mos. 5 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Produce
(b) General nature of industry, business, or establishment in which employed (or employer): dealer 045

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. James Haddock.

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Ann Smythe

13-BIRTHPLACE OF MOTHER (State or Country). Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Mary Haddock

(Address) 1227 Hollins st

15-

Filed APR 19 1917 HARRY C. ANDREWS
Burial Permit Clerk

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from about 6 1917, to Apr. 17 1917, that I saw h m alive on Apr. 10 1917, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Angina pectoris

(Duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (Secondary) Cardiac paralysis

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Peter S. Townsend M. D.

April 19 1917. (Address) 1302 W. Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cemetery	April 20, 1917.
20-UNDERTAKER	**ADDRESS**
John F. Fields	1200 W. Lombard st

Spec.—8-24-14—M. & T.—2000 Blks.

D 4529

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 4529

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C 91

CITY OF BALTIMORE: (No. ..... ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George E Thompson

(Residence in Baltimore: No. Little Sisters of the Poor. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED (*Write* the word.) Widower

6-DATE OF BIRTH, ... Jan. ....., 1852
(Month) (Day) (Year)

7-AGE, 65 yrs. 3 mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Thompson

11-BIRTHPLACE OF FATHER (State or Country) Don't Know

12-MAIDEN NAME OF MOTHER Anne Hay

13-BIRTHPLACE OF MOTHER (State or Country), Don't know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- Filed APR 19 1917 ROBERT R. KRAUTH Burial Permit Clerk

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from No Record, 191 , to ..... 191 ,
that I saw h[illegible] alive on April 15 1917,
and that death occurred, on the date stated above, at 10½ P. m.
The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Unknown (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

5 Days (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... J A Moran ..... M. D.

April 18, 1917. (Address) 1133 Valley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 8 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore Cemetery	April 19th, 1917.
20-UNDERTAKER John A Moran	ADDRESS Bank & Admiral Sts

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4530

CERTIFICATE OF DEATH.

81

D 4530

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 Myrtle Ave ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Olivia Dunn

(Residence in Baltimore: No. 1316 Myrtle Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, June (Month) 13" (Day), 1846 (Year)

7-AGE, 70 yrs. 10 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Peter McKenna

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Catherine Rafferty

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Dunn

(Address) 1316 Myrtle Ave

15- APR 19 1917 ROBERT B. KRAUTH

Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 17" (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 14 1917, to April 17 1917, that I saw h[er] alive on April 17 1917, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chr. Interstitial Nephritis

(Duration) ..... yrs. 3 mos. ..... ds.

(Signed) Bernard Lusk M. D.

April 18, 1917 (Address) 1316 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, April 20, 1917

20-UNDERTAKER Chas. F. Evans & Son — ADDRESS 1187 W. Mt. Royal Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 4531

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

D 4531

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home a Infirmary St.; WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Pauline Biedermann

(Residence in Baltimore: No. 2036 E Eager St.; ....yrs....mos....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Jan 23 (Month) (Day), 1851 (Year)

7-AGE, 65 yrs. 2 mos. 26 da. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Phillip Pfizenmaier

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Biedermann

(Address) 2036 E Eager St

15- Filed APR 19 1917, by ROBERT E. KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 18 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 15 1917, to Apr 18 1917, that I saw h[illegible] alive on Apr 18 1917, and that death occurred, on the date stated above, at 4:40 a.m.

The CAUSE OF DEATH* was as follows:

Emphysema

(Duration) ....yrs. ....mos. 18 da.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) ....yrs. ....mos. 7 da.

(Signed) C M Harmon M. D.

4-18, 1917. (Address) Church Home & Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence 2036 E Eager St.

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, April 20, 1917

20-UNDERTAKER Henry Lutz — ADDRESS 1007 N. Bond St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4532 — 104 — D 4532

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Dickinson

(Residence in Baltimore: No. 727 N. Broadway St.; ....yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec 23, 1861 (Month) (Day) (Year)

7-AGE, 55 yrs. 3 mos. 25 da.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION: 55
(a) Trade, profession, or particular kind of work: Ck Drug clerk
(b) General nature of industry, business, or establishment in which employed (or employer): 025

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James A. Dickinson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Elizabeth Wheeler

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Dickinson

(Address) 727 N. Broadway

15-

Filed APR 19 1917 ROBERT R. KRAUTER Registrar.

Burial Permit Number.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 13 1917, to April 17 1917, that I saw him alive on April 17 1917, and that death occurred, on the date stated above, at 2.30 m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction
(Volvulus)
(Duration) ....yrs. ....mos. 7 da.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation
(Duration) ....yrs. ....mos. 8 hrs.

(Signed) Israel Steinglass M. D.
April 17, 1917. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. 4 da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death? at residence

Former or usual residence 727 N Broadway

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, April 20 1917.

20-UNDERTAKER Henry Lutz — ADDRESS 1007 N Bond st

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4533

CERTIFICATE OF DEATH.

90 D 4533

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 3 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kendel Buss

(Residence in Baltimore: No. 1155 E Lombard St ST.; 20 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female — 4-COLOR OR RACE, White — 5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month), 1 (Day) (Year)

7-AGE, 59 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer). 037

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Bennie Buss

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A Kendel

(Address) Johns Hopkins Hosp.

15-APR 19 1917 Filed....., 191.... ROBERT P. KRAUTER Registrar.

Burial Permit [illegible]

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 19 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 19 1917, to April 19 1917, that I saw her alive on April 19 1917, and that death occurred, on the date stated above, at 2.55 p.m.

The CAUSE OF DEATH* was as follows: Acute Pulmonary Thrombosis

(Duration) yrs. — mos. — 3 hrs. ds.

CONTRIBUTORY (Secondary) Emphysema Chr. bronchitis (Duration) ? yrs. — mos. — ds.

(Signed) Alan C. Scanlon M. D.

April 19, 1917. (Address) Johns H. Hospital Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. — mos. 1 ds. In the State yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1155 E Lombard St

19-PLACE OF BURIAL OR REMOVAL Hebrew Friendship Cem. DATE OF BURIAL, April 20, 1917

20-UNDERTAKER A. Funeral Co. ADDRESS 1107 E Balto St

Spec.—6-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4534

CERTIFICATE OF DEATH.

D 4534

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 Glenedwards Ave. ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Sansosti

(Residence in Baltimore: No. 414 Glenedwards Ave. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Nov. (Month) 9th (Day); 1912 (Year)

7-AGE, 4 yrs. 5 mos. 10 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 600

9-BIRTHPLACE, (State or Country): Baltimore City

PARENTS.

10-NAME OF FATHER, Nicholas Sansosti

11-BIRTHPLACE OF FATHER (State or Country), Itley

12-MAIDEN NAME OF MOTHER Dolly Viechil

13-BIRTHPLACE OF MOTHER (State or Country), Itley

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nicholas Sansosti

(Address) 414 Glenedwards Ave.

15- APR 19 1917 Filed ....., 191.. ROBERT R. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 18 1917, to Apr 19 1917, that I saw her alive on Apr 19 1917, and that death occurred, on the date stated above, at 1.40 P m.

The CAUSE OF DEATH* was as follows:

Meningitis cer.

Septicaemia Measles

(Duration) ..... yrs. ..... mos. 1½ ds.

CONTRIBUTORY (Secondary) Cardiac murmur

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Roscoe Grossman M. D.

Apr 19, 1917 (Address) 2425 Harford Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Vincent

DATE OF BURIAL, Apr. 20.., 1917.

20-UNDERTAKER A.S.Marshall

ADDRESS 3539 Falls Road

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4535

D 4535

45

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2120 Frederick St. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John D Ingalls

(Residence in Baltimore: No. 2120 Frederick St.; 71 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, February 29, 1846
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
71 yrs. 1 mos. 21 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)..... O.D.

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, D. Ingalls

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Annie Peters

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Aberdia Ingalls

(Address) 2120 Frederick Ave.

15- APR 19 1917 Filed....., 191.... ROBERT B. KRAUTER Registrar.

Burial Permit Clerk.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 18, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 13 1917, to Sept 18 1917, that I saw him alive on Sept 18 1917, and that death occurred, on the date stated above, at 9:50 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency, Valvular

Sclerosis (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Dr Norbert C Mitchell M. D.

Sept 19, 191.7. (Address) 2249 Villamont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Western Cemetery	Apr 21 191.7
20-UNDERTAKER	ADDRESS
George Schwab & Bro	2101 Frederick Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4536

CERTIFICATE OF DEATH.

50 D 4536

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 N Patterson Park Ave St.) 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew A Stolz

(Residence in Baltimore: No. 517 N. Patterson Park ave St.; 53 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Mar 12, 1864
(Month) (Day) (Year)

7-AGE, 53 yrs. 1 mos. 6 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clothing Inspector
(b) General nature of industry, business, or establishment in which employed (or employer): Inspector O.S.C.

9-BIRTHPLACE, (State or Country) Baltimore Md.

PARENTS.

10-NAME OF FATHER, George A Stolz

11-BIRTHPLACE OF FATHER (State or Country) Germany.

12-MAIDEN NAME OF MOTHER Mary Schaefer

13-BIRTHPLACE OF MOTHER (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Stolz

(Address) 517 N Patterson Park Ave

15-APR 19 1917 Filed ....., 191.... ROBERT B. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 18, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 19 1917, to Apr 18 1917, that I saw h alive on April 15 1917, and that death occurred, on the date stated above, at 5 15 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(Duration) ..... yrs. ..... mos. 30 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus Don't know

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. [illegible] Wagner M. D.

Apr 18, 1917. (Address) 130 N Pat Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, Apr 21 1917

20-UNDERTAKER Wm Leach

ADDRESS 1122 E Monument

important. See instructions on back of certificate.

Wagner 1301 N Patterson Park

Spec.—8-24-14—M. & T.—2000 Bks.

~~D 4536~~ HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4537 W CERTIFICATE OF DEATH. 10 D 4537

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 541 Lafayette ave ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Brown

(Residence in Baltimore: No. 541 W Lafayette ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colord

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1874 (Year)

7-AGE, 43 yrs. — mos. ..... ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Trailer in Hotel
(b) General nature of industry, business, or establishment in which employed (or employer) 070

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER Charles Brown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Carline Rodell

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carline Brown

(Address) 541 W Lafayette ave

15. APR 20 1917 HARRY C. ANDREWS

Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April 18th, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 4th 1917, to April 18th 1917, that I saw h— alive on April 17th 1917, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Bronchi Pneumonia

Contributory

(Duration) 1 yrs. 4 mos. 14 ds.

CONTRIBUTORY (Secondary) following Influenza

(Duration) — yrs. 1 mos. — ds.

(Signed) A. Ernest Ellis M. D.

4/18, 191.7 (Address) 924 Madison ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn cem — DATE OF BURIAL, April 20 1917.

20-UNDERTAKER Daniel Easton — ADDRESS 916 Penna ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4538

D 4538

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 834 Stirling ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George A. Kirchgessner

(Residence in Baltimore: No. 834 Stirling St.; 58 yrs., (mos.) da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, August 1st, 1853 (Month) (Day) (Year)

7-AGE, 64 yrs. 8 mos. 18 da. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Transfer Business
(b) General nature of industry, business, or establishment in which employed (or employer)..... 023

9-BIRTHPLACE, (State or Country), New Jersey

PARENTS.

10-NAME OF FATHER, John Kirchgessner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary A. Kirchgessner

(Address) 834 Stirling St.

15- APR 20 1917 Filed....., 19 HARRY C. ANDREWS Burial Permit Clerk..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 19th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 15th 191 , to Apr. 19th 1917 , that I saw h— alive on Apr. 18th 1917 , and that death occurred, on the date stated above, at 3:55 p. m.

The CAUSE OF DEATH* was as follows:

..... Peritonitis

..... (Cryptogenic)

..... (Duration) yrs. mos. 4 da.

CONTRIBUTORY (Secondary)

..... (Duration) yrs. mos. da.

(Signed) Gustav W. Boltenack M. D.

Apr. 19, 1917. (Address) 1210 Druid Hill Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, Apr. 22, 1917.

20-UNDERTAKER Henry Storck Son — ADDRESS 1301 E Eager St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4539

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4539

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 S. Exeter ST.; 3 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Angelina Ciambalia

(Residence in Baltimore: No. 312 S. Exeter St.; yrs., 7 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH: Sept. (Month) 5 (Day), 1916 (Year)

7-AGE: yrs. 7 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Italy

PARENTS.

10-NAME OF FATHER: Vincent Ciambalia

11-BIRTHPLACE OF FATHER (State or Country): Italy

12-MAIDEN NAME OF MOTHER: Amalia Caselli

13-BIRTHPLACE OF MOTHER (State or Country): Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vincent Ciambalia

(Address)

15-

Filed APR 20 1917, 191.. HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4-17 1917, to 4-19 1917, that I saw h[illegible] alive on 7-18- 1917, and that death occurred, on the date stated above, at 2:30 a. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(Duration) yrs. mos. 2 ds.

(Signed) J. Duncan M. D.

4-20., 191.7 (Address) 1600 E. Fairmount Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, April 20, 1917.

20-UNDERTAKER Wendell Duffield & Co — ADDRESS 874 Mon

Important. See instructions on back of certificate.

FILMED

Spec.—8-24-14—M. & T.—2000 Bks.

D 4540

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4540

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1736 Harford ave ST.; 9 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Doris Krebs.

(Residence in Baltimore: No. 1736 Harford ave. St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH April 29, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. ....ds.

If LESS than 1 day, 2 hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William Krebs

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Ella Swan

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Krebs.

(Address) 1736 Harford ave.

15-

Filed APR 20 1917 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 20, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 20 1917, to April 20 1917, that I saw her alive on April 20 1917, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Cremation 6 Months

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY .....
(Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) John W. Downman M. D.

April 20, 1917. (Address) 1714 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cemetery

DATE OF BURIAL, April 20 1917

20-UNDERTAKER George J. Ruth

ADDRESS 1735 Harford ave.

Spec.—8-24-14—M. & T.—2000 Bks.

310

D 4541

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4541

CERTIFICATE OF DEATH.

(120) 120

REGISTERED No. C 38

1-PLACE OF DEATH

~~City~~ OF BALTIMORE: (No. Clara Harrington ST.; (Grace ?) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME 509 Franklin Terrace

(~~Residence in Baltimore.~~) No. 509 Franklin Terrace St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, July 13, 1837. (Month) (Day) (Year)

7-AGE, 79 yrs. 6 mos. 11 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 088

9-BIRTHPLACE, (State or Country). City

PARENTS.

10-NAME OF FATHER, Henry Fairbanks

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Mary Bethuiah

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George T. Fairbanks

(Address) 509 Franklin Terrace

15- Filed APR 20 1917 191.... HARRY C. ... Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 24, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 26 1915, to Jan 24 1917, that I saw h[illegible] alive on Jan 23 1917, and that death occurred, on the date stated above, at 5 15 p m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

6 days

CONTRIBUTORY (Secondary) Chr. Nephritis 1 yr.

Duration Cerebral Softening mos. 1 ds.

(Signed) John Emmanuel M. D.

1 25, 1917. (Address) 5 E. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loraine Cemetery — DATE OF BURIAL, Jan 25, 1917

20-UNDERTAKER Wm J Tickner & Sons — ADDRESS North Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4542

CERTIFICATE OF DEATH.

79 D 4542

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 W Biddle ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Boone

(Residence in Baltimore: No. 17 W. Biddle St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ... (Month) ....., 1..... (Day) (Year)

7-AGE, 72 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 070

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Henry Smith

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie Jones

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Wilson (Sister)

(Address) 535 W Biddle St.

15- Filed APR 20 1917 191.... HARRY C. ANDREWS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 18th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 2 1916, to April 18 1917, that I saw h[illegible] alive on April 16 1917, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows: Organic Heart Trouble

..... (Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) A. L. Elliott M. D.

4/19, 191 7 (Address) 727 Mar[illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, W. Lawrence Cem. DATE OF BURIAL, Apr 20, 191..

20-UNDERTAKER Samuel Hensley ADDRESS 5782 Biddle

important. See instructions on back of certificate.

D 4543

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED No. C D 4543

CITY OF BALTIMORE (No. 608 Chestnut Hill Ave St.; 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Inez Louise Church

(Residence in Baltimore: No. 608 Chestnut Hill Ave St.; — yrs. 8 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH: Aug (Month) 4 (Day), 1917 (Year)

7-AGE: — yrs. 8 mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Samuel Nelson Church

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Elizabeth J. Gelson

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Samuel Nelson Church

(Address) 608 Chestnut Hill Ave

15.

Filed APR 20 1917

HARRY O. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 20th (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 13, 1917, to April 20, 1917, that I saw h-er alive on April 19, 1917, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Measles

(Duration) ..... yrs. ..... mos. 9 ds

Contributory (SECONDARY) Bronchopneumonia

(Duration) ..... yrs. ..... mos. 8 ds.

(Signed) C. D. Steinhem M. D.

April 20, 1917 (Address) 4005 Greenmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park Cem	April 20, 1917

20-UNDERTAKER	ADDRESS
H. Allen Fuller	251 Springdale Ave

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4544

CERTIFICATE OF DEATH.

92 D 4544

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 227 Myrtle ave ST.; 4 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia J. Lmon

(Residence in Baltimore: No. 227 Myrtle ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) Unknown (Year)

7-AGE, 39 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) 870

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Annie Reed

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER John Millian

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Reed

(Address) Harrisburg Md

15- APR 20 1917

Filed ....., 191... HARRY C. ANDREWS

Burial Permit Registrar

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 18 (Month) April (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 10 1917, to April 18 1917.

that I saw h— alive on April 18 1917.

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows: Pneumonia Lobar

(Duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) As Stated

(Duration) ... yrs. ... mos. 10 ds.

(Signed) A. B. Howard M. D.

April 19 1917 (Address) 712 S. Stricker St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Baltimore Md

19-PLACE OF BURIAL OR REMOVAL, Pikesville Station — DATE OF BURIAL, April 20 1917

20-UNDERTAKER Charles B Jones — ADDRESS 2352 Pine

Spec.—8-24-14—M. & T.—2000 Blks.

D 4545

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4545

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2030 E North Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Miller

(Residence in Baltimore: No. 2030 E. North Ave St.; 65 yrs., 2 mos. 12 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, February 5, 1852 (Month) (Day) (Year)

7-AGE, 65 yrs. 2 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired 634
(b) General nature of industry, business, or establishment in which employed (or employer): Grocerymen

9-BIRTHPLACE, (State or Country): City

PARENTS.

10-NAME OF FATHER, Lorenz Miller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Miller

(Address) 2030 E. North Ave

15- Filed APR 20 1917 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 10 1917, to Apr 17 1917, that I saw h[illegible] alive on Apr 9 1917 and that death occurred, on the date stated above, at 12.50 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 3 yrs. mos. ds.

(Signed) Jos. L. Frazier M. D.

Apr. 19, 1917. (Address) 1823 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cem — DATE OF BURIAL, Apr. 20 1917

20-UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4546

CERTIFICATE OF DEATH.

+45

D 4546

REGISTERED No. C

1-PLACE OF DEATH Woman's Hospital

CITY OF BALTIMORE: (No. ..... St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Yates Owings

(Residence in Baltimore: No. Woman's Hospital St.; ..... yrs., ... mos. 65 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, August (Month) 16 (Day), 1857 (Year)

7-AGE, 59 yrs. 7 mos. 20 da. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) 137

9-BIRTHPLACE, (State or Country), Howard County Maryland

PARENTS.

10-NAME OF FATHER, Samuel Weatherd

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Elizabeth Evans

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. H. Kemmis

(Address) Baltimore

15. APR 20 1917 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 20 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1st 1917, to Apr. 20 1917, that I saw h[er] alive on Apr 20 1917, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Mediastinum (Metastatic)

(Duration) 2 yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) 2 yrs. ..... mos. 1 da.

(Signed) Cecil Riely M. D.

Apr. 20, 1917 (Address) Women's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 65 da. In the State Life yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? —

Former or usual residence Ellicott City Md

19-PLACE OF BURIAL OR REMOVAL St. John's Cem Ellicott City Md. DATE OF BURIAL, Apr. 22, 1917.

20-UNDERTAKER H W Jenkins & Son. Co ADDRESS McCulloh & Orchard

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4547

HEALTH DEPARTMENT—CITY OF BALTIMORE

115 D 4547

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 W. Henry St. ST.; 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lula May Butler

(Residence in Baltimore: No. 911 W. Henry St. St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, June (Month) 5 (Day) 1915 (Year)

7-AGE, 1 yrs. 2 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm Butler

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Lucie Phillips

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Butler

(Address) 911 W. Henry St.

15- APR 20 1917 Filed....., 191.. HARRY C. ANDREWS Burial Permit Clerk... Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 16 191 7, to Apr 19 191 7, that I saw h[illegible] alive on apr 19 191 7, and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Eclampsia

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Hemolytic Icterus

(Duration) ....yrs. 4 mos. ....ds.

(Signed) W. C. Mulligan M. D.

4-19-7, 191.. (Address) 602 E. Columbus

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Mary (Hampton) Lane — DATE OF BURIAL, Apr. 21, 1917

20-UNDERTAKER John F. Berman & Son — ADDRESS 901 Dolphin St

Spec.—5-19-13—M. & T.—500 Bks.

D 4548

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152 D 4548

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Paca & Putman Sts ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence Zimmerman

(Residence in Baltimore: No. Paca & Putman Sts St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, April (Month) 19 (Day), 1917 (Year)

7-AGE, ...yrs. ....mos. ....ds. If LESS than 1 day, 1/2 hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Clarence L Zimmerman

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Edna C Spielman

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clarence L Zimmerman

(Address) Paca & Putman Sts

15- HARRY C. ANDREWS

Filed APR 20 1917 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 19 1917, to April 19 1917, that I saw him alive on April 19 1917, and that death occurred, on the date stated above, at 4½P m.

The CAUSE OF DEATH* was as follows:

Prolonged Laborer (Breach)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edw Schmidt M. D.

4/19/17, 191... (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park Cem	April 20, 191.7
20-UNDERTAKER	ADDRESS 1039
E Schloman & Son	Hanover St

important. See instructions on back of certificate.

D 4549 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 156 D 4549

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 223 225 N. Eutaw St. ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George T. Teydinger

(Residence in Baltimore: No Eastport Md. St.: yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month), 1 (Day) (Year)

7-AGE, 35 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Waiter
(b) General nature of industry, business, or establishment in which employed (or employer) 037

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lemmer & Trail

(Address) Annapolis Md

15-APR 20 1917

Filed ....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gas-Poison. (Suicide)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Albert L. Driscall M. D.

Apl 20 1917. (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

223-225 Eutaw St Eastport Md

Former or usual residence Eastport Md

19-PLACE OF BURIAL OR REMOVAL, Annapolis Md

DATE OF BURIAL, April 21 19...

20-UNDERTAKER Wolf Brothers

ADDRESS Annapolis Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each item important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4550 HEALTH DEPARTMENT—CITY OF BALTIMORE D 4550

CERTIFICATE OF DEATH. 28

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Simms

(Residence in Baltimore: No. 1332 Wirt St St.; ..... yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, ... May (Month) 17 (Day), 1856 (Year)

7-AGE, 60 yrs. 11 mos. 2 da. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 037

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Thomas Simms

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Ann Obrien

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas Simms

(Address) 1332 Wirt St

15- Filed APR 20 1917, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 19 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 10 1917, to April 19 1917, that I saw h im alive on April 19 1917, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary TB

(Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Pulmonary Tbc

(Duration) ..... yrs. ..... mos. 1 da.

(Signed) Henry Merkel M. D.

April 19, 1917. (Address) Wagner Sta.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 10 da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? Dont Know

Former or usual residence 1332 Wirt St.

19-PLACE OF BURIAL OR REMOVAL New Cathedral Cem DATE OF BURIAL, April 21, 1917.

20-UNDERTAKER Mc Jimmis & Carroll ADDRESS 611 N Bloom St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 4551.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2556 Wilkens Ave ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Hollenger

(Residence in Baltimore: No. 2556 Wilkens ave St.; .....yrs. .....mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, ... January 7, 1853 (Month) (Day) (Year)

7-AGE: 64 yrs. 3 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Frederick Md

PARENTS.

10-NAME OF FATHER, Charles Power

11-BIRTHPLACE OF FATHER (State or Country), Frederick Md.

12-MAIDEN NAME OF MOTHER Elizabeth Clare

13-BIRTHPLACE OF MOTHER (State or Country), Frederick Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Wm A Seffen

(Address) 2556 Wilkens ave

15- Filed APR 20 1917 HARRY C. ANDREWS Burial Permit Clerk Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 19, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 9 1917, to April 19 1917, that I saw h.. alive on April 19 1917 and that death occurred, on the date stated above, at 7 45 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach
Metastasis in Liver
(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction & Peritonitis
(Duration) yrs. mos. ds.

(Signed) Dr. Robert C. Mitchell M. D.

(Address) 2249 W. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, April 21, 1917.

20-UNDERTAKER A S Finch — ADDRESS 1921 W Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4552

CERTIFICATE OF DEATH.

151 D 4552

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 McDonough ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Miller.

(Residence in Baltimore: No. 825 McDonough St.; ....yrs.. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April (Month) 16 (Day), 1917. (Year)

7-AGE, ...yrs. ....mos. 1 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William H. Miller

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Annie Hill.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John G. Murray Jr. MD

(Address) Johns Hopkins Hospital

15-

Filed APR 20 1917, 191.... HARRY C. ANDREWS Registrar.

Burial Permit: Clerk

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 17 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 16 1917, to April 17 1917, that I saw h[illegible] alive on April 17 1917, and that death occurred, on the date stated above, at 6 p. m.

The CAUSE OF DEATH* was as follows:

Premature birth - 8 months

Forty.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) John G. Murray Jr., M. D.

April 18 1917. (Address) Johns Hopkins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	APR 20 1917
20-UNDERTAKER Commissioner Health.	ADDRESS

per Wm. E. Woodall

Spec.—8-24-14—M. & T.—2000 Bks.

D 4553 HEALTH DEPARTMENT—CITY OF BALTIMORE D 4553

CERTIFICATE OF DEATH. 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospl. St.; WARD) REGISTERED No. C

2-FULL NAME Paul Ingram

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Residence in Baltimore: No. St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col.	?

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 30 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed APR 20 1917 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 9th 1917, to Apr. 10th 1917, that I saw h m alive on Apr 10th 1917, and that death occurred, on the date stated above, at 3.10 P m.

The CAUSE OF DEATH* was as follows:

Bronchial pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis

(Duration) yrs. mos. ds.

(Signed) G. A. Bowden M. D.

April 11th, 1917. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. / mos. / ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, UNIVERSITY OF MARYLAND. DATE OF BURIAL, ..., 191...

20-UNDERTAKER Commissioner Health. ADDRESS 1917

Morgue

Per. Wm. F. Wessell

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4554

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

92 D 4554

REGISTERED NO. C

CITY OF BALTIMORE: (No. 605 So. Pattinson Park Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Grochowina.

Residence in Baltimore: No. 605 S. Pattinson Park Ave St.; 1 yrs., 11 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, May (Month) 3" (Day) 1915 (Year)

7-AGE, 1 yrs. 11 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer)..... 605

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Michael Grochowina

11-BIRTHPLACE OF FATHER (State or Country), German Poland

12-MAIDEN NAME OF MOTHER Katharine Szak

13-BIRTHPLACE OF MOTHER (State or Country), German Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Grochowina.

(Address) 605 S. Pattison Park Ave

15-

APR 20 1917 191.... HARRY C. ANDREWS Registrar.

Burial Permit Clerk

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 19 (Day) 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from April 16 1917, to April 19 1917, that I saw h[er] alive on April 19 1917, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) yrs. mos. ds.

(Signed) W. J. Rayne M. D.

April 19 1917. (Address) 2008 Eastwood

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus.	Apr. 21, 1917.
20-UNDERTAKER	**ADDRESS**
M. F. Sadowski.	705 S. Ann

Spec.—8-24-14—M. & T.—2000 Bks.

D 4555 HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4555

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Ware

(Residence in Baltimore: No. [redacted] St.; In Hospital yrs., mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	White	Single

6-DATE OF BIRTH, [illegible] 1 (Month) (Day) (Year)

7-AGE 24 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Steel worker
(b) General nature of industry, business, or establishment in which employed (or employer): Ore

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [illegible]

(Address) Johns Hopkins Hospital

15- Filed APR 20 1917, 191.. HARRY C. ANDREWS Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 17 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from April 2 1917, to April 17 1917, that I saw h[illegible] alive on April 17 1917, and that death occurred, on the date stated above, at 3:15 p. m.

The CAUSE OF DEATH* was as follows:

Pneumococcus septicaemia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Otitis pneumonia

(Duration) yrs. mos. 19 ds.

(Signed) Richard C. Cushman M. D.

April 17 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 16 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Sparrows Point Md

19-PLACE OF BURIAL OR REMOVAL Kings Mountain N.C. DATE OF BURIAL, April 20, 1917

20-UNDERTAKER J. J. Schaffner & Son ADDRESS 1500 Monument

important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 4556

CERTIFICATE OF DEATH

92 D 4556

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 S Central Av ST.; 2nd WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mathew Tuckey

(Residence in Baltimore: No. 419 S Central Ave St.; 51 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: Unknown (Month) (Day) 1855 (Year)

7-AGE: 62 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 040

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Mary A. Turenthal

(Address) Crownsville State Hospital A. A. Co. Md.

APR 20 1917 Filed ....., 191.....

HARRY [illegible]
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 4 (Month) - 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from on 4-19-, 1917, to, ... 191....., that I saw h[illegible] alive on 4-19 191 7, and that death occurred, on the date stated above, at 12 noon.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

..... (Duration) yrs. ..... mos. 1 ds.

Contributory (SECONDARY) Myocarditis Ch.

..... (Duration) yrs. ..... mos. ..... ds.

(Signed), J E Gately M. D.

4-20 191 7 [Address] 111 S Broadway

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: April 21, 1917

20-UNDERTAKER: Joseph D. Cook ADDRESS: 1003 N Balto St.

SEE CAUSES OF DEATH on back of certificate.
TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4557

CERTIFICATE OF DEATH.

119

D 4557

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 870 W. Lombard ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine F. Bell

(Residence in Baltimore: No. 870 W. Lombard St.; 5 yrs., — mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	single

6-DATE OF BIRTH, April 12, 1912
(Month) (Day) (Year)

7-AGE, 5 yrs. — 7 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 0

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, George H. Bell

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Elizabeth A. Healey

13-BIRTHPLACE OF MOTHER (State or Country), Worcester, Mass.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George H. Bell

(Address) 870 W. Lombard St.

15- APR 20 1917

Filed ....., 191... HARRY C. ANDREWS
Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 19, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 12 1917, to April 19 1917, that I saw her alive on April 19 1917, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Nephritis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Coma

(Duration) ....yrs. 1 mos. ....ds.

(Signed) [illegible] M. D.

4/19/17, 191... (Address) 888 W. Lombard St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery. DATE OF BURIAL, April 21, 1917.

20-UNDERTAKER J. B. Cook ADDRESS 1003 W. Balto.

Important. See instructions on back of certificate.

D 4558

HEALTH DEPARTMENT—CITY OF BALTIMORE

161 D 4558

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David H Williams

(Residence in Baltimore: No. 1810 Madison ave 928 St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
male	white	Single

6-DATE OF BIRTH, ... Enkeman ....., 1 .....
(Month) (Day) (Year)

7-AGE, 40 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Dp Warden a t
(b) General nature of industry, business, or establishment in which employed (or employer) ..... city jail

9-BIRTHPLACE, (State or Country), M D

PARENTS.

10-NAME OF FATHER, Enkeman

11-BIRTHPLACE OF FATHER (State or Country), Enkeman

12-MAIDEN NAME OF MOTHER Enkeman

13-BIRTHPLACE OF MOTHER (State or Country), Enkeman

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Thomas J McGinn .....

(Address) ..... 928 Madison Ave .....

15- APR 21 1917 Filed ....., 191... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April 19 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide Jumped down elevator shaft at city jail

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner.) ..... M.D.

april 20 1917 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ..... Balto City Jail .....

Former or usual residence 928 Madison Ave

19-PLACE OF BURIAL OR REMOVAL, Easter Mal — DATE OF BURIAL, April 1917

20-UNDERTAKER W J Pickerell — ADDRESS Mount Pleasant

N.B.—Every item should be properly classified. Exact entries are important. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

Spec.—S24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4559

CERTIFICATE OF DEATH.

D 4559

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. #1732 Belt ave St.; 24 WARD)

REGISTERED NO. C 138

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Gladys N. Hook

(Residence in Baltimore: No. 1732 Belt ave St.; 9 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, June (Month) 17 (Day), 1898 (Year)

7-AGE, 18 yrs. 10 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Brunswick, Md.

PARENTS.

10-NAME OF FATHER, Charles Thimmel

11-BIRTHPLACE OF FATHER (State or Country), Brunswick Md.

12-MAIDEN NAME OF MOTHER Flora M. Sheffler

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John N. Hook Jr.

(Address) 1732 Belt Ave

15- APR 21 1917 Filed, 191 ROBERT B. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 18 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 17 1917, to April 18 1917, that I saw her alive on April 18 1917, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Puerperal Eclampsia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Coma

(Duration) yrs. mos. 1 ds.

(Signed) C. B. K. Caughey M. D.

April 18 1917 (Address) 1644 Linden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, April 21, 1917.

20-UNDERTAKER M. J. Flynn ADDRESS 1422 Light

Important. See instructions on back of Certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4560

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 4560

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Jno. Hopkins Hospital ST.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Max Berger

(Residence in Baltimore: No. 1 mo 4 days St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	single

6-DATE OF BIRTH, May 26, 1876
(Month) (Day) (Year)

7-AGE, 70 yrs. 10 mos. 22 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): Farm

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Kannis

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Madeleine Potsdamer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno. Hopkins Hospital

(Address) Jno. Hopkins Hospital

15- APR 21 1917 ROBERT B. KRAUTER

Filed....., 191.... Burial Permit issued

Important. See instructions on back of Certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 13 191.., to April 17 191..,
that I saw h.m alive on April 17 191..,
and that death occurred, on the date stated above, at 11 2 m.

The CAUSE OF DEATH* was as follows:

Prostatic hypertrophy

(Duration) 3 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) .... yrs. .... mos. 11 ds.

(Signed) J. Edward Burns M. D.

April 17 191.. (Address) Jno. Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. 1 mos. 4 ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Brooklyn Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cem	Apr. 23, 1917
20-UNDERTAKER	ADDRESS
Albert E Fuller	221 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4561

CERTIFICATE OF DEATH.

79 D 4561

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 627 S. Port St. ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Sippel.

(Residence in Baltimore: No. 627 S.Port. St.; 37 yrs. 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH. Jan. 18 th. 1880 (Month) (Day) (Year) 1

7-AGE. 37 yrs. 3 mos. ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER, George Sippel.

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Magdelena Ehrhardt.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Magdelena Sippel.

(Address) 627 S. Port St.

15 APR 21 1917 ROBERT R. KRAUTER

Filed ....., 191... Burial Permit Clerk

Registrar.

Important—See instructions on back of this certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 18, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1917, to April 18 1917, that I saw h[illegible] alive on April 16 1917, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Val. Dis. of Heart - Mitral Insufficiency

(Duration) 16 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo. L. Kelly M. D.

April 19, 191.. (Address) 6 W. Mt. Roy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Apr. 21 1907 191...

20-UNDERTAKER: Lilly & Zeiler. — ADDRESS: 403 S. Wolfe St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4562

CERTIFICATE OF DEATH.

x 40 D 4562

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles E. O'Neil

Residence in Baltimore: No. Mercy Hospital St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1865 (Year)

7-AGE, 52 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Miner 040
(b) General nature of industry, business, or establishment in which employed (or employer) ..... State's Quarry

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John O'Neil

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... A. V. Steer .....

(Address) ..... Sykesville Md

15- APR 21 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 19, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 15 1917, to Apr. 19 1917, that I saw h[illegible] alive on Apr. 19 1917, and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Confirmed by P.M. Autopsy)

..... (Duration) Direct Cause yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jno. A. V. Steer M. D.

Apr. 20, 1917. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. 52 mos. ..... ds.

Where was disease contracted, if not at place of death? Henryton, Md.

Former or usual residence Henryton, Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Henryton Md.	Apr. 21, 1917.
20-UNDERTAKER	ADDRESS
Jno. R. Steer	Sykesville Md

important. See instructions on back of Certificate

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4563

CERTIFICATE OF DEATH.

152 D 4563

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. General Hospital ST.; 11 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Houck

(Residence in Baltimore: No. Patterson Park & Eastern Ave. ST.; ..... yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	single

6-DATE OF BIRTH, April (Month) 15 (Day), 1917 (Year)

7-AGE,	If LESS than 1 day,
..... yrs. ..... mos. ..... ds.	2 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Charles Houck

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Edith Weit

13-BIRTHPLACE OF MOTHER (State or Country), N. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15-
Filed APR 21 1917, 191... ROBERT R. KRAUTER
Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 16 1917, to April 15 1917, that I saw h[illegible] alive on April 15 - 5 PM 1917, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Atelectasis

2 Hrs

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ✓

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm Gaffney M. D.

April 16, 1917 (Address) Md General Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Md. General Hosp

Former or usual residence Hospital

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL, APR 20 '17, 191...

20-UNDERTAKER ADDRESS

Important. See instructions on back of [illegible]

UNIVERSITY OF MARYLAND
Commissioner Health

Spec.—8-24-14—M. & T.—2000 Blks.

D 4564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5 74 D 4564

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 Lord ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Bass

(Residence in Baltimore: No. 917 Lord St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Black N. C.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH: Unknown (Month) (Day) 1876 (Year)

7-AGE: 41 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer): 004

9-BIRTHPLACE, (State or Country): N. C.

PARENTS.

10-NAME OF FATHER: Chester Bass

11-BIRTHPLACE OF FATHER (State or Country): N. C.

12-MAIDEN NAME OF MOTHER: Jennie Day

13-BIRTHPLACE OF MOTHER (State or Country): N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marion T. Bass

(Address) 744 Hanford Ave

15- Filed APR 21 1917, 191... ROBERT R. KRAUTER Registrar. Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 16, 1917, to April 19, 1917, that I saw h[illegible] alive on April 18, 1917, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) 2 yrs. 11 mos. ds.

(Signed) J. H. Ellis M. D.

4-21-1917 (Address) 1520 Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Norwood NC	April 22, 191.7.
20-UNDERTAKER Mrs R A Elliott	ADDRESS 506 East St

Important. See instructions on back of Certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4565

CERTIFICATE OF DEATH.

66 D 4565

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2406 N. Charles ST.; 17 WARD)
2-FULL NAME Sarah E. Boyd
(Residence in Baltimore: No. 2406 N. Charles St.; Lifetime yrs. mos. da.)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow
6-DATE OF BIRTH, August 22d, 1839 (Month) (Day) (Year)
7-AGE, 77 yrs. 7 mos. 28 da.
If LESS than 1 day, hrs. or min.
8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). 000
9-BIRTHPLACE, (State or Country), City

PARENTS.
10-NAME OF FATHER, Jesse Jackson
11-BIRTHPLACE OF FATHER (State or Country), Md.
12-MAIDEN NAME OF MOTHER, Eliza Monk
13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) J. Cookman Boyd
(Address) 2406 N. Charles St.

15- APR 21 1917 Filed ROBERT R. KRAUTER Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 19, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 1 1917, to Apr 19 1917, that I saw her alive on Apr 19 1917, and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:
Left Hemiplegia
and right sided Paralysis
(Duration) yrs. mos. 18 da.
CONTRIBUTORY (Secondary) Arterio-Sclerosis
(Duration) yrs. mos. da.
(Signed) Robert F. Mifflin M. D.
Apr 20, 1917. (Address) 1016 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. da. In the State yrs. mos. da.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Druid Ridge Cem. DATE OF BURIAL, April 22 1917
20-UNDERTAKER Chas. S. Evans & Son ADDRESS 1118 Mt. Royal ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4566

CERTIFICATE OF DEATH.

10 ✓ D 4566

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 426 N. Carey ST.; 19 WARD)

2-FULL NAME Ann Maria French

(Residence in Baltimore: No. 426 N. Carey St.; 89 yrs., mos., ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Oct. 29th, 1827
(Month) (Day) (Year)

7-AGE, 89 yrs. 1 mos. 21 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 00

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Ross.

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Ann Richards

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Chas. Travis

(Address) 426 N. Carey St

15 APR 21 1917 Filed, 191 ROBERT R. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 19, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1917, to April 19 1917, that I saw her alive on April 18 1917, and that death occurred, on the date stated above, at 4.10 P. m.

The CAUSE OF DEATH* was as follows:

Infirmity & Age.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) L. Grippe

(Duration) yrs. mos. 10 ds.

(Signed) T. W. Travis M. D.

April 20 1917. (Address) 1236 W. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, April 21, 1917

20-UNDERTAKER H. H. Faulkner — ADDRESS 1624 Mt. Royal Ave

Important—See instructions on back

Spec.—8-24-14—M. & T.—2000 Bks.

D 4567 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Sq. Hospital. 180 D 4567

CITY OF BALTIMORE: (No. Fayette + Calhoun ST.; 18 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr Wm J. Burrows.

(Residence in Baltimore: No. 206 N. Fremont Ave St.; 62 yrs. — mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~Never~~ MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, August 21, 1854
(Month) (Day) (Year)

7-AGE, 62 yrs. 8 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Plasterer
(b) General nature of industry, business, or establishment in which employed (or employer) 057

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country). Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo W Little

(Address) 531 N Fremont Av

15-

Filed 21 [illegible], 191[illegible] ROBERT B. KRAUTER

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 19, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 10 1917, to April 19 1917, that I saw h[illegible] alive on April 19 1917, and that death occurred, on the date stated above, at 10:30 P m.

The CAUSE OF DEATH* was as follows:

Nephritis

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(Duration) unknown yrs. ....mos. ....ds.

(Signed) J. L. Marrow M. D.

April 20, 1917. (Address) Franklin Sq. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 9 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 206 Fremont Ave

19-PLACE OF BURIAL OR REMOVAL, Woodlawn

DATE OF BURIAL, April 22, 1917.

20-UNDERTAKER Geo W Little

ADDRESS 531 N Fremont Av

Important. See instructions on back of [illegible]

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 4568

CERTIFICATE OF DEATH

120 ✓

D 4568

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 Light ST. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Kaziah Jane Hoffman

(Residence in Baltimore: No. 915 Light St. St.; 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: white

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: July (Month) 14 (Day), 1842 (Year)

7-AGE: 74 yrs. 9 mos. 5 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Of Home 037

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Noah Alban

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Elizabeth Hale

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jacob E. Hoffman

(Address) 915 Light St.

15- APR 21 1917 Filed, 191 ROBERT R. KRAUTER Burial Permit Clerk

TION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 28, 1917, to, April 19 1917, that I saw h[illegible] alive on April 18 1917, and that death occurred, on the date stated above, at 4:30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Unknown (Duration) yrs. mos. ds.

Contributory (SECONDARY) Cerebral Oedema

(Duration) yrs. mos. 4 ds.

(Signed) J. D. Buxton M. D.

4/20 – 1917 [Address] 301 E. Lexington St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Hampstead Md. DATE OF BURIAL: April 21, 1917

20-UNDERTAKER: M. L. Flynn ADDRESS: 1422 Light St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 4569

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.: 10 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grant Baines

(Residence in Baltimore: No. 4 Cooks Court St.: ...yrs. ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	Black	Single

6-DATE OF BIRTH, November 10, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 5 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Reginald Baines

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Bond

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address) Johns Hopkins Hospital

15- Filed APR 21 1917, 191... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

Important. Use indelible pencil.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 19, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 15 191..., to April 19 191...,
that I saw h... alive on April 19 191...,
and that death occurred, on the date stated above, at 10 a.m.
The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration)...yrs...mos. 4 ds.

CONTRIBUTORY (Secondary) Rachitis

(Duration)...yrs. 6 mos...ds.

(Signed) Wilds R. Miller M. D.

April 19, 191... (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death...yrs...mos. 5 ds. In the State Life yrs...mos...ds.

Where was disease contracted, if not at place of death? -

Former or usual residence 4 Cooks Court

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Asbury	April 21 191 7.
20-UNDERTAKER John W Henderson	ADDRESS 21 N Carolie

D 4570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 4570

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1512 Mulliken St.; WARD) 6

2-FULL NAME William H. Brown

Residence in Baltimore: No. 1512 Mulliken St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 5 (Day), 1 (Year)

7-AGE, yrs. 18 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Baltimore

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Wesley Brown

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Bertha Chase

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Bertha Chase
(Address) 312 Mulliken

15-
Filed APR 21 1917, 191.
HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 18 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:
Burned Burning
(Duration) yrs. mos. ds.
CONTRIBUTORY. (Unknown)
(Secondary)
(Duration) yrs. mos. ds.
(Signed) H. K. Jones (Coroner.) M. D.
May 18, 191. (Address) 21 E. Oaks

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Balto Co Md St Stevens, DATE OF BURIAL, April 21 1917

20-UNDERTAKER John W Henderson, ADDRESS 31 N Caroline

Spec.—8 2/14—M. & T.—2000 Blks.

D 4571

HEALTH DEPARTMENT—CITY OF BALTIMORE

66 D 4571

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged Men Home St.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo M Ettinger

(Residence in Baltimore: No. 1400 W Lexington St.; 86 yrs. 1 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Wid

6-DATE OF BIRTH, Mch 3, 1831 (Month) (Day) (Year)

7-AGE 86 yrs. 1 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Teacher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Isaac Ettinger

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City

12-MAIDEN NAME OF MOTHER Elizabeth Miller

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs H W Tillman

(Address) Nelson

15-APR 21 1917 Filed....., 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 20, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1917, to April 20 1917, that I saw h alive on April 19 1917, and that death occurred, on the date stated above, at 8 p m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) yrs. 1 mos. ds.

(Signed) [illegible] M. D.

....., 191.. (Address) 138 W Eager

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 5 yrs. mos. ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? at the Aged Men Home

Former or usual residence Aged Mens Home

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Apr 22, 1917
20-UNDERTAKER Geo J Smith	ADDRESS 1000 Fayette

D 4572

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 ✓ D 4572

REGISTERED NO. C

1. PLACE OF DEATH

CITY OF BALTIMORE (No. S W. Cor. Franklin and Fulton Aves. ST. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Miss Elizabeth A Rockhold

(Residence in Baltimore: No. Home for the Aged of the M E Church St.; Yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6. DATE OF BIRTH: July (Month) 20 (Day), (1852) 1853 (Year)

7. AGE: 64 yrs. 8 mos. 29 ds. If LESS than 1 day, ... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9. BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10. NAME OF FATHER: John C Rockhold

11. BIRTHPLACE OF FATHER (State or country): Anne Arundel Co Md

12. MAIDEN NAME OF MOTHER: Jeannette Lowry.

13. BIRTHPLACE OF MOTHER (State or country): Cecil Co. Md.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. Rebekah Newsham.

(Address) Fulton Ave & Franklin

15. APR 21 1917 HARRY C. ANDREWS Registrar
Burial Permit Only

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 19 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 19, 1917, to, Apr 19 1917, that I saw her alive on Apr 19 1917, and that death occurred, on the date stated above, at 5.30 p.m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ✓ yrs. ✓ mos. 1 ds

Contributory (SECONDARY) Arteria Sclerosis,

✓ (Duration) 2 yrs. ✓ mos. ✓ ds.

(Signed) George C. Shuman M. D.

April 19, 1917 (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death 1 yrs. ..... mos. ..... ds. In the State Life yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? Home for the Aged M. E.
Former or usual residence Home not a resident.

19. PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Apr 21 1917

20. UNDERTAKER: Geo J Smith — ADDRESS: 1000 E Fayette St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. ... certificate. ... is very important. See instructions on back of certificate.

D 4573

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

D 4573

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 323 Allerbrin ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Danister

(Residence in Baltimore: No. 323 Olterbein St.; 8 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colord	Married

6-DATE OF BIRTH Unknown (Month) (Day), 1877 (Year)

7-AGE 39 yrs. ? mos. ? ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home 92

9-BIRTHPLACE (State or country) Maryland.

PARENTS

10-NAME OF FATHER Payton Taylor

11-BIRTHPLACE OF FATHER (State or country) Maryland

12-MAIDEN NAME OF MOTHER Laura Taylor

13-BIRTHPLACE OF MOTHER (State or country) Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Alfred Harris

(Address) 323 Olterbein St

15-

Filed APR 21 1917 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 19 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 31, 1917, to, Apr 18, 1917, that I saw her alive on " " 1917, and that death occurred, on the date stated above, at 4.30 m.

The CAUSE OF DEATH* was as follows:

Primary- Lobar Pneumonia

Immediate- Exhaustion

(Duration) yrs mos. 18 ds.

Contributory (SECONDARY)

(Duration) yrs mos. 18 ds.

(Signed), J P Strong M. D.

April 20 1917 [Address] 766 Hanover St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mt Auburn Cemetery DATE OF BURIAL April 20, 1917

20-UNDERTAKER Geo H Hooper ADDRESS 609 Little Paca St

State CAUSE OF DEATH in plain English, and TION is very important. See instructions on back of certificate.

17
3
D 4574

HEALTH DEPARTMENT—CITY OF BALTIMORE

113 D 4574

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Md. Genl. Hospital WARD)
2-FULL NAME Howard McCoy Morgan
Residence in Baltimore: No. Annapolis, Md

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.: yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept 15, 1878
(Month) (Day) (Year)

7-AGE, 38 yrs. 7 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) (086)

9-BIRTHPLACE, (State or Country), Baltimore Co Md.

PARENTS.

10-NAME OF FATHER, Samuel L. Morgan

11-BIRTHPLACE OF FATHER (State or Country), Balto. City

12-MAIDEN NAME OF MOTHER Emily McCoy

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Rowland Morgan
(Address) Ruby Rd, Md

15-
Filed APR 21 1917, 191.....HARRY C. ANDREWS Registrar
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 20, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Exposure & Cold
(Duration) 1 yrs. mos. ds.
CONTRIBUTORY (Secondary) Alcoholism
(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)
....., 191.. (Address) 5 W Saratoga

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State Life yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence Annapolis Md

19-PLACE OF BURIAL OR REMOVAL, Loc Greenmount Cem — DATE OF BURIAL, 4-22-1917
20-UNDERTAKER H. W. Jenkins & Sons Co — ADDRESS Richard McCulloh

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4575

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4575

CERTIFICATE OF DEATH.

REGISTERED No. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 N Carrollton Ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Elaine Green.

(Residence in Baltimore: No. 1022 N Carrollton Ave St.; yrs., 10 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Femal

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Child

6-DATE OF BIRTH, Feb (Month) 12th (Day), 1916 (Year)

7-AGE, yrs. 14 mos. 7 da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child.
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country). Towson Md

PARENTS.

10-NAME OF FATHER, Hato A. Green.

11-BIRTHPLACE OF FATHER (State or Country). Washington, D.C.

12-MAIDEN NAME OF MOTHER Bessie Smith

13-BIRTHPLACE OF MOTHER (State or Country). Towson, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Green

(Address) 1022 N. Carrollton Ave

15- APR 21 1917 Filed....., 191.... HARRY C. ANDREWS Registrar. Burial Permit Clerk

Important. Fill out completely.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 19th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 17 1917, to Apr 19th 1917, that I saw her alive on Apr 19th 1917, and that death occurred, on the date stated above, at 12.05 p.m.

The CAUSE OF DEATH* was as follows:

Bronchio - Pneumonia

(Duration) yrs. mos. 5 da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) Harry A Brown M. D.

Apr 20, 1917. (Address) 501 Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Zion Cemetery — DATE OF BURIAL, Apr 21 1917

20-UNDERTAKER Sam. W. Chase - son — ADDRESS 1400 Mosher st

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4576

CERTIFICATE OF DEATH.

D 4576

89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 W Cross St ST.; 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Muriel Leon Hill

(Residence in Baltimore: No. 709 W Cross St St.; yrs., 9 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, July (Month) 17 (Day), 1916 (Year)

7-AGE, yrs. 9 mos. 3 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. James C Hill

11-BIRTHPLACE OF FATHER (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER Goldie S Hill

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James C Hill

(Address) 709 W Cross St

15- APR 21 1917 Filed ....., 191.... EARLY C. ANGELUS Registrar. By ..... Clerk

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 20 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10 1917, to April 20 1917, that I saw him alive on April 19 1917, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 5 ds.

(Signed) [signature] M. D.

4/20/19 191... (Address) 17 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, April, 191.7

20-UNDERTAKER W J Jackson ADDRESS 1107 North Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4577

CERTIFICATE OF DEATH.

40 D 4577

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1105 Penna Ave ST.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mollie E White

(Residence in Baltimore: No. 1105 Penna Ave St.; ...yrs. ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, May (Month) 10 (Day), 1844 (Year)

7-AGE, 72 yrs. 11 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... 037

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Wm. Long

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos L White

(Address) 1105 Penna Ave

15- APR 21 1917 HARRY C. ANDREWS
Filed ....., 191. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1917, to Apr 20 1917, that I saw h.. alive on Apr 20 1917, and that death occurred, on the date stated above, at 7.30 p.m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

Clinical (Duration) ...yrs. 1 mos. 20 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ...yrs. ...mos. ...ds.

(Signed) J. A. Nelson M. D.

Apr 21 191.7. (Address) 1303 W. Northern

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Greenmount	Apr 23 191.7
20-UNDERTAKER	ADDRESS
W. J. Tickner & Son	North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4578

CERTIFICATE OF DEATH.

79 D 4578

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 S. Robinson ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah E. Keys.

(Residence in Baltimore: No. 409 S Robinson St.; Life time yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED,~~ (*Write* the word.) Widow

6-DATE OF BIRTH Oct 22, 1863
(Month) (Day) (Year)

7-AGE, 53 yrs. 5 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... 437

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John T. Proctor

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Sarah E. Covey

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Walter Keys

(Address) 409 S Robinson St

15-

Filed APR 21 1917 HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH APR 19 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 4th 1917, to April 19th 1917, that I saw h[er] alive on April 18th 1917, and that death occurred, on the date stated above, at 6.0 m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation x
Marasmus

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Senile Nephritis

(Duration) yrs. mos. 5 ds.

(Signed) Walter S. Dingeman M. D.

4-19, 1917, (Address) 1643 N. Monroe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, APR 22 1917

20-UNDERTAKER Geo. A. Gerbig

ADDRESS Baltimore St

Spec.—8-24-14—M. & T.—2000 Blks.

D4579

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D4579 × 100 D4579

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebron Ave ST.; 17 WARD)

REGISTERED NO. C D 4579

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Taylor

Residence in Baltimore: No. Primrose Ave St. In Hospital Asbaughaw (yrs., mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 27, 1831 (Month) (Day) (Year)

7-AGE, 75 yrs. 9 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): (Home)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Richard Taylor

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Co

12-MAIDEN NAME OF MOTHER Ellen Norris

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. F. M. Fisher

(Address) 3610 Falls Rd

15 APR 22 1917 Filed....., 191.. HARRY C. ANDREWS Registrar.

Burial Permit Clark

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 21, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 18 1917, to April 21 1917, that I saw h.. alive on April 21 1917, and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Pharyngitis 4
Acute Glossitis
(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Acute Oedema of Lung
(Duration) yrs. mos. 1 ds.

(Signed) Tom Dyer M. D.

April 21, 1917 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 3 mos. ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Primrose Ave, Arlington, Md

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cem. DATE OF BURIAL, April 24, 1917

20-UNDERTAKER Wm Cook ADDRESS 502 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D [redacted] D 4580

D [redacted] D 4580

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Robert Garrett Hospital St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret E McConnell

(Residence in Baltimore: No. 723 W. Lexington St.; Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Female

6-DATE OF BIRTH, Unknown / (Month) (Day) (Year)

7-AGE, 1 yrs. 4 mos. - ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country)

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) —

(Address) —

15- HARRY [illegible]

Filed APR 21 1917 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 19th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 19 1917 12m, to April 19 1917 at 11pm

that I saw her alive on April 19th 1917

and that death occurred, on the date stated above, at 11 p m.

The CAUSE OF DEATH* was as follows:

Laryngeal Diphtheria

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. S. Hundley M. D.

, 191... (Address) 634 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State Life mos. ds.

Where was disease contracted, if not at place of death? 723 W. Lexington St.

Former or usual residence 723 W Lexington St

19-PLACE OF BURIAL, OR REMOVAL, St Peters Cem — DATE OF BURIAL, April 21, 1917

20-UNDERTAKER John J Cowan & Son — ADDRESS 901 Hollins St

11 A. M. Morgue

Spec.—8-24-1[illegible] M. & T.—2000 Bks.

D 4581 D ~~4588~~ D 4581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

REGISTERED No. D ~~4588~~ D 4589

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Kunecomer

(Residence in Baltimore: No. 1707 ~~Bell~~ St Byrd. St.; 55 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	White	Married

6-DATE OF BIRTH, Unknown 1 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
70 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundry Shop
(b) General nature of industry, business, or establishment in which employed (or employer): 087

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [illegible]

(Address) Johns Hopkins Hospital

15- APR 21 1917 191 HARRY C. ANDREWS Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 30 191[illegible], to March 17 1917, that I saw h[illegible] alive on March 17 1917, and that death occurred, on the date stated above, at 4:15 p.m.

The CAUSE OF DEATH* was as follows:

(a) Labor, Prematurity

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. 1 mos. 5 ds.

(Signed) C. E. Bayne M. D.

March 17, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 18 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1707 Byrd St

19-PLACE OF BURIAL OR REMOVAL, Holy Cross A A Co — DATE OF BURIAL, April 21st, 1917.

20-UNDERTAKER E & B Hearle — ADDRESS 115 E West St

4582 D

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 D 4582

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2511 E. Fayette St.; 6 WARD)

REGISTERED No. [redacted]

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carl Huetter

Residence in Baltimore: No. 2511 E. Fayette St.; 1 yrs. 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: June (Month) 22nd (Day), 1852 (Year)

7-AGE: 64 yrs. 9 mos. 28 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Stevedore

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Auguste Huetter
(Address) 2511 E. Fayette St.

15-
Filed APR 21 1917
[redacted] Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 19th (Day), 1917 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 12th, 1917, to April 19th, 1917, that I saw h[im] alive on April 19th, 1917, and that death occurred, on the date stated above, at 6 30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart disease

(Duration) 2 yrs. 3 mos. ds.

Contributory (SECONDARY) Acute Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

(Signed) Frank A. Meyer M. D.

April 20th 1917 [Address] 1038 N. Caroline Str.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Matthews Cemetery — DATE OF BURIAL: April 22 1917

20-UNDERTAKER: E. F. McCormick — ADDRESS: 1931 W. Fayette St

HON is very important. See instructions on back

D 4583

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4583

CERTIFICATE OF DEATH.

Registered No. C 169

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE (No. Front (April 18 St.; 4 WARD)

2-FULL NAME Clarence Turner

(Residence in Baltimore: No. 799 W. Mulberry St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, Dec. 25 (Month) (Day), 1887 (Year)

7-AGE 29 yrs. 3 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seaman
(b) General nature of industry, business, or establishment in which employed (or employer): (Seaman)

9-BIRTHPLACE. (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thomas Turner

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Rachel Smith

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Turner

(Address) 744 George St

15- Filed APR 21 1917, 191.... HARRY C. ANDREWS Registrar of Vital Records Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Good Friday Apr. 18, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

Acc. Incised Wound

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) W. T. Tilley (Coroner.) M. D.

April 20, 1917. (Address) 1657 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemetery	April 21st 1917
20-UNDERTAKER Joseph Farrell	ADDRESS 2819 Division St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 4584

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 836 E. Preston ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick Nugent

(Residence in Baltimore: No. 836 E. Preston St.; 55 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Nov 5 (Month) (Day), 1843 (Year)

7-AGE, 73 yrs. 5 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Grocer
(b) General nature of industry, business, or establishment in which employed (or employer)..... 034

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Wm Nugent

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary McDonald

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isabella Nugent

(Address) 836 E. Preston St.

15-

FILED APR 21 1917, 191.... HARRY C. ANDREWS, Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 18th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 13th, 1917, to April 18th, 1917, that I saw him alive on 6 P.M. April 17th, 1917, and that death occurred, on the date stated above, at 10.20 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(a) Apoplexy with Left Hemiplegia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Arterio Sclerosis

(Duration) 10 yrs. mos. ds.

(Signed) Wilmer Finton M. D.

April 20th, 1917. (Address) Calvert & Preston Sts.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, April 22, 191...

20-UNDERTAKER W. C. Woodfield ADDRESS 912 Greenmount Ave

Sym.—5-24-14—M. & T.—2000 Bks.

D 4585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 4585

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 2344 Stockton ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marguite Cromer

(Residence in Baltimore: No. 2344 Stockton St St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov. 28, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. 4 mos. 21 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), 2344 Stockton ST

PARENTS.

10-NAME OF FATHER, Benjamin Cromer

11-BIRTHPLACE OF FATHER (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER Bertha Short

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benjamin Cromer

(Address) 2344 Stockton st

15- Filed APR 21 1917, 191.... HARRY C. ANDREWS Clerk
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 19, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 17 1917, to April 19 1917, that I saw h.. alive on April 19 1917, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. H. Wright M. D.

April 20, 191.7. (Address) 1307 Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cemtery — DATE OF BURIAL, APR 21 1917

20-UNDERTAKER JAMES H. DENNIS — ADDRESS 1303 PRESTMAN ST.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4586

HEALTH DEPARTMENT—CITY OF BALTIMORE

54

CERTIFICATE OF DEATH.

D 4586

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE. (No. Church Home & Infirmary ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Edward Burgin

(Residence in Baltimore: No. Manchester Apt. Mad + Bloom St.; 1 yrs., 2 mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 30, 1887
(Month) (Day) (Year)

7-AGE, 30 yrs. 7 mos. 21 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Engraver
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Philadelphia Pa

PARENTS.

10-NAME OF FATHER, Wm. H. Burgin

11-BIRTHPLACE OF FATHER (State or Country), Phila Pa.

12-MAIDEN NAME OF MOTHER Katherine Metzger

13-BIRTHPLACE OF MOTHER (State or Country), Phil Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Pearl Le Barthe

(Address) Manchester Apt. Mad + Bloom

15- APR 21 1917 Filed ....., 191... MARY C. ANDREWS Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 20, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 18 1917, to Apr. 20 1917, that I saw h[illegible] alive on Apr. 20 1917, and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:

Ruptured Oesophageal Varix

(Duration) 1+ yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. M. Hayman M. D.

4/20, 1917 (Address) Church Home Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Bellevue - Boarder of

Former or usual residence Bellevue - Manchester

19-PLACE OF BURIAL OR REMOVAL. Philadelphia Pa

DATE OF BURIAL. April 21, 1917

20-UNDERTAKER Wm. Cook

ADDRESS 502 E North Ave

D 4587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159 D 4587

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 8) Druid Hill Park ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nathan Stern

(Residence in Baltimore: No. 517 Cumberland St St., yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, March (Month) 4 (Day), 1838 (Year)

7-AGE, 59 yrs. 1 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired 45
(b) General nature of industry, business, or establishment in which employed (or employer)..... Haberdasher

9-BIRTHPLACE, (State or Country) New York

PARENTS.

10-NAME OF FATHER, Ansel Stern

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Minna Frank

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Metzger

(Address) 517 Cumberland St

15-APR 21 1917 Filed....., 191.... HARRY C. ANDREWS Registrar. Special Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH April (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) and that said deceased came to ... death on the date stated above.

The CAUSE OF DEATH* was as follows:

Gen. Sclerosis
Morphinism
(Suicide)

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs. 1 mos.....ds.

(Signed) Geo. Morrison M. D.

April 20 1917 (Address) 20 W. Read St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Balto Hebrew	April 22 1917
20-UNDERTAKER	ADDRESS
J. Ahrens Co	1611 Madison

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4588

CERTIFICATE OF DEATH.

× 43 ✓ D 4588

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Ruhl

(Residence in Baltimore: No. Monkton - Maryland St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... Dec. (Month) 16 (Day), 1872 (Year)

7-AGE, 44 yrs. 4 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer) 237

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Geo. C. Bruehl

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Rebecca Ryan

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. C. A. Ruhl

(Address) Monkton Md

15-Filed APR 21 1917, 191..... MARY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 11 1917, to April 20 1917, that I saw her alive on April 20 1917, and that death occurred, on the date stated above, at 9.25 m.

The CAUSE OF DEATH* was as follows:

1. .....
2. Post Operation of Breast
(Operation April 15/17)
..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. 5 ds.

(Signed) Edward L. Smith M. D.

4/20/1917, 191... (Address) Govans, Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 9 ds. In the State 44 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Monkton Md

Former or usual residence same

19-PLACE OF BURIAL OR REMOVAL, Glencoe Md — DATE OF BURIAL, April 21, 1917

20-UNDERTAKER Horace Burgee Son — ADDRESS 1437 Hollins Road

Spec.—8-24-14—M. & T.—2000 Bks.

4589 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 4589

CERTIFICATE OF DEATH. 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 779 Columbia Ave ST.; 21 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julian Klein

(Residence in Baltimore: No. 779 Columbia Ave St.; ..... yrs., 15 mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, January 2, 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 3 mos. 19 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, John Klein

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Sophie Gold

13-BIRTHPLACE OF MOTHER (State or Country), Newark, N.J.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Klein

(Address) 779 Columbia Ave

15- APR 21 1917 Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 21, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 9 1917, to April 21 1917, that I saw h.. alive on April 21 1917, and that death occurred, on the date stated above, at 1145 a m.

The CAUSE OF DEATH* was as follows:

death broncho pneumonia

..... (Duration)..... yrs. ..... mos. 7 ..... da.

CONTRIBUTORY (Secondary) acute bronchitis

..... (Duration)..... yrs. ..... mos. 5 ..... da.

(Signed) H.S. Arthur M. D.

April 21, 1917. (Address) 1412 Mc...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Hebrew Rosedale

DATE OF BURIAL. 4/22/, 1917.

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E. Balto. St.

Spec.—3-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4590

CERTIFICATE OF DEATH.

61 D 4590

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1815 N Montford Ave ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alma A. Dellender

(Residence in Baltimore: No. 1815 N Montford Ave St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, October 23, 1914
(Month) (Day) (Year)

7-AGE, 2 yrs. 5 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Child

9-BIRTHPLACE, (State or Country), Louisiana Mo.

PARENTS.

10-NAME OF FATHER, Wm. Dellender.

11-BIRTHPLACE OF FATHER (State or Country), Mo.

12-MAIDEN NAME OF MOTHER Anna Kuehn.

13-BIRTHPLACE OF MOTHER (State or Country), New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Wm. Dellender

(Address) 1815 N. Montford Ave

APR 21 1917

Filed....., 191.....

Barry C. [illegible]
Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 21st, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 20 1917, to April 20 1917, that I saw h.... alive on April 20 1917, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Intestinal Intoxication

(Exhaustion) (Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas. E. Ellwood M. D.

April 21, 191.. (Address) 1419 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, April 21., 191.7.

20-UNDERTAKER Wm Cook ADDRESS 502 E. North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 4591

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4591

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Protestant Infirmary

CITY OF BALTIMORE: (No. 1514 Division ST.; 14 WARD) REGISTERED NO. C

2-FULL NAME Grady Tester

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. ~~Valle Crucis~~ In Hospital ~~North Carolina~~ St.; yrs., mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Single

6-DATE OF BIRTH, November 3rd (Month) (Day), 1906 (Year)

7-AGE, 10 yrs. 5 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work School-boy
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), Dutch Creek North Carolina

PARENTS.

10-NAME OF FATHER, Duke Tester

11-BIRTHPLACE OF FATHER (State or Country), Valle Crucis North Carolina

12-MAIDEN NAME OF MOTHER Nellie Welsh

13-BIRTHPLACE OF MOTHER (State or Country), North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. Union Protestant Infirmary

(Address) 1514 Division St.

15- Filed APR 21 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 11 1917, to April 20 1917, that I saw him alive on April 20 1917, and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:

Surgical Shock
(Following Plastic Operation
on face)
½ hr.
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) R. F. Kieffer M. D.

April 20, 1917. (Address) 1514 Division

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 9 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? at U. P. I.

Former or usual residence Valle Crucis, N. C.

19-PLACE OF BURIAL OR REMOVAL, Mills Mills N. C. DATE OF BURIAL, Apr. 21, 191.7

20-UNDERTAKER Geo. B. Cook ADDRESS 1003 N. Bolton St.

Spec.—8-24-14—M. & T.—2000 Bks.

4592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 4592

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2133 Druid Hill ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emmett Donald Mack

(Residence in Baltimore: No. 2033 Druid Hill St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Infant

6-DATE OF BIRTH, Nov 17, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 5 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), 2033 Druid Hill

PARENTS.

10-NAME OF FATHER, Daniel Glover Mack

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Eliza Hyacinth Adams

13-BIRTHPLACE OF MOTHER (State or Country), Richmond Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daniel G. Mack

(Address) 2133 Druid Hill Ave

15- Filed APR 22 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 20, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 19 1917, to April 20 1917, that I saw h[illegible] alive on April 20 1917, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) (Unknown)

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. H. Wright M. D.

April 20, 1917. (Address) 1205 Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Auburn Cemetery

DATE OF BURIAL. 4-22 1917.

20-UNDERTAKER Felix B. Pye

ADDRESS 1022 Mulberry St

Spec.—8-24-14—M. & T.—2000 Bks.

D 4593

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4593

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2320 Guilford ave St.; 12 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert C. Chipman

(Residence in Baltimore: No. 2320 Guilford ave St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, Oct (Month) 15 (Day), 1885 (Year)

7-AGE, 31 yrs. 6 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Foreman Dft
(b) General nature of industry, business, or establishment in which employed (or employer): Marine Dept Sparrows Pt

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Daniel W. Chipman

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary E. Bruff.

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Leona R. Chipman

(Address) 2320 Guilford ave.

15-

Filed APR 22 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 8 1917, to April 19 1917, that I saw h[illegible] alive on April 19 1917, and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(Write Report to Me)

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D. N. Stevenson, M. D.

April 21, 1917 (Address) 102 W Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	April 23 1917
20-UNDERTAKER	ADDRESS
F. A. Krause	703 Monroe

D 4591 HEALTH DEPARTMENT—CITY OF BALTIMORE D 4591

CERTIFICATE OF DEATH. 19

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 167 W. Hamburg St. ST.: 23 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Cunningham.

(Residence in Baltimore: No. 167 W. Hamburg St. St.; yrs., 49 mos. 11 ds. 10)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, May 9th. 1867. (Month) (Day) (Year) 1

7-AGE, 49 yrs. 11 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Fitzpatrick.

11-BIRTHPLACE OF FATHER (State or Country) Ireland.

12-MAIDEN NAME OF MOTHER Catherine Staylor.

13-BIRTHPLACE OF MOTHER (State or Country), Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph C. Cunningham. (husband)

(Address) 167 W. Hamburg St.

15- APR 22 1917 Filed 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April, 19th. 1917 (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) Geo. M. Rembrandt M. D. (Coroner.)

April 19, 1917 (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Century — DATE OF BURIAL, April 22 1917

20-UNDERTAKER F. A. Krauss — ADDRESS 103 Ham...

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 4595

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 ✓ D 4595

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 Rutland Ave ST.; 7 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James D Boyd.

(Residence in Baltimore: No. 813 Rutland Ave St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Jan 31 (Month) (Day), 1882 (Year)

7-AGE, 34 yrs. 7 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Despatcher
(b) General nature of industry, business, or establishment in which employed (or employer)..... P.R.R. 073

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, James D Boyd.

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER Mary L. Bowen

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary L. Rodgers

(Address) 813 Rutland Ave

15- Filed APR 22 1917, 191.... HARRY C. ARELLS Burial Permit Clerk Registrar.

D. Harman

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7 191 7, to April 19-17 191, that I saw h m alive on April 19/17 191, and that death occurred, on the date stated above, at 9 50 P. m.

The CAUSE OF DEATH* was as follows:

Pleuro-Pneumonia

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) yrs. mos. 3 ds.

(Signed) Frederick D Harman M. D.

4/20/17, 191... (Address) 29 E Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore County — DATE OF BURIAL, Apr 22, 191 7.

20-UNDERTAKER Albert L Fuller — ADDRESS 221 N Brady

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

4596

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1319½ Calhoun ST.; 15 WARD)

2-FULL NAME Mary Hall

Residence in Baltimore: No. 1319½ Calhoun St.; —yrs., —mos. —ds.)

CERTIFICATE OF DEATH.

105 D 4596

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. Unknown ....., 1876
(Month) (Day) (Year)

7-AGE, 41 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Cook
(b) General nature of industry, business, or establishment in which employed (or employer) Laundress

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wesley Diggs

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Victoria Ennis

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma V. Brown

(Address) 1319 E. Calhoun St.

15- Filed: APR 22 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 19, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 5 191, to April 19 1917, that I saw h[illegible] alive on April 19 191, and that death occurred, on the date stated above, at 1[illegible] m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(Duration) ....yrs. ....mos. 15 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

April 20, 1917 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Laurel

DATE OF BURIAL, April 22, 1917

20-UNDERTAKER Parran & Wright

ADDRESS 136 N Carey

Spec.—8-24-14—M. & T.—2000 Bks.

D 4597 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 4597

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1322 N Mount St.; 15 WARD) REGISTERED NO. C 19

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anthony Hill

(Residence in Baltimore: No. 1322 N Mount St St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, Oct 3rd, 1900
(Month) (Day) (Year)

7-AGE, 16 yrs. 6 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Schoolboy
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Robert Hill

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Bessie Addison

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Susie Corsey

(Address) 1322 N Mount St

15- HARRY [illegible]

Filed APR 22 1917 by Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 22, 1917
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 10 1917, to death

that I saw him alive on Apr 17 1917,

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Bowels

Miliary Tuberculosis of Liver & Intestines

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Complications Catarrh

Pneumonia (Duration) yrs. 2 mos. ds.

(Signed) [illegible] M. D.

4-21, 1917 (Address) 1309 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Johns Cemetery — DATE OF BURIAL, Apr 23 1917

20-UNDERTAKER Thomas Corbin — ADDRESS 1364 Mary

Spec.—8-24-14—M. & T.—2000 Bks.

D 4598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 4598

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Stevens

Residence in Baltimore: No. 1009 Vine St St.; ...yrs.,...mos.,...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, ... (Month) Unknown (Day) 1891 (Year)

7-AGE, 26 yrs. - mos. - ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... 040

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address) Johns Hopkins Hospital

15- APR 22 1917

Filed ..... 191 HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 17 (Day), 1917 (Year).

17. I HEREBY CERTIFY, That I attended deceased from March 13 1917, to March 17 1917, that I saw h m alive on March 17 1917, and that death occurred, on the date stated above, at 11 55 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia Rt. Lung

(Duration) ...yrs. 6 mos. ...ds.

CONTRIBUTORY (Secondary) Pneumonia Rt. Lung

(Duration) ...yrs. 6 mos. 1 ds.

(Signed) C. E. Black M. D.

March 17, 191 7 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 2 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1009 Vine St Va Accomac Co Va

19-PLACE OF BURIAL OR REMOVAL, Harbotan Wkf Va — DATE OF BURIAL, Apr 22 1917

20-UNDERTAKER John C. Hadaway — ADDRESS 14 Justice

Spec.—8-24-14—M. & T.—2000 Bks.

D 4599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 4599

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1837 E. North Ave. St.; 8 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Jane Hackley

(Residence in Baltimore: No. 1837 E. North Ave. St.; 28 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-STATE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Unknown (Month) (Day) 1844 (Year)

7-AGE: 72 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House-wife.
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 037

9-BIRTHPLACE, (State or Country): Virginia

PARENTS.

10-NAME OF FATHER: William Jenkins

11-BIRTHPLACE OF FATHER (State or Country): Virginia

12-MAIDEN NAME OF MOTHER: Mildred Ransbottom

13-BIRTHPLACE OF MOTHER (State or Country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Hackley

(Address) 1837 E. North Ave.

15- APR 22 1917

Filed....., 191.... HARRY C. ANDREWS Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 20, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1st 1917, to April 20 1917, that I saw h[illegible] alive on April 9 1917, and that death occurred, on the date stated above, at 11:45 a. m.

The CAUSE OF DEATH* was as follows:

Senile Paresis, gradually developing for

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile

(Duration) yrs. mos. ds.

(Signed) R. B. Vonnent M. D.

April 21, 1917. (Address) 335 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Mary's Hambdal

DATE OF BURIAL: April 22, 1917.

20-UNDERTAKER: Benoviti & Son

ADDRESS: 347 Eastern Ave.

Spec.—8-24-14—M. & T.—2000 Blks.

D 4600

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 D 4600

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3690 Ash St. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary L Cockey.

(Residence in Baltimore: No. 3690 Ash St. St.; 17 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec. 24, 1875 (Month) (Day) (Year)

7-AGE, 41 yrs. 3 mos. 28 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER Jeremiah Bobbitt

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Mary J. Frank

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Charles L. Cockey

(Address) 3690 Ash St.

15-

Filed APR 22 1917, 191.... HARRY C. ANDREWS Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 21, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7th 1917, to April 21st 1917, that I saw her alive on April 21st 1917, and that death occurred, on the date stated above, at 2.35 P. m.

The CAUSE OF DEATH* was as follows:

Acute Dilation of Heart

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Interstitial nephritis

..... (Duration) ..... yrs. 2 mos. ..... ds.

(Signed) B. A. Lillich M. D.

April 21, 1917. (Address) 1727 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Marys Hampden DATE OF BURIAL, April 24, 1917.

20-UNDERTAKER Unsworth & Son ADDRESS 3 E Chase

Misc.—8-24-14—M. & T.—2000 Bks.

D 4601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 4601

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. ST. 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Waldeck

(Residence in Baltimore: No. 132 S. Washington St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Mar

6-DATE OF BIRTH, July 23rd (Month) (Day), 1849 (Year)

7-AGE, 67 yrs. 8 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER. Valentine Waldeck

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Mary L. Noak

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret G. Waldeck

(Address) 132 S. Washington St.

15-

Filed APR 22 1917 191.. HARRY C. ANDREWS Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 21st (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 9 1917, to Apr 21 1917, that I saw h[illegible] alive on Apr. 20 1917, and that death occurred, on the date stated above, at 12.15 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac Debilitation

(Duration) yrs. mos. ds.

(Signed) W. F. O'Neill M. D.

4/21, 1917. (Address) St. Joseph's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 132 S Washington St

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, April 24, 1917

20-UNDERTAKER Lilly & Zeiler ADDRESS 403 E. Wolfe St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4602 ✓ D 4602

D 4602

CERTIFICATE OF DEATH.

REGISTERED No. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1818 E Fairmount Ave Sr. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Geck

(Residence in Baltimore: No. 1818 E Fairmount ave St.; 24 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Feb 9, 1867 (Month) (Day) (Year)

7-AGE, 30 yrs. 2 mos. 11 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 637

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Ritterich

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John E Geck

(Address) 1818 E Fairmount Ave

15-

Filed APR 22 1917 191. Burial Permit Issued Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April 20, 1917 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from April 12 191 , to April 20 191 7, that I saw h[illegible] alive on April 20 191 7, and that death occurred, on the date stated above, at 4 45 m.

The CAUSE OF DEATH* was as follows:

a Lobar Pneumonia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Irregular Cardiac Action

(Duration) yrs. mos. 7 ds.

(Signed) Edward J Cook M. D.

4-22, 191 7 (Address) 410 N Washington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem — DATE OF BURIAL, April 23 1917.

20-UNDERTAKER Lilly and Feile — ADDRESS 4038 Wolfe St

D 4603

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1014 N Carey St. 16 WARD) Registered No. D 4603

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Moses Peterson

(Residence in Baltimore: No. 1014 N Carey, St.: 10 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Mch

4-COLOR OR RACE: col.

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: March 4th, 1891 (Month) (Day) (Year)

7-AGE: 26 yrs. 1 mos. 17 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: laborer
(b) General nature of industry, business, or establishment in which employed (or employer): foreman C&O

9-BIRTHPLACE (State or country): Petersburg Va.

PARENTS

10-NAME OF FATHER: Moses Peterson

11-BIRTHPLACE OF FATHER (State or country): Petersburg Va.

12-MAIDEN NAME OF MOTHER: Nannie Peterson

13-BIRTHPLACE OF MOTHER (State or country): Petersburg Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wilhelmar Peterson

(Address) 1014 N. Carey St

15.

Filed APR 22 1917 191 HARRY C. ANDREWS Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 21st, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb'y 10th, 1917, to April 21st 1917, that I saw him dead on April 21st, 1917, and that death occurred, on the date stated above, at 4:50 a.m.

The CAUSE OF DEATH* was as follows:

Myelitis

Contributory (SECONDARY) Tuberculosis of local parts (Duration) yrs. 2 mos. 11 ds

(Duration) yrs. 2 mos. ds.

(Signed) C. H. Evans M. D.

April 21, 1917 (Address) Greene & Franklin Sts

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cem. DATE OF BURIAL: Apr 23 1917

20-UNDERTAKER: Sam'l H. Chase & Son ADDRESS: 1405 N. Fulton

State CAUSE OF DEATH so that a person not a physician may understand it, and see instructions on back of certificate. Statement of CONTRIBUTORY CAUSES is very important.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4604

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 4604

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1203 S. Decker ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanislaus Lajkow

(Residence in Baltimore: No. 1203 S. Decker ave St.; ....yrs. 11 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 9 (Day), 1916 (Year)

7-AGE, ...yrs. 11 mos. 11 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Baby 2 000
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, John Lajkow

11-BIRTHPLACE OF FATHER (State or Country) Austria

12-MAIDEN NAME OF MOTHER Agnes Nogaj

13-BIRTHPLACE OF MOTHER (State or Country) Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Lajkow

(Address) 1203 S. Decker Ave.

15-

Filed APR 22 1917 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 20 1917, to April 20 1917, that I saw h[illegible] alive on April 20 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

1. Broncho pneumonia

(Notatony)

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) C. V. B. Gillow M. D.

April 24, 1917 (Address) 3034 O'Donnell

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus Cem. DATE OF BURIAL, April 22, 1917.

20-UNDERTAKER Stephen Gralkowski ADDRESS 6 Gilmor St.

Spec.—8-24-14—M. & T.—2000 Blks.

D 4605

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66

D 4605

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 E. Hamburg ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Frederick Guntermann

(Residence in Baltimore: No. 113 E. Hamburg St. St.; 67 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	Married

6-DATE OF BIRTH, Jan. (Month) 20 (Day), 1856 (Year)

7-AGE, 61 yrs. 3 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cigar maker
(b) General nature of industry, business, or establishment in which employed (or employer): Cigars

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Frank Guntermann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Katherine Keller

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno. F. Guntermann Jr.

(Address) 113 E. Hamburg St.

APR 22 1917

Filed....., 191... HARRY C. ANDREWS Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 15 1917, to Apr. 22 1917, that I saw her alive on Apr. 21 1917, and that death occurred, on the date stated above, at 2 A.M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Primary)

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) F. C. Smith M. D.

4 W., 191... (Address) 9 A. Eight St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cem.	Apr. 24, 1917
20-UNDERTAKER	**ADDRESS**
C. Schuman & Son	1659 Hanover St

Spec.—8-24-14—M. & T.—2000 Bks.

4606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 4606

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 235 N. Arlington Ave ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma W. Fields

(Residence in Baltimore: No. 235 N. Arlington Ave St.; — yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Child

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Fields

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie Haines

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Fields

(Address) 235 N. Arlington Ave

15-

Filed APR 22 1917 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 20, 1917 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from April 19 1917, to April 20 1917, that I saw h[er] alive on April 20 1917, and that death occurred, on the date stated above, at 9.50 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. B. Hooker M. D.

4/21, 1917. (Address) 117 N. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem

DATE OF BURIAL, Apr 23, 1917

20-UNDERTAKER Charles B Jones

ADDRESS 235 N Pine

D 4607

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital ST. 9 WARD)

2-FULL NAME George M Erdman

(Residence in Baltimore: No. 1701 Carwell st

REGISTERED No. C 186 D 4607

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St. 44 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
male	white	Single

6-DATE OF BIRTH, Unknown (Month) , 1 (Day) (Year)

7-AGE, 38 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Geo Erdman

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mathias Erdman

(Address) 1701 Carwell st

15- Filed APR 22 1917, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 20 1917, 191 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism tree fell o n him accident

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [signature] (Coroner.) M. D.

April 22 191 (Address) N. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 38 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1701 Carwell St

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, April 22, 1917

20-UNDERTAKER Geo J. Riah — ADDRESS 1735 Harford Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 4608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

36 D 4608

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 830 Conley ST.; 18 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cornelius Hawkins

Residence in Baltimore: No. 830 Conley St. St.; Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, May (Month) 27 (Day), 1916 (Year)

7-AGE, ... yrs. 10 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Paul B. Hawkins

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Ethel Thomas.

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ethel Hawkins

(Address) 830 Conley St.

15-

Filed APR 22 1917, 191.... HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 10 1917, to April 18 1917, that I saw him alive on April 18 1917, and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Malnutrition (Duration) ..... yrs. 7 mos. ..... ds.

(Signed) J. B. Hundley M. D.

April 22 1917. (Address) 634 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 10 mos. 25 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, April 22 191.7

20-UNDERTAKER Jane Easton — ADDRESS 916 Penna Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 4609

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4609

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital ~~St.~~ 11 WARD)

2-FULL NAME John Harvey

(Residence in Baltimore: No. ~~1344 E.B.~~ Sparrows Point St.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

.....yrs. .....mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. African

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Unknown, 1900
(Month) (Day) (Year)

7-AGE, 17 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). 040

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER. Lee Harvey

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER. Fire Harvey

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Atkins

(Address) 21 E. Biddle St.

15-

Filed APR 22 1917 101...

HARRY C. ANDREWS
Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 20th (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 16th, 1917, to Apr 20th, 1917, that I saw him alive on Apr 20th, 1917, and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Dilatation of heart

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

..... (Duration) ..... yrs. ..... mos. 6 ds.

(Signed) C. A. Bowden M. D.

....., 191... (Address) Md Gen Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Sparrows Pt.

Former or usual residence Phoenix Va.

19-PLACE OF BURIAL OR REMOVAL, Phoenix Va

DATE OF BURIAL, April 22 1917

20-UNDERTAKER David Easton

ADDRESS 916 Remac

Spec.—8-24-14—M. & T.—2000 Bks.

D 4610

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4610

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1102 E. North Ave ST.) 9 (WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John U. Lippergir

(Residence in Baltimore) No. 1102 E. North abe St.; Life (yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct 19 (Month) (Day), 1855 (Year)

7-AGE, 61 yrs. 6 mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Brass 0.10
(b) General nature of industry, business, or establishment in which employed (or employer): Finisher

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Anthony Lippergir

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Maria Ziegler

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Hassnick

(Address) 1102 E. North Ave

15- APR 22 1917 Filed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 20th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 10th 1917, to April 20th 1917, that I saw h[illegible] alive on April 20th 1917, and that death occurred, on the date stated above, at 3.45 p.m.

The CAUSE OF DEATH* was as follows:

Uraemic Coma Chronic

(a) Arteriosclerosis Parenchymatous Nephritis

(Duration) 2 yrs. X mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Pancreatitis

(Duration) 3 yrs. 1 mos. ds.

(Signed) [illegible] M. D.

April 22nd, 1917. (Address) 2844 St. Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, April 23 1917

20-UNDERTAKER H. C. Wiedefeld — ADDRESS 914 Fremont Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 4611

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4611

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard C. H. Crane

(Residence in Baltimore: No. University Hospital St.; ..... yrs., ... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1909. (Year)

7-AGE, 8 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School boy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, W. C. Crane

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Emily Lerring

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. C. Crane

(Address) Waterbury Co. Balto. Md.

15- Filed APR 22 1917 101 HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 22. (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 20 1917, to Apr 22 1917, that I saw h[illegible] alive on Apr 21 1917, and that death occurred, on the date stated above, at 12.30 a. m.

The CAUSE OF DEATH* was as follows:

.....

.....

Acute tetanus

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Hard wound of foot accidental (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) W. Houston Toulson M. D.

Apr. 22, 1917. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 1 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Waterbury, Md

Former or usual residence Waterbury, Md

19-PLACE OF BURIAL, OR REMOVAL, Druid Ridge — DATE OF BURIAL, Apr. 24, 1917.

20-UNDERTAKER Courtney Elmore — ADDRESS [illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

D 4612

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D D 4612

1-PLACE OF DEATH
CITY OF BALTIMORE; (No. 135 E Ostend St.; 23 WARD)
REGISTERED No. C .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline R. Eckert

(Residence in Baltimore: No. 135 E Ostend St.; 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female
4-COLOR OR RACE: White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married
6-DATE OF BIRTH: Mar 7, 1896 (Month) (Day) (Year)
7-AGE: 21 yrs. 1 mos. 13 ds. If LESS than 1 day, hrs. or min.
8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 037
9-BIRTHPLACE, (State or Country): Md

PARENTS.
10-NAME OF FATHER: James A Nash
11-BIRTHPLACE OF FATHER (State or Country): Md
12-MAIDEN NAME OF MOTHER: Clara V Thomas
13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) James E Eckert
(Address) 135 E. Ostend St.

15- Filed APR 21 1917 HARRY C. ANDREW Burial Permit Clerk
APR 22 1917
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 20, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 27 1917, to Apr 20 1917, that I saw h[er] alive on Apr 19 1917, and that death occurred, on the date stated above, at 8a m.

The CAUSE OF DEATH* was as follows:
Chronic Pancreatitis
Irritability 2
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Same
(Duration) yrs. mos. ds.
(Signed) Neale Stifler M. D.
4/20, 1917. (Address) 1319 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: Apr 22, 1917.
20-UNDERTAKER: E. J. Tamm — ADDRESS: 1460 Battery ave.

D 4613 HEALTH DEPARTMENT—CITY OF BALTIMORE D 4613

CERTIFICATE OF DEATH.

157

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1112 S. Lakewood Ave. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margarett Green

(Residence in Baltimore: No. 1112 S. Lakewood Ave St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, August (Month) 11 (Day), 1872 (Year)

7-AGE,	If LESS than 1 day,
37 yrs. 8 mos. 8 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Girl
(b) General nature of industry, business, or establishment in which employed (or employer): Home Work

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Green

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Mary Sanders

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Green

(Address) 1112 S. Lakewood Ave

APR 23 1917 Filed 191...

ROBERT R. KRAUTER Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH April (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Hanging

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Henry Ryan M. D.

April 21, 1917 (Coroner) (Address) 1610 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Sacred Heart Cem	April 23, 1917
20-UNDERTAKER	ADDRESS
Stephen J. Fiaskowski	1019 S. Kenwood Ave

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 4614

CERTIFICATE OF DEATH

80 D 4614

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1814 Ashburton ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles M. Allen

(Residence in Baltimore: No. 1814 Ashburton St.; St.; yrs. 18 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: July (Month) 10 (Day), 1847 (Year)

7-AGE: 69 yrs. 9 mos. 11 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Shipping Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): H. Kobeale Hosiery & Glove Establishment

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Charles M. Allen

11-BIRTHPLACE OF FATHER (State or country): Not Known

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Anna A Allen

(Address) 1814 Ashburton St

APR 23 1917 Filed ....., 191

ROBERT B. KRAUTER REGISTRAR

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March, 1915, to, April 21 1917, that I saw him alive on April 21 1917, and that death occurred, on the date stated above, at 4.30 P.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Chronic Interstitial
Nephritis

(Duration) 4 yrs. ... mos. ... ds.

Contributory (SECONDARY) angina Pectoris 40 min.

(Duration) ... yrs. ... mos. ... ds.

(Signed), F. K. Carlson M. D.

April 21, 1917 [Address) 2757 W North Av.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Green Mount Cemetery

DATE OF BURIAL: APR 23 1917

20-UNDERTAKER: ARMSTRONG-DENNY CO.

ADDRESS: 715 Light St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4615

CERTIFICATE OF DEATH.

43 D 4615

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 328 S Spring ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Gardner

(Residence in Baltimore: No. 328 S Spring St.; 42 yrs., 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, September (Month) 20 (Day), 1874 (Year)

7-AGE, 42 yrs. 7 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Benedict Malatesta

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Celina Maria

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles W. Gardner

(Address) 328 S Spring

15- APR 23 1917 ROBERT R. KRAUTER

Filed ....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apl 1 1917, to Apl 21 1917, that I saw h[er] alive on Apl 4 1917, and that death occurred, on the date stated above, at 4 p m.

The CAUSE OF DEATH* was as follows:

Cancer of Left Breast

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Apl 21, 191... (Address) 16 S Barley

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	April 23, 1917
20-UNDERTAKER	ADDRESS
Wendell Ryfield & Son	37 S Bmre

D 4616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 D 4616

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3645 Cedar Ave ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. (8.)

2-FULL NAME Clarence H. Parker

(Residence in Baltimore: No. 3645 Cedar Ave St.; yrs. 4 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, ~~MARRIED, WIDOWED,~~ OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Dec 20 (Month) (Day), 1916 (Year)

7-AGE, ...yrs. 4 mos. 2 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): 690

9-BIRTHPLACE, (State or Country). Baltimore City

PARENTS.

10-NAME OF FATHER, Ashby Parker

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Pearl Hare

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Pearl Parker

(Address) 3645 Cedar Ave

15 APR 23 1917 ROBERT R. KRAUTER

Filed....., 191.... Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 22nd (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) None

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Morrison (Coroner.) M. D.

April 23 1917 (Address) 732 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Apl 23 1917
20-UNDERTAKER Chenoweth & Son	ADDRESS Calvert & Centre

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4617

CERTIFICATE OF DEATH.

D 4617

1-PLACE OF DEATH 1419 Battery ave REGISTERED NO. C

CITY OF BALTIMORE: (No. 24 ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Hinkle

(Residence in Baltimore: No. 1419 Battery ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Dec - 17 (Month) (Day), 1882 (Year)

7-AGE, 34 yrs. 4 mos. 3 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): American Lable Co

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Wm. Hinkle

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Mary Cook

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Hinkle

(Address) 1419 Battery ave

15-

Filed APR 23 1917 ..... Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 20 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 15 1917, to April 20 1917, that I saw him alive on April 20 1917, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Dilatation of heart

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Jas A O'Donnell M. D.

April 21, 1917. (Address) 1026 West St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cemetery	April 23, 1917.
20-UNDERTAKER	ADDRESS
E. D. Fanning	1460 Battery ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4618

CERTIFICATE OF DEATH.

D 4618

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1249 Riverside ave ST.; 24 WARD) REGISTERED NO. C 92

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward C. Metzger

(Residence in Baltimore: No. 1249 Riverside ave. St.; 54 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Jan (Month) 15 (Day), 1913 (Year)

7-AGE, 4 yrs. 3 mos. 3 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Fred W McTigue

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Lulu Kirby

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas F W McTigue

(Address) 1249 Riverside ave

15- Filed APR 23 1917, 191 ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 22 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from 3/31 1917, to apr 22 1917, that I saw h[im] alive on apr 21 1917, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Empyema

(Duration) yrs. mos. ds.

(Signed) E. E. Grant M. D.

4 22, 1917 (Address) 910 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery — DATE OF BURIAL, April 24, 1917.

20-UNDERTAKER E. J. Fanning — ADDRESS 1460 Battery Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4619

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 W Fayette St.; 4 WARD)

2-FULL NAME Jacob L Downum

(Residence in Baltimore: No. 705 W Fayette St.: 25 yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

D 4619

REGISTERED NO. C

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov 26th, 1864 (Month) (Day) (Year)

7-AGE, 52 yrs. 5 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Well digger
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), md.

PARENTS.

10-NAME OF FATHER, Jacob Downum

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Harriett Wyde

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maggie E. Downum

(Address) 705 W Fayette St

15- Filed APR 23 1917 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 23rd, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7 1917, to April 22 1917, that I saw him alive on April 22 1917, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

Probably Chronic

(Duration) several yrs. mos. ds.

CONTRIBUTORY (Secondary) Emphysema

(Duration) yrs. mos. ds.

(Signed) Edw C Barnett M. D.

Apr. 23, 1917. (Address) 1579 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Wagners Lawn DATE OF BURIAL, Apr 25, 1917.

20-UNDERTAKER Graham J. Walker ADDRESS 723 W Fayette

D 4620

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

36 D 4620

REGISTERED No. C.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 855 Lemmon ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary D Shorter

(Residence in Baltimore: No. 855 Lemmon St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... April (Month) ....., 1 (Day) ..... (Year)

7-AGE, 18 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Pvt Employer

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Charles D Shorter

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Kate Saunders

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Shorter

(Address) 855 Lemmon St

15- APR 23 1917 Filed ..... 191.....

ROBERT R. KRAUTER
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 21 (Day), 191 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholic Poison

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert D. Driscoll M. D. (Coroner)

April 22 1917. (Address) 3127 Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, April 23 1917

20-UNDERTAKER John H. Toadvine — ADDRESS 142 West

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

No. 4621

CERTIFICATE OF DEATH

D 4621

1-PLACE OF DEATH St. Vincents Infant Asylum 37 REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1401 Division ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cyril Anthony Ward

(Residence in Baltimore: No. 1401 Division St.; ....yrs. 7 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Mal	White	Single

6-DATE OF BIRTH, Sept (Month) 13 (Day) 1916 (Year)

7-AGE, ...yrs. 7 mos. 7 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....000.....

9-BIRTHPLACE, (State or Country), Maryland Virginia

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St Vincent Inf Asylum

(Address) 1401 Division st

15-

Filed APR 23 1917 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 5 1917, to April 20 1917, that I saw h.. alive on April 20 1917, and that death occurred, on the date stated above, at 1 8 m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(Duration) ....yrs. 7 mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac asthenia

(Duration) ....yrs. ....mos. 15 ds.

(Signed) [illegible] M. D.

4/26, 1917. (Address) 1279 Williams st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 7 mos. 7 ds. In the State ....yrs. 7 mos. 7 ds.

Where was disease contracted, if not at place of death? Congenital

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Cathedral	April 23 1917
20-UNDERTAKER	ADDRESS
Martin Stacky & Son	106 Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4622

CERTIFICATE OF DEATH.

170 D 4622

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. Mercy Hospital St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Anna E. Hughes

(Residence in Baltimore: No. 306 W. Madison St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Mar. 27, 1877
(Month) (Day) (Year)

7-AGE, 40 yrs. 0 mos. 26 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ....

9-BIRTHPLACE, (State or Country), Missouri

PARENTS.

10-NAME OF FATHER, James Hughes

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Amelia Hallett

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp.

(Address) Calvert St.

15- Filed APR 23 1917, 191.. ROBERT B. KRAUTER Clerk Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 22, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 17 1917, to Apr 22 1917, that I saw h[illegible] alive on Apr 22 1917 and that death occurred, on the date stated above, at 10:00 P m.

The CAUSE OF DEATH* was as follows:

Chronic Rheumatoid Arthritis

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) 2 yrs. 1 mos. ds.

(Signed) Edward A. Secrest M. D.

Apr 23, 1917. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. 5 ds. In the State Nearly Life yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? 306 W. Madison St

Former or usual residence 306 W. Madison St

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Apl. 25 1917.

20-UNDERTAKER, Martin Tuby Sons ADDRESS 106 Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4623

CERTIFICATE OF DEATH.

37 ✓

D 4623

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 S. Paca ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augustine H. Penington

Residence in Baltimore: No. 907 S. Paca St.; 34 yrs., 6 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Oct. (Month) 6 (Day), 1882 (Year)

7-AGE, 34 yrs. 6 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of Industry, business, or establishment in which employed (or employer): 084

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Augustine H. Penington

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Annie B. Reites

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Bettie M. Penington

(Address) 907 S. Paca St.

15- Filed APR 23 1917, 191.. ROBERT R. KRAUTER Registrar.

Burial Permit Stub

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 1 191 7, to Apr 22 191 7, that I saw h ll alive on Apr. 21 191 7, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Paresis. Specific

(Duration) 1 yrs. mos. ds.

(Signed) H. C. Thuemper M. D.

4104 , 191.. 7 (Address) 682 Col Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet Cem — DATE OF BURIAL, Apr. 22 191 7

20-UNDERTAKER Jos Juerdens Son — ADDRESS 217 S. Pacs

D 4624 HEALTH DEPARTMENT—CITY OF BALTIMORE D 4624

CERTIFICATE OF DEATH.

150

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 716 Ramsay ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Gordon Morris

(Residence in Baltimore: No. 716 Ramsay St.

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, July (Month) 3 (Day), 1915 (Year)

7-AGE. 1 yrs. 9 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William H. Morris

11-BIRTHPLACE OF FATHER (State or Country), Delaware.

12-MAIDEN NAME OF MOTHER Flora Mollman

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Flora Morris

(Address) 716 Ramsay

15- APR 23 1917 ROBERT R. KRAUTER

Filed..... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Malnutrition following Congenital Cardiac Malformation

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Albert S. Hirsch M. D.
(Coroner)

April 23, 1917 (Address) 512 N. Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem	Apr. 23, 1917
20-UNDERTAKER	ADDRESS
Jos Jenkins Son	2078 Penna

Important: See instructions on back.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 4625

1PLACE OF DEATH

CERTIFICATE OF DEATH

1724

D 4625

REGISTERED No. C .....

CITY OF BALTIMORE (No. 522 N. Para ST.: 17 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Meara

(Residence in Baltimore: No. 522 N. Para St.: 72 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	white	Widow

6-DATE OF BIRTH ..... (Month) ..... (Day) 1839 (Year)

7-AGE 78 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE (State or country) Ireland

PARENTS

10-NAME OF FATHER Michel Cleary

11-BIRTHPLACE OF FATHER (State or country) Ireland

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank J Meara

(Address) Mervue Md

15.

Filed APR 23 1917 ROBERT B. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April (Month) 21st (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March, 1917, to April 21st 1917, that I saw her alive on April 18th, 1917, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. 1 mos. ..... ds

Contributory (SECONDARY) Accidental Fall from bed to floor.

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) J. A. Blatand M. D.

April 23rd, 1917. (Address) 404 W. Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral Cem.	April 24, 1917

20-UNDERTAKER	ADDRESS
Chas. E. Franck	801 Madison Ave.

is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

4626

CERTIFICATE OF DEATH.

13 D 4626

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 E. Eager ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary S. Schafer

(Residence in Baltimore: No. 1512 E Eager St.; 27 yrs., \ mos. \ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, ... Jan. (Month) 6 (Day), 1881 (Year)

7-AGE.	If LESS than 1 day,
36 yrs. 3 mos. 17 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework at home
(b) General nature of industry, business, or establishment in which employed (or employer): 030

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Frank Tremer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Mathais B. Schafer

(Address) 1512 E Eager St

15- APR 23 1917 Filed, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 23 1917, to Apr. 20 1917, that I saw h[illegible] alive on Apr. 20 1917, and that death occurred, on the date stated above, at 11.52 P.m.

The CAUSE OF DEATH* was as follows:

Peritonitis following Childbirth

(Duration) ... yrs. ... mos. 25 ds.

CONTRIBUTORY (Secondary) Infection

(Duration) ... yrs. ... mos. 30 ds.

(Signed) B. J. Whitehead M. D.

April 24, 1917. (Address) 216 N. Carey St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, Apr. 24, 1917.

20-UNDERTAKER Denny Worch Sons — ADDRESS 1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 4627

CERTIFICATE OF DEATH.

79 D 4627

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2667 Frederick ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George A. Knell

(Residence in Baltimore: No. 2667 Frederick Ave St.; 73 yrs., mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Apr. 18, 1844
(Month) (Day) (Year)

7-AGE, 73 yrs. mos. 3 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoe maker
(b) General nature of industry, business, or establishment in which employed (or employer): 088

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Geo. A. Knell

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Knell

(Address) 2667 Frederick Ave

Filed APR 23 1917, 191... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 21, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1917, to April 21 1917, that I saw h[illegible] alive on April 21 1917, and that death occurred, on the date stated above, at 11.30 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

Pneumonia

(Duration) yrs. mos. ds.

(Signed) W. A. Knell M. D.

April 22, 1917... (Address) 2667 Frederick Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Apr 24, 1917.

20-UNDERTAKER, George L. Schwab & Bro — ADDRESS, 2101 Frederick Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4628

CERTIFICATE OF DEATH.

15 D 4628

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 N. Patterson Pk Ave ST.; 8 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Thomas Driscoll

(Residence in Baltimore: No. 1709 N. Patterson Pk Ave S.Q. 24 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Mar 28, 1917 (Month) (Day) (Year)

7-AGE, ...yrs. 24 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or estsblishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), MD

PARENTS.

10-NAME OF FATHER, W. J. Driscoll

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary B Hoffman

13-BIRTHPLACE OF MOTHER (State or Country), MD.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Driscoll

(Address) 1709 N. P. Pk Ave

15- APR 23 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 21, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 28 1917, to April 21 1917, that I saw h— alive on April 21 1917, and that death occurred, on the date stated above, at 5P m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Contributory Diabetes Mellitus)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ....yrs. mos. ds.

(Signed) R. R. Crawford M. D.

April 24, 1917 (Address) 1647 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Trinity Cemetery	April 25 191.7
20-UNDERTAKER	**ADDRESS**
H. Fender Sons	1200 Park Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 4629

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4629

CERTIFICATE OF DEATH.

113

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 537 E. Fort Ave ST.; 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME William E. Kirby

(Residence in Baltimore: No. 537 E. Fort Ave. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX.	4—COLOR OR RACE.	5—SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6—DATE OF BIRTH. Nov. (Month) 12th (Day), 1848 (Year)

7—AGE. 68 yrs. 5 mos. 7 ds. If LESS than 1 day, ... hrs. or ..... min.!

8—OCCUPATION:
(a) Trade, profession, or particular kind of work: Ship Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): 015

9—BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10—NAME OF FATHER. William Kirby

11—BIRTHPLACE OF FATHER (State or Country). Md.

12—MAIDEN NAME OF MOTHER Unknown

13—BIRTHPLACE OF MOTHER (State or Country). Unknown

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Kirby

(Address) 537 E. Fort Ave.

15—Filed APR 23 1917, 191.. ROBERT R. KRAUTER Register.

Burial Permit 07871

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, April 19th (Month) (Day), 1917 (Year)

17—I HEREBY CERTIFY, That I attended deceased from Mar 10 1917, to April 19 1917, that I saw h— alive on April 19 1917, and that death occurred, on the date stated above, at 6:45 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

Indefinite (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cardiac asthenia

(Duration) 2 yrs. ... mos. 2 ds.

(Signed) R. R. Campbell M. D.

April 23 191.7 (Address) 1644 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19—PLACE OF BURIAL OR REMOVAL. Loudon Park Cem. DATE OF BURIAL. April 23 191.7

20—UNDERTAKER Geo M. Kirk ADDRESS 841 N Wolfe

Spec.—8-24-14—M. & T.—2000 Bks.

D 4630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 4630

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1520 Madison Ave St.; 14 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo Robert Dew

(Residence in Baltimore: No. 1520 Madison Ave St.; ....yrs.,....mos.....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Dec (Month) 12 (Day) 1848 (Year)

7-AGE, 69 yrs. 7 mos. 10 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Geo Dew

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Mary Cromwell

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James H. Dew

(Address) 1520 Madison Ave

15-

Filed APR 23 1917, 191.....

ROBERT B. KRAMER
Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 7, 1917, to Apr 23 1917, that I saw h.. alive on Apr 23 1917, and that death occurred, on the date stated above, at 4:45 m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Contributory Bronchitis

(Duration) 2 yrs. mos. da.

CONTRIBUTORY (Secondary) Senile debility

(Duration) yrs. 9 mos. da.

(Signed) J. E. O'Sullivan M. D.

Apr 23 191.7 (Address) 1601 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....da. In the State....yrs....mos....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Apr 26, 191.7

20-UNDERTAKER Wm H. Lauthrop — ADDRESS 1624 W Royal Ave

D 4631

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 4631

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Poplar Grove St Bridge ST.; 7 WARD) 175 REGISTERED No. C

2-FULL NAME Albert N. Douglas

(Residence in Baltimore: No. 713 N. Milton Ave. St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June (Month) ..... (Day), 1893 (Year)

7-AGE, 23 yrs. 10 mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Shipper
(b) General nature of industry, business, or establishment in which employed (or employer) 086

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Alex Douglas

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Marian Sutton

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Sutton

(Address) 713 N. Milton Ave.

15- Filed APR 23 1917, 191 ROBERT E. KRAUTER Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Skull accidental

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Run into by Buggy with Automobile

(Duration) yrs. 1 mos. ds.

(Signed) E. Clay Smith M. D.

4/23, 1917. (Address) 910 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Poplar Grove St. Bridge

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Ruckersville Va — DATE OF BURIAL, April 25 1917

20-UNDERTAKER W. M. Faulkner — ADDRESS 1624 Mt Royal Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 4632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 Pennsylvania ave ST.) 14 (WARD)

REGISTERED No. C 1730 D 4632

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Weinstein

(Residence in Baltimore: No. 1414 Pennsylvania ave St.; ....yrs.....mos.....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, October 25, 1877 (Month) (Day) (Year)

7-AGE, 39 yrs. 5 mos. 26 da. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia Md

PARENTS.

10-NAME OF FATHER, Sam Mayman

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Weinstein

(Address) 1414 Pennsylvania ave

15-

Filed APR 23 1917 191.....

ROBERT R. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 21, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 17 1917, to April 21 1917, that I saw her alive on April 21 1917, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

..... (Duration) 6 yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Diabetes Mellitus

..... (Duration) ..... yrs. 6 mos. ..... da.

(Signed) Chas Chamberlain M. D.

April 21, 1917. (Address) 1414 Pennsylvania ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	April 23 1917
20-UNDERTAKER James B Myers	ADDRESS 814 W Lafayette ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4633

CERTIFICATE OF DEATH.

"91" D 4633

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 E. 20 St. ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gladys M Carroll

(Residence in Baltimore: No. 512 E 20 St.

St. 18 yrs., 6 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct 15, 1898
(Month) (Day) (Year)

7-AGE, 18 yrs. 6 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Thomas S Carroll

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Jennie J Hanraha

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas S. Carroll

(Address) 512 E. 20 St.

15-

Filed APR 23 1917 191.....

ROBERT R. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 22, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10th 1916, to April 22nd 1917, that I saw her alive on April 21st 191 7, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Epilepsy

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 4 ds.

(Signed) P E Lilly M. D.

April 23, 191 7 (Address) 520 E Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, April 24 191 7

20-UNDERTAKER Edmund M Conklin — ADDRESS 924 E Eager St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4634

CERTIFICATE OF DEATH.

79 D 4634

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1348 N. Washington St. WARD 8)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dallas Hall

(Residence in Baltimore: No. 1348 N. Washington St. St.; 20 yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, April 11, 1848
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
69 yrs. 0 mos. 9 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)..... Lobby work

9-BIRTHPLACE, (State or Country), Phila. Pa.

PARENTS.

10-NAME OF FATHER, Henry Hall

11-BIRTHPLACE OF FATHER (State or Country) Phila Pa.

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ida Emma Hall

(Address) 1348 N. Washington St

15-

Filed....., 191.....

Registrar.

APR 23 1917

ROBERT E. KRAUTER
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April 20, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 20 1917, to Apr 20 1917, that I saw h.. alive on Feb 20 1917, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jacob Frahm M. D.

Apr 21 1917. (Address) 1822 N. Wash. St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	April 23 1917
20-UNDERTAKER	ADDRESS
Robt J Turner	1412 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4635

CERTIFICATE OF DEATH.

92D 4635

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4037 Kate ave. St.; W. Forest Park WARD) 15

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria E. Stockett

(Residence in Baltimore: No. 4037 Kate ave. St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Married

6-DATE OF BIRTH, Feb 4 1836
(Month) (Day) (Year)

7-AGE, 81 yrs. 2 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... 637

9-BIRTHPLACE, (State or Country), a. a. Co. Md

PARENTS.

10-NAME OF FATHER, Howard M. Duvall

11-BIRTHPLACE OF FATHER (State or Country), a. a. Co.

12-MAIDEN NAME OF MOTHER Maria L. Tuck

13-BIRTHPLACE OF MOTHER (State or Country), a a Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. H. Stockett

(Address) 1430 Linden ave.

15-APR 23 1917 ROBERT R. KRAUTER

Filed....., 191.... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 22, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 17 1917, to Apr 22 1917, that I saw h[illegible] alive on Apr 22 1917, and that death occurred, on the date stated above, at 6. P. m.

The CAUSE OF DEATH* was as follows:

Chron. Pneumonia

(Duration)....yrs....mos. 3 ds.

CONTRIBUTORY (Secondary) Senility

(Duration)....yrs....mos....ds.

(Signed) Wm. H. Stockett M. D.

Apr. 22, 1917. (Address) 205 Chas. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Loudon Park	April 24, 1917.
20-UNDERTAKER Ems. Mitchell & Co.	ADDRESS 1201 N. Fayette St.

D 4636

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

45

D 4636

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2038 Eutaw Place 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME David Marion Newbold

(Residence in Baltimore: No. 2038 Eutaw Place St.; 60 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: June (Month) 3rd (Day), 1843 (Year)

7 AGE: 73 yrs. 10 mos. 19 ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Real Estate

9 BIRTHPLACE (State or country): Booneville, Missouri, U.S.A.

PARENTS

10 NAME OF FATHER: James Francis Newbold

11 BIRTHPLACE OF FATHER (State or country): U.S.A. (Kentucky)

12 MAIDEN NAME OF MOTHER: Mary Elisobett Bowen

13 BIRTHPLACE OF MOTHER (State or country): U.S.A. (Maryland)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) D. M. Newbold Jr.

(Address) Charles St. + University Parkway

15 APR 23 1917 Filed ROBERT B. KRAUTER Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 22nd (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from October, 1916, to April 22, 1917, that I saw h~~im~~ alive on April 22, 1917, and that death occurred, on the date stated above, at 9.50 A.m.
The CAUSE OF DEATH* was as follows:

Carcinoma of the Bladder

(Duration) — yrs. 6 mos. — ds

Contributory (SECONDARY) Cystitis

(Duration) — yrs. 1 mos. — ds.

(Signed) Gustavus C. Dohme M. D.

Apr. 22, 1917 (Address) 3014 St. Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: April 24, 1917

20 UNDERTAKER: E. M. Mitchell & Co

ADDRESS: 201 W. Fayette St.

19 very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4637

CERTIFICATE OF DEATH.

28 D 4637

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 Cairo ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Matthews

(Residence in Baltimore: No. 1713 Cairo St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) Unknown (Day) 1 (Year)

7-AGE, 43 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Day
(b) General nature of industry, business, or establishment in which employed (or employer). Tobacco Ind

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Samuel Matthews

11-BIRTHPLACE OF FATHER (State or Country) Balto Md

12-MAIDEN NAME OF MOTHER Laura Pratt

13-BIRTHPLACE OF MOTHER (State or Country), Howard Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Matthews

(Address) 1713 Cairo St

15- APR 23 1917 Filed ..... 191 ROBERT R. KRAUTER Registrar. Burial Permit .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1st 191., to April 20 191., that I saw him alive on April 20 191., and that death occurred, on the date stated above, at 11:50 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(Duration) ....yrs. 3 mos. 20 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Dr. Frederick M. D.

April 21, 191.. (Address) 1713 N. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn — DATE OF BURIAL, July 23, 1917

20-UNDERTAKER John H. Owens — ADDRESS 538 Dolphin

D 4638

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4638

CERTIFICATE OF DEATH.

REGISTERED No. C 175

1-PLACE OF DEATH,
CITY OF BALTIMORE (No. Pressman & Fulton Sts 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry L. Anderson

(Residence in Baltimore: No. 1319 N. Mount St. St.; yrs., 14 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	colored	Single

6-DATE OF BIRTH,
....., 1910
(Month) (Day) (Year)

7-AGE, 7 yrs. mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry J. Anderson

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary E. Lane

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Henry J. Anderson
(Address) 1319 N. Mount St

15-
Filed APR 23 1917, 191.... ROBERT B. KRAUTER Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 22, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:
Fracture of the skull
caused by an automobile
accidental
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) F. C. Smith M. D.
(Coroner)
Apr 2, 1917. (Address) 910 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	Apr. 23 1917
20-UNDERTAKER John A. Bishop	ADDRESS 1107 Druid Hill Av.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1917 D 4639

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 324 W. Saratoga ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Brockenbrot.

(Residence in Baltimore: No. 324 W. Saratoga St.: 47 yrs. 3 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH, Dec. 29th, 1869 (Month) (Day) (Year)

7-AGE, 47 yrs. 3 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeping
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER, Louis Baltz

11-BIRTHPLACE OF FATHER (State or Country), St. Louis

12-MAIDEN NAME OF MOTHER Mary Gebb.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Brockenbrot.

(Address) 324 W. Saratoga St.

15- ROBERT E. KRAUTER

Filed APR 23 1917, 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 23rd, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 23 1917, to April 23 1917, that I saw her alive on April 23 1917, and that death occurred, on the date stated above, at 8:30 A.m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(?)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Gustavus C. Dolan M. D.

Apr. 23, 1917. (Address) 3014 St. Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL, ..., 191.7

20-UNDERTAKER: Mr. & Mrs. John H. Teufel

ADDRESS: 801 W. Fayette St.

HEALTH DEPARTMENT---CITY OF BALTIMORE.

D 4640

CERTIFICATE OF DEATH

78

D 4640

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2005 Gough ST. V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Goska (Goszka)

(Residence in Baltimore: No. 2005 Gough St.; 20 yrs. 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: April (Month) (Day), 1897 (Year)

7-AGE: 20 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Musician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Stanislaw Goszka

11-BIRTHPLACE OF FATHER (State or country): Poland

12-MAIDEN NAME OF MOTHER: Mary Grembowzka

13-BIRTHPLACE OF MOTHER (State or country): Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Goszka

(Address) 2005 Gough St.

15- APR 25 1917 ROBERT R. KRAUTER

Filed....., 191... Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 4 (Month) - 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-3, 1917, to, 4-20 1917, that I saw h.. alive on 4-20 1917, and that death occurred, on the date stated above, at 1415 m.

The CAUSE OF DEATH* was as follows:

Toxemia

(Duration) yrs mos ds

Contributory (SECONDARY): Pulmonary tuberculosis

(Duration) 4 yrs mos ds

(Signed), J E Gately M. D.

4-21 1917 [Address] 111 S Edmund

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Rosary

DATE OF BURIAL: April 24 1917

20-UNDERTAKER: Jacob Fialkowski

ADDRESS: 428 S Bond St

Spec.—8 24 14—M. & T.—2000 Bks.

D 4641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 4641

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Park View Apt ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Mayer

(Residence in Baltimore: No. Calloway & Park Drive St.; 50 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May (Month) 16th (Day), 1852 (Year)

7-AGE, 64 yrs. 11 mos. 6 da. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dry Goods
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Mayer

(Address) Park View Apts

15- APR 23 1917 Filed, 191 ROBERT B. KRAUTER Registrar.

Burial Permit 41471

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4-17 1917, to 4-22 1917, that I saw h[illegible] alive on 4-21 1917, and that death occurred, on the date stated above, at 7:30 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 da.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(Duration) yrs. 1 mos. da.

(Signed) A. G. Barrett M. D.

4-22, 1917 (Address) 1631 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Shalom DATE OF BURIAL, April 25, 1917

20-UNDERTAKER Edward Sondheim ADDRESS 118 N Howard St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4642

CERTIFICATE OF DEATH.

118 D 4642

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 11 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Margaret A Maloy

(Residence in Baltimore: No. 1206 Bolton St St.; 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH. March 11, 1850 (Month) (Day) (Year)

7-AGE. 67 yrs. 1 mos. 7 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) None 000

9-BIRTHPLACE, (State or Country), Talbot Co. Md

PARENTS.

10-NAME OF FATHER, Samuel B. Hopkins

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Margaret M. Blake

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William M. Maloy

(Address) 1911 N. Eutaw St

15- Filed APR 23 1917 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 22, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 21 1917, to April 22 1917, that I saw h er alive on April 22 1917, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Pancreatitis

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Bruce S Jacobs M. D.

Apr 22, 1917 (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1206 Bolton St.

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, April 25, 1917

20-UNDERTAKER John B. Spence — ADDRESS 1325 N. Caroline St

SAFETY

Spec.—8-24-14—M. & T.—2000 Bks.

D 4643

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4643

CERTIFICATE OF DEATH.

150

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1016 Forrest ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Murgerman

(Residence in Baltimore: No. 1016 Forrest St St.; yrs., mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, F

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)

6-DATE OF BIRTH, April 21, 1917.
(Month) (Day) (Year)

7-AGE, ...yrs....mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John Murgerman

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Kate Brazier

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kate Brazier

(Address) 1016 Forrest St

15- Filed APR 23 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 23, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 21 1917, to April 23 1917, that I saw her alive on April 23 1917, and that death occurred, on the date stated above, at 5a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Stenosis

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary).....

(Duration) ....yrs. ....mos. ....ds.

(Signed) B Kreeger M. D.

....., 191... (Address) 1420 N Luzerne

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Catholic Cemetery

DATE OF BURIAL, Apr 23, 1917.

20-UNDERTAKER Henry W. Maus & Son

ADDRESS 205 N Gilmor St

Spec.—8-24-14—M. & T.—2000 Bks.

D 4644

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 D 4644

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308 Ensor ST. 10 WARD) REGISTERED NO. C

2-FULL NAME Henry B Spurrier

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1308 Ensor st St.; 47 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, April (Month) 20 (Day), 1855. (Year)

7-AGE, 62 yrs. 1 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): W.M. R.R 030

9-BIRTHPLACE, (State or Country), Frederick Co Md

PARENTS.

10-NAME OF FATHER, Beal Spurrier

11-BIRTHPLACE OF FATHER (State or Country), Frederick Co Md

12-MAIDEN NAME OF MOTHER Eliza Watts

13-BIRTHPLACE OF MOTHER (State or Country), Frederick Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary F Spurrier

(Address) 1308 Ensor st

15-

Filed APR 23 1917, 191.. HARRY C. ANDREWS Registrar.

Burial Permit Sent

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 21 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1913, to April 21 1917, that I saw him alive on April 20 1917, and that death occurred, on the date stated above, at 6,25a m.

The CAUSE OF DEATH* was as follows:

Chronic Cardiovascular Kidney Disease

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia Poisoning

(Duration) yrs. mos. 7 ds.

(Signed) Hubert S Carrington, M. D.

April 21, 1917. (Address) 1216 E Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Loudon Park Cemetery	April 24th, 1917.
20-UNDERTAKER. George Schilling & Sons	ADDRESS 1126 E Monument St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4645

CERTIFICATE OF DEATH.

80 ✓ D 4645

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1301 E Biddle ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alma Taylor

Residence in Baltimore: No. 1301 E Biddle st St.: 63 yrs., 6 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, October 16th, 1853
(Month) (Day) (Year)

7-AGE, 63 yrs. 6 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... 037

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, George C Clapp

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Elizabeth B Merryman

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Owen Taylor

(Address) 1301 E Biddle st

15- Filed APR 23 1917, 191.. HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 22, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1, 1916, to April 22 1917, that I saw h[illegible] alive on April 21 1917, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Robert F Green M. D.

April 22, 1917. (Address) 120½ Liberty St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, April 25, 1917.

20-UNDERTAKER George Schilling & Sons

ADDRESS 1126 E Monument st

Spec.—8-24-14—M. & T.—2000 Blks.

D 4646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47

D 4646

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Cousins

(Residence in Baltimore: No. 820 W. Lombard St.; 15 yrs., 5 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, September 16, 1901
(Month) (Day) (Year)

7-AGE, 15 yrs. 5 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Boy
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Albert M. Cousins

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Winifred Doyle

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert M. Cousins

(Address) 18 20 W Lombard St

15-

Filed APR 23 1917, 191...

HARRY C. ANDREWS
Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 21, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 18 1917, to April 21 1917, that I saw h.im alive on April 21st 1917, and that death occurred, on the date stated above, at 2.25 P m.

The CAUSE OF DEATH* was as follows:

Septic Endocarditis

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) yrs. mos. 2 ds.

(Signed) H. L. H. Grayson M. D.

April 22, 1917. (Address) Franklin Square Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 9 ds. In the State 15 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Home

Former or usual residence 820 W Lombard St

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery | DATE OF BURIAL, April 25..., 191...

20-UNDERTAKER Harry A Witzke | ADDRESS 153 W Lombard

Spec.—8-24-14—M. & T.—2000 Bks.

D 4647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 ✓ D 4647

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1315 E. Monument ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman L. Dockins

(Residence in Baltimore: No. 1315 E. Monument St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored a. 1a.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Sept. 15, (Month) (Day) 1890 (Year)

7-AGE, 26 yrs. 7 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Porter
(b) General nature of industry, business, or establishment in which employed (or employer) 086

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John H. Dockins

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Hariet Wheeler

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harriet Barnes

(Address) 1315 E. Monument St

15- Filed APR 23 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 21st, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 15 1917, to April 21 1917, that I saw him alive on April 20 1917, and that death occurred, on the date stated above, at 1230 p.m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) yrs. 2 mos. ds.

(Signed) Jno. C. Robinson M. D.

4/23, 1917. (Address) 1520 Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Arbor Cemetery

DATE OF BURIAL, Apr. 24, 1917.

20-UNDERTAKER Chas E. Bailey

ADDRESS 1421 Jefferson St

Spcc.—8-24-14—M. & T.—2000 Bks.

D 4648 HEALTH DEPARTMENT—CITY OF BALTIMORE D 4648

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 W. Cross St.; 21 WARD)

REGISTERED NO. C

(If death occurred in hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry F. Rommel

(Residence in Baltimore: No. 705 W. Cross St.; Life yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct 9, 1893 (Month) (Day) (Year)

7-AGE, 23 yrs. 6 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Ammunition factory Inspector
(b) General nature of industry, business, or establishment in which employed (or employer) Hayward & Bartlett

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, John Rommel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna Wartenburg

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Rommel

(Address) 705 W. Cross St.

15- APR 23 1917

Filed....., 191.... HARRY J. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 21, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Ap 19 1917, to Ap 21 1917

that I saw h-- alive on Ap 21 1917

and that death occurred, on the date stated above, at 11:30 P.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Mitral Regurgitation

(Duration) ..... yrs. ..... mos. 7 .....

CONTRIBUTORY (Secondary) Asthenia

(Duration) ..... yrs. ..... mos. 1 .....

(Signed) Wm. L. Donaldson M.

Ap 22, 191 7 (Address) 1038 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cemetery | DATE OF BURIAL, April 24 1917

20-UNDERTAKER James Dignan & Son | ADDRESS 100 S. Paca St.

D 4649

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4649.

CERTIFICATE OF DEATH.

27

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1046 Pennsylvania Ave WARD)

2-FULL NAME Harriett Tucker.

Residence in Baltimore: No. 1046 Pennsylvania Ave

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St. 7 yrs. — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Married

6-DATE OF BIRTH, July (Month) 23 (Day), 1909 (Year)

7-AGE,	If LESS than 1 day,
7 yrs. 1 mos. 26 da.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)..... 097

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Burrell Miller

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mattie Braxton

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mary Busey

(Address) 1046 Pennsylvania Ave

15-

Filed APR 23 1917 191.....

HARRY C. [illegible]
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 21, (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration)....yrs....mos....da.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....da.

(Signed) F. Edward Smith M. D.
(Coroner.)

4/22, 191.7. (Address) 910 Eighth

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....da. In the State....yrs....mos....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemty

DATE OF BURIAL, APR 24 1917

20-UNDERTAKER JAMES H. DENNIS

ADDRESS 1303 PRESTMAN ST

Spec.—8-24-14—M. & T.—2000 Bks.

D 4650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 D 4650

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 2423 Guilford Ave ST.) (WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John N. Moore.
(Residence in Baltimore: No. 2423 Guilford Ave St.; 70 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male
4-COLOR OR RACE: White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widower

6-DATE OF BIRTH, May (Month) 3 (Day) 1848 (Year)

7-AGE, 68 yrs. 11 mos. 18 ds.
If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Engineer on
(b) General nature of industry, business, or establishment in which employed (or employer): Steamship

9-BIRTHPLACE, (State or Country) Pennsylvania

PARENTS.
10-NAME OF FATHER, William Moore
11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania
12-MAIDEN NAME OF MOTHER, Catharine Boughter
13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Kate Shaw
(Address) 2423 Guilford Ave

15-
Filed APR 23 1917, 191.. HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 21, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 2nd 1916, to Apr 21 1917, that I saw h m alive on Apr 21 1917, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Nephritis

(Duration) ..... yrs. 6 mos. ..... ds.

(Signed) W. E. Shaw M. D.

Apr 21, 1917. (Address) 1301 N Pat Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, April 24, 1917.

20-UNDERTAKER William Cole — ADDRESS 504 E North Ave

D 4651

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1720

D 4651

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1571 Richland St ST. 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alve E. Stimmel

(Residence in Baltimore: No. 1571 Richland st St. 24 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: May (Month) 11 (Day), 1876 (Year)

7-AGE: 40 yrs. 11 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): Laborer.

9-BIRTHPLACE (State or country): Frederick Md

PARENTS

10-NAME OF FATHER: John C Stimmel

11-BIRTHPLACE OF FATHER (State or country): Frederick Md

12-MAIDEN NAME OF MOTHER: Annie E. Baker

13-BIRTHPLACE OF MOTHER (State or country): Frederick Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Arthur L. Smith

(Address) 2856 W. Lafayette Ave

15. Filed APR 23 1917, 191

HARRY O. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 23 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 10, 1917, to April 22 1917.
that I saw h-- alive on April 22, 1917.
and that death occurred, on the date stated above, at 3 a m.
The CAUSE OF DEATH* was as follows:

Chronic Bright's

(Duration) unknown yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Fred C Jewett M. D.

, 191 (Address) 2516 Penn ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Pk

DATE OF BURIAL: April 25, 1917

20-UNDERTAKER: Wm Cook

ADDRESS: 502 E. North Ave.

is very important. See instructions on back of

Spec.—8-24-14—M. & T.—20[illegible] Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4652

CERTIFICATE OF DEATH.

120 D 4652

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 162 W. West ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Bolkmann

(Residence in Baltimore: No. 162 W. West St.; 30 yrs. ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Aug. 8 (Month), (Day), 1842 (Year)

7-AGE, 74 yrs. 8 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House Duties
(b) General nature of industry, business, or establishment in which employed (or employer). at home

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Volkmann

(Address) 162 W. West St

15-

Filed APR 23 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 21st (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 14 1917, to April 21st 1917, that I saw h[illegible] alive on April 21st 1917, and that death occurred, on the date stated above, at 11.50 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Uraemia

(Duration) ...yrs. 1 mos. ...ds.

CONTRIBUTORY (Secondary) Pneumonia Croupa

(Duration) ...yrs. ...mos. 1 ds.

(Signed) [illegible] M. D.

Apr 22, 1917. (Address) 1748 N. Carey

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Schwartz's Cem

DATE OF BURIAL, Apr. 24, 1917

20-UNDERTAKER Mrs. Wm. John W. Imfeld

ADDRESS 801 W. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

D 4653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 4653

1-PLACE OF DEATH Union Protestant Infirmary

CITY OF BALTIMORE: (No. 1514 Division ST.; 11 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Sarah Forfar

Residence in Baltimore: No. 237 W. Preston St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Widowed

6-DATE OF BIRTH, March (Month) 31 (Day), 1880 (Year)

7-AGE, 37 yrs. — mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nursery maid
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Scotland

PARENTS.

10-NAME OF FATHER, Archibald McKellum

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Margaret McNab

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Jamison Protestant

(Address) 1514 Division St.

15- APR 23 1917 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 9 1917, to April 23 1917, that I saw her alive on April 23 1917, and that death occurred, on the date stated above, at 4.30 P.m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(Duration) Unknown

CONTRIBUTORY (Secondary) Bronchio-pneumonia

(Duration) yrs. — mos. 3 ds.

(Signed) R. T. Kieffer M. D.

April 23 1917. (Address) 1514 Division St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death — yrs. — mos. 14 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? At home

Former or usual residence 237 W. Preston St.

19-PLACE OF BURIAL, OR REMOVAL, Western Cem. DATE OF BURIAL, April 24 1917.

20-UNDERTAKER Martin Fahey Sons ADDRESS 16 Lafayette

D 4654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175 ✓ D 4654

REGISTERED NO. C

PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital St. 24 WARD)

1-FULL NAME Francis J. Kennedy (Kenny)

(Residence in Baltimore: No. 1279 Battery Ave

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

26 / 10

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, March 11 1891
(Month) (Day) (Year)

7-AGE, 26 yrs. 1 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John T. Kenny

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Mary Cuddy

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Winfred Cuddy

(Address) 1279 Battery ave

15- APR 23 1917 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 21, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract. Vertebra Accidental

Caused by rolling in wagon and accidently striking a stick

(Duration) about 2 hrs. yrs. mos. ds.

CONTRIBUTORY (Secondary) Meplexitis

(Duration) yrs. mos. ds.

(Signed) W. T. Riley M. D.
(Coroner)

Apr 23, 1917 (Address) 1637 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 6 mos. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Brady's Stable 1100 block Riverside Ave

Former or usual residence 1279 Battery Ave

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, April 24 1917

20-UNDERTAKER M. J. Flynn ADDRESS 1432 Light

Spec.—8-24-14—M. & T.—2000 Blks.

D 4655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 ✓

D 4655

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1313 N Stricker ST.; 15 WARD) REGISTERED No. C

2-FULL NAME Morgan Stewart

(Residence in Baltimore: No. 1313 N Stricker St.; Life yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Sept 6, 1909 (Month) (Day) (Year)

7-AGE, 7 yrs. 7 mos. 16 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School boy
(b) General nature of industry, business, or establishment in which employed (or employer). W

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frank Stewart

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Lorida Curtis

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Stewart

(Address) 1313 N Stricker St

15-

Filed APR 23 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 22 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 17 1917, to April 22 1917, that I saw h alive on April 20 1917, and that death occurred, on the date stated above, at 12.15 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm T. Wright M. D.

Apr 23, 1917 (Address) 1209 Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Westen DATE OF BURIAL, Apr 24 1917

20-UNDERTAKER Harry Enright ADDRESS 1316 Mary

D 4656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 4656

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1106 Born alley ST.: 18 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Aron Livingston

(Residence in Baltimore: No. 1106 Born alley St., 1 yrs., — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, unknown, 1
(Month) (Day) (Year)

7-AGE, 1 yrs. mos. da. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Construction Co

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, H Livingston

11-BIRTHPLACE OF FATHER (State or Country) North Carolina

12-MAIDEN NAME OF MOTHER Lizzie Cobel

13-BIRTHPLACE OF MOTHER (State or Country), North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Livingston

(Address) 1106 Born Alley

15- APR 23 1917 Filed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 22, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) yrs. 1 mos. da.

CONTRIBUTORY (Secondary) Pneumonia Lobar

(Duration) yrs. mos. 3 da.

(Signed) Jules H Denson M. D.
(Coroner.)

(Address) 700 E Chase

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, April 23 1917
Mt Auburn	
UNDERTAKER	ADDRESS
Barnett & Wright	1641 W Cary

Spec.—8-24-14—M. & T.—2000 Bks.

D 4657

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 ✓

D 4657

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 732 Jew alley St.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adella Dackins (Dockins)

(Residence in Baltimore: No. 732 Jew alley St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED,~~ (*Write* the word.) Married

6-DATE OF BIRTH, Unknown. (Month) (Day), 1890 (Year)

7-AGE, 27 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): +

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Charles Dorkins.

11-BIRTHPLACE OF FATHER (State or Country) Dorchester Co Md.

12-MAIDEN NAME OF MOTHER Emma Hill.

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Hill

(Address) 733 Jew al.

15-

Filed APR 23 1917, 191.. HARRY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 4 1917, to April 21 1917, that I saw h~~e~~r alive on April 21 1917, and that death occurred, on the date stated above, at 8½a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) yrs. 2 mos. 9 ds.

CONTRIBUTORY (Secondary) T.B. Lungs

(Duration) yrs. 2 mos. 9 ds.

(Signed) Dr. G. W. Kinnard M. D.

April 24 1917. (Address) 708 Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lamb's Cemetery — DATE OF BURIAL, April 24 191 7

20-UNDERTAKER Wm. R. A. Elliott — ADDRESS 56 East St

Spec.—8-24-14—M. & T.—2000 Bks.

D 4658

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 D 4658

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 5 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Blessing

(Residence in Baltimore: No. 256 Colvin St.; ... yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, October (Month) 8 (Day), 1915 (Year)

7-AGE, ... yrs. 1 mos. 14 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Ben Blessing

11-BIRTHPLACE OF FATHER (State or Country), S.C

12-MAIDEN NAME OF MOTHER Elmire Blessing

13-BIRTHPLACE OF MOTHER (State or Country), S.C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E.M. Hardy

(Address) Johns Hopkins Hospital

15- APR 23 1917

Filed ..., 191... HARRY C. ANGLE Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 21 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 17 1917, to April 21 1917, that I saw h[illegible] alive on April 21 1917, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

(Duration) ... yrs. 1 mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Wilda R. Wallace M. D.

April 22, 1917. (Address) ...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. 5 ds. In the State ✓ yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 256 Colvin St.

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, April 24, 1917

20-UNDERTAKER Mrs. R. A. Elliott — ADDRESS 506 East St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4659 — 79 — D 4659

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 Cookie St.; 24 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ludwig Gilbert

(Residence in Baltimore: No. 1113 Cookie St.: 45 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male | 4-COLOR OR RACE White | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) — (Day) — 1859 (Year)

7-AGE, 64 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... United Ry.

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Hakenbrok

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Hakenbrok

13-BIRTHPLACE OF MOTHER (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Gilbert

(Address) 1113 Cookie St.

15- Filed APR 23 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1- 1914, to April 20 1917, that I saw h~~im~~ alive on April 20 1917, and that death occurred, on the date stated above, at 1 p. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) 3 yrs. 3 mos. 20 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. F. Eichenbrenner M. D.

April 21, 191.7 (Address) 1414 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Loudon Park DATE OF BURIAL, April 24 191.7.

20-UNDERTAKER Wm. Oakey & Sons ADDRESS 318 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4660

CERTIFICATE OF DEATH.

79 D 4660

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Aged Women's Home St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME Annie E Parsons

(Residence in Baltimore: No. 1700 W. Lexington St.; 67 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Fem-e

4-COLOR OR RACE, Wh

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Wid

6-DATE OF BIRTH, Dec 18, 1834
(Month) (Day) (Year)

7-AGE, 82 yrs. 4 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Edw. Browning

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER Anne Carmichael

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella J Howe

(Address) 931 W Fayette

15-

Filed APR 23 1917, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 22, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1917, to April 22 1917, that I saw h..... alive on April 21 1917, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows: Organic Disease of Heart

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) J. Howard M. D.

April 23, 1917 (Address) 931 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death 3 yrs. — mos. — ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? Aged Woman's Home

Former or usual residence Aged Woman's Home

19-PLACE OF BURIAL OR REMOVAL. Monkton Balto Co Md

DATE OF BURIAL. April 25 1917

20-UNDERTAKER E. Le Roy Stiffler

ADDRESS 844 W. 36th

Spec.—8-24-14—M. & T.—2000 Bks.

D 4661

HEALTH DEPARTMENT—CITY OF BALTIMORE

80 D 4661

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 N. Milton Ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ludwig Meyer

(Residence in Baltimore: No. 614 N. Milton Ave St.; 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, September 10, 1848
(Month) (Day) (Year)

7-AGE, 68 yrs. 7 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Shoedon
(b) General nature of industry, business, or establishment in which employed (or employer) Retired

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen Meyer

(Address) 614 N. Milton Ave

15-
Filed APR 23 1917, 191.... HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 21, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 20 1917, to April 21 1917, that I saw h-im alive on 11 11 191.., and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Incidental portion

(Duration) yrs. mos. 3 ds.

(Signed) A. A. Hesse M. D.

April 21, 191.. (Address) 7 W. Mt. Royal Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	April 24, 191..
20-UNDERTAKER Christian Miller	ADDRESS 2330 E. Lanvale St.

Spec.—8-24-14—M. & T.—2000 Bks.

Wm Harris

4662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 4662

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 N. Gilmore ST.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Harris Sr

(Residence in Baltimore: No. 305 N. Gilmore St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, ... (Month) ....., 1 (Day) ..... (Year)

7-AGE, ... yrs. 10 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm L Harris

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Bessie Brown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm L. Harris

(Address) 305 Gilmore St

15. Filed APR 24 1917, 191... ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15 1917, to March 22 1917, that I saw him alive on March 21 1917, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows: Pneumonia Lobar

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O. H. Filbert M. D.

March 22 1917 (Address) 914 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn St — DATE OF BURIAL, March 24, 1917

20-UNDERTAKER L. W. Brown and Son — ADDRESS 108 N. Monty St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4663

CERTIFICATE OF DEATH.

151 D 4663

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 Bell St. ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Inf of Marie & Levi Burby

(Residence in Baltimore: No. 416 Bell St. St.; ..... yrs., ... mos. 5 hrs.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April 20, 1917.
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 5 hrs.

If LESS than 1 day, 5 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work X
(b) General nature of Industry, business, or establishment in which employed (or employer) X

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Levi Burby

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Marie Jones

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- Filed APR 24 1917, 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 20, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 20 1917, to April 20 1917, that I saw her alive on Friday at 2 P.M. 1917, and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Premature Birth

Injuries received at birth

Related by Mother

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. L. Hall M. D.

April 20 1917. (Address) 484 E. 23rd St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, APR 21 1917
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND
Commissioner Health.
Per. Jos. E. WOODALL

Spec.—S-24-14—M. & T.—2000 Bks.

D 4664

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4664

CERTIFICATE OF DEATH. STILL BORN

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Baker.

(Residence in Baltimore: No. 1626 Dawson St St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Sing

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, 4 weeks. .....yrs. .....mos. .....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). md.

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P Phelps

(Address) Johns Hopkins Hosp

15- APR 24 1917 Filed....., 191.....

ROBERT R. KRAUTER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 19, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 19 1917, to Apr 19 1917, that I saw h~~e~~ alive on April 19 1917, and that death occurred, on the date stated above, at 8 3 p. m.

The CAUSE OF DEATH* was as follows:

Prematurity.

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) ..... M. D.

Apr. 19 1917. (Address) John Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. 1 ds. In the State L yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1626 Dawson St

19-PLACE OF BURIAL OR REMOVAL. JOHNS HOPKINS HOSPIT

DATE OF BURIAL, APR 21 1917

20-UNDERTAKER

ADDRESS

Commissioner Health.

D 4665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

103 D 4665

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 908 Warner St. St.: 3d WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alverta DuGordon. (C)

(Residence in Baltimore: No. 908 Warner St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Married

6-DATE OF BIRTH, January 26th. 1879., 1 (Month) (Day) (Year)

7-AGE, 38 yrs. 2 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Alexander White.(C)

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Rachael Johnson.(C)

13-BIRTHPLACE OF MOTHER (State or Country), CambridgeMd.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Edward White(C)brother.
(Address) 128 Winter St.

15-
Filed APR 24 1917 191.....
ROBERT R. KRAUTER
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 22nd. 1917., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.
The CAUSE OF DEATH* was as follows:

Acute Indigestion.

..... (Duration).....yrs.....mos.....ds.
CONTRIBUTORY (Secondary).....
..... (Duration).....yrs.....mos.....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)
April 23, 1917. 191... (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Steubenville Ind. DATE OF BURIAL, April 24, 1917

20-UNDERTAKER E & B Harle ADDRESS 115 E West St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4666

CERTIFICATE OF DEATH.

81 D 4666

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. U.S. Marine Hospital St.; U.S. Marine Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elas. Holloway

(Residence in Baltimore: No. U.S. Marine Hospital St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male
4-COLOR OR RACE: Colored
5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write this word.): Single
6-DATE OF BIRTH: Unknown (Month) ....., 1887 (Day) (Year)
7-AGE: 30 yrs. ..... mos. ..... da.
If LESS than 1 day, ... hrs. or .... min.?
8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seaman
(b) General nature of industry, business, or establishment in which employed (or employer): 186
9-BIRTHPLACE, (State or Country): Unknown

PARENTS.
10-NAME OF FATHER: Unknown
11-BIRTHPLACE OF FATHER (State or Country): Unknown
12-MAIDEN NAME OF MOTHER: Unknown
13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-I HEREBY CERTIFY, THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Hospital Record
(Address) .....

15-APR 24 1917
Filed ....., 191.... ROBERT R. KRAUTER. Registrar.
Burial Permit Gior

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: April (Month) 23 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 31 1916, to April 23 1917, that I saw him alive on April 23 1917, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis general

(Antecedent) ..... (Duration) 2 yrs. 7 mos. 8 da.

CONTRIBUTORY (Secondary): Hemorrhage into Lungs (Duration) 7 yrs. 7 mos. 16 da.

(Signed) Chas. F. Vogel M. D.

April 23, 1917. (Address) U.S. Marine Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).
At place of death yrs. 10 mos. 7 3 da. In the State yrs. 10 mos. 7 3 da.
Where was disease contracted, if not at place of death? Unknown
Former or usual residence Unknown

19-PLACE OF BURIAL OR REMOVAL: Loyal Grn. Balto. DATE OF BURIAL: 4-24-, 1917
20-UNDERTAKER: Unworth & Sons ADDRESS: 361 Pratt

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4667

CERTIFICATE OF DEATH.

64 D 4667

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. 1844 W Fayette ST.; 20 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James S. Hagger

(Residence in Baltimore: No. 1844 W Fayette St.; life yrs.... mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, July (Month) 3 (Day), 1844 (Year)

7-AGE, 72 yrs. 9 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk 009
(b) General nature of industry, business, or establishment in which employed (or employer): Plumbing Store

9-BIRTHPLACE, (State or Country): Balto

PARENTS.

10-NAME OF FATHER: John W Hagger

11-BIRTHPLACE OF FATHER (State or Country): Boston

12-MAIDEN NAME OF MOTHER: Katharine Cooper

13-BIRTHPLACE OF MOTHER (State or Country): Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Anna Hagger
(Address) 1844 W Fayette

15-
Filed APR 24 1917 191.... ROBERT R. KRAUTER Registrar.
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 17 1917, to Apr 22 1917, that I saw h[illegible] alive on Apr 23 191[illegible], and that death occurred, on the date stated above, at 6 40 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary) Cardiac Sclerosis

(Duration) ... yrs. ... mos. ... ds.

(Signed) [illegible] M. D.

Apr 23, 191[illegible] (Address) 741 W. N. Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, 4/24, 191[illegible]

20-UNDERTAKER Urban Cook — ADDRESS 5[illegible] North

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4668 D 4668

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2284 Amity ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Chambers

(Residence in Baltimore: No. 2284 Amity St.; 33 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Mar

6-DATE OF BIRTH, ... (Month) ....., 1 (Day) ..... (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): 040

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER, Alfred Chambers

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER, Hattie Hall

13-BIRTHPLACE OF MOTHER (State or Country). Md,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hattie Chambers

(Address) 2284 Amity St

15- APR 24 1917 ROBERT R. KRAUTER

Filed ....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April 20 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1917, to April 20 1917, that I saw h... alive on April 19 1917, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

..... (Duration) ... yrs. 1 mos. 1 ds.

(Signed) ..... M. D.

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cemetery	April 23 1917
20-UNDERTAKER.	**ADDRESS**
Charles B. Jones	235 Pine

April 24, 1917

Spec.—8-24-14—M. & T.—2000 Bks.

D 4669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 ✓ D 4669

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 326 N. Pine ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel Cook Thompson (Thompson)

(Residence in Baltimore: No. 326 N. Pine St. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, November (Month) 28 (Day), 1882 (Year)

7-AGE, 35 yrs. 4 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): —— 04

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Remus Cook.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Emma Smith

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chester Riland, M.D.

(Address) 2532 Edmondson Ave.

15- Filed APR 24 1917 191. ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1917, to April 22 1917, that I saw her alive on 4-19- 1917, and that death occurred, on the date stated above, at 7:30 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) mo. yrs. 11 mos. ds.

CONTRIBUTORY (Secondary) none

(Duration) yrs. mos. ds.

(Signed) Gustav Goldman M. D.
per Chester Riland M.D.

4-22-, 1917. (Address) 656 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery — DATE OF BURIAL, April 25, 1917

20-UNDERTAKER Charles B. Jones — ADDRESS 235 N. Pine St

D 4670

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4670

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 310 Canal ST.: 11 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leon Fenden

(Residence in Baltimore: No. 310 Canal St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colo

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Nov. 23, 1916
(Month) (Day) (Year)

7-AGE, 5 yrs. 5 mos. 5 ds.
If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Fenden

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mother
(Address) 310 Canal St

15-
Filed APR 24 1917, 191.... ROBERT R. KRAUTER Registrar
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 23, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Measles

(Duration) yrs. mos. 6 ds.

(Signed) G. Miller Thomas M. D.
(Coroner)
April 27, 191... (Address) 819 N. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel — DATE OF BURIAL, April 27 1917

20-UNDERTAKER John W Henderson — ADDRESS 317 N Caroline

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4671

D 4671

92

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 Whatcoat ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Johnson

(Residence in Baltimore: No. 1117 Whatcoat St.; 2 yrs. 9 mos. 30 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, June (Month) 23 (Day) 1914 (Year)

7-AGE, 2 yrs. 9 mos. 30 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Frank Johnson

11-BIRTHPLACE OF FATHER (State or Country), U. S. A. Colla

12-MAIDEN NAME OF MOTHER Ada Beamon

13-BIRTHPLACE OF MOTHER (State or Country), U. S. A. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ada Johnson

(Address) 1117 Whatcoat

15-APR 24 1917 Filed....., 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 22 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Apr 19 1917, to Apr 22 1917, that I saw h[illegible] alive on Apr 22 1917, and that death occurred, on the date stated above, at 12.30 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) F. C. Kraeer M. D.

Apr 23 1917. (Address) 1317 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. M. Auburn

DATE OF BURIAL. Apr 24 1917.

20-UNDERTAKER Sam'l W. Glass Sons

ADDRESS 1400. Mosher st

Spec.—8-24-14—M. & T.—2000 Bks.

D 4672

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4672

CERTIFICATE OF DEATH.

103

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 N. Pulaski ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jesse R. McKaig

(Residence in Baltimore: No. 302 N. Pulaski St ST.; 57 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, ... June (Month) 9 (Day), 1835. (Year)

7-AGE, 81 yrs. 10 mos. 14 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Harness
(b) General nature of industry, business, or establishment in which employed (or employer)..... maker 883

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John McKaig

11-BIRTHPLACE OF FATHER (State or Country), U.S.

12-MAIDEN NAME OF MOTHER Anny Holt

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary E. McKaig

(Address) 302 N. Pulaski

15- Filed APR 24 1917, 191.....

ROBERT R. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 23 (Day), 1917. (Year)

17. I HEREBY CERTIFY, That I attended deceased from February 15 1917, to April 23 1917, that I saw h.. alive on April 22 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

.....

..... Chronic Gastritis

..... (Duration) ..... yrs. 2 mos. 8 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Robt F. Murray M. D.

April 23, 191.. (Address) 5102 Harford Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, April 25, 191.7

20-UNDERTAKER Wm Routson

ADDRESS 230 N Green

Spec.—5-19-13—M. & T.—500 Bks.

D 4673

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4673

CERTIFICATE OF DEATH.

122

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 225 arch ST.; 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Sherwood Curtis

(Residence in Baltimore: No. 225 arch St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Married

6-DATE OF BIRTH, Apr (Month) 6 (Day), 1886 (Year)

7-AGE 31 yrs. 7 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Samuel Fountain

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Rella Morgan

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Phillips

(Address) 826 Druid Hill Av

15-

Filed APR 24 1917, 191.. ROBERT B. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) — 21 — (Day), 191 7 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 10 191 7 to Apr 21 191 7, that I saw h[er] alive on Apr 21 191 7, and that death occurred, on the date stated above, at 8 30 a.m.

The CAUSE OF DEATH* was as follows:

Dc Uremia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Renal Insufficiency

(Duration) yrs. 7 mos. ds.

(Signed) Edw. Short M. D.

4 21, 191.. (Address) 1812 Druid Hill Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Apr 24 191 7

20-UNDERTAKER John H Toadvine ADDRESS 142 W Pkee St

D 4671

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 4674

CERTIFICATE OF DEATH

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3022 Hudson St ST.: 1 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Volek

(Residence in Baltimore: No. 3022 Hudson St ST.: 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: Sept. (Month) 29 (Day), 1858 (Year)

7-AGE: 58 yrs. 6 mos. 26 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Shoe maker 088
(b) General nature of industry, business, or establishment in which employed (or employer): Shoe maker Self

9-BIRTHPLACE (State or country): Austria

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Austria

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Cunningham

(Address) 816 S. Streeper St.

15. Filed APR 24 1917 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 24 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1917, to April 23 1917, that I saw h-m alive on April 23, 191 , and that death occurred, on the date stated above, at 5.30 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary T. B

(Duration) yrs. 3 mos. ds

Contributory (SECONDARY) Toxaemia

(Duration) yrs. mos. 7 ds.

(Signed) W. L. Burke M. D.

April 24, 1917 (Address) 3042 Hudson St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cem

DATE OF BURIAL: April 27, 1917

20-UNDERTAKER: Lilly & Zeiler

ADDRESS: 403 S. Wolfe St

IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4675

CERTIFICATE OF DEATH.

D 4675

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 E 41st St. 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dennis Dougherty

(Residence in Baltimore: No. 904 E. 41 st! St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, March 20th, 1841
(Month) (Day) (Year)

7-AGE, 76 yrs. 1 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, James Dougherty.

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Not Given

13-BIRTHPLACE OF MOTHER (State or Country), Not Given

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. James Murphy

(Address) 964 41 st

15- Filed APR 24 1917, 191.... ROBERT R. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 23rd, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 14 1917, to April 23 1917, that I saw h him alive on April 22 1917, and that death occurred, on the date stated above, at 12:30 p. m.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Cronin M. D.

April 24, 1917 (Address) 502 Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, April 25, 191.7

20-UNDERTAKER Geo M. Sinn ADDRESS 811 N Wolfe

Spec.—8-24-14—M. & T.—2000 Bks.

4676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47 D 4676

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Kaltenbach

(Residence in Baltimore: No. 306 Walnut Ave St.; 17 yrs., 3 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, January 14, 1900 (Month) (Day) (Year)

7-AGE, 17 yrs. 3 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Stenographer
(b) General nature of industry, business, or establishment in which employed (or employer)

086

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Gottlieb Kaltenbach

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mathilda Christ

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gottlieb Kaltenbach

(Address) 306 Walnut Ave

15- Filed APR 24 1917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 22, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 6 1917, to April 22 1917, that I saw her alive on April 22 1917, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis
(Post Rheumatic)

(Duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

(Duration) yrs. mos. 10 min ds.

(Signed) Bernard S Jacobson M. D.

April 22, 1917. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 17 ds. In the State yrs. Life ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 306 Walnut St.

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery DATE OF BURIAL, April 25, 1917.

20-UNDERTAKER J B Hilliard ADDRESS 1138 Fred'k Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 4677

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 4677

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2543 W. Fairmont Ave ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert M. Edwards

(Residence in Baltimore: No. 2543 W. Fairmont Ave St.; 26 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. October 28, 1860 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
56 yrs. 5 mos. 25 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer): 013

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER, George Edwards

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Rebecca Keily

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia M. Edwards

(Address) 2543 W. Fairmont Ave

15-

Filed APR 24 1917, 191.. ROBERT R. KRAUTER Registrar.

Burial Permit Ulork

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 22, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 17 1916, to April 22 1917, that I saw h[illegible] alive on April 21 1917, and that death occurred, on the date stated above, at 1.15 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(Duration) yrs. 9 mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. Masterson M. D.

4/x.3...., 191.7. (Address) 1022 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	April 24 191.7
20-UNDERTAKER	ADDRESS
J. J. Pleasant	2238 Frederick Ave

KOD[illegible]

D 4678

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

81 + D 4678

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1213 Druidhill Avenue, St.: 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Priscilla Moore,

(Residence in Baltimore: No. Ruxton, Baltimore County, Md. St.: yrs. mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female,

4 COLOR OR RACE: Colored,

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married,

6 DATE OF BIRTH: October 7th, (Month) (Day) 1840. (Year)

7 AGE: 76 yrs. 6 mos. 16 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9 BIRTHPLACE (State or country): York, Pennsylvania.

PARENTS

10 NAME OF FATHER: Jarrett Jones,

11 BIRTHPLACE OF FATHER (State or country): Pennsylvania.

12 MAIDEN NAME OF MOTHER: Mary Bailey,

13 BIRTHPLACE OF MOTHER (State or country): Pennsylvania.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mazie Lee, daughter,

(Address) 1213 Druidhill Avenue.

15 Filed APR 24 1917 191 ROBERT R. KRAUTER Registrar

Burial Permit Issued

is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 22nd (Day), 1917. (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 26th, 1917, to April 22nd 1917, that I saw her alive on April 22nd, 1917, and that death occurred, on the date stated above, at 9.10 p.m.

The CAUSE OF DEATH* was as follows:

Gangraena Senilis,
((Foot))
(Duration) yrs. 6 mos. ds

Contributory (SECONDARY) Advanced Arterio-sclerosis
(Duration) Unknown, mos. ds.

(Signed) J. Frederick Hempel, M. D.

April 24, 1917. (Address) 3310 W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. 2 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Ruxton, Maryland.

Former or usual residence Ruxton, Maryland.

19 PLACE OF BURIAL OR REMOVAL: St John's Ruxton — DATE OF BURIAL: April 24 1917

20 UNDERTAKER: Geo H Holland — ADDRESS: D Harrison IC

Spec.—8-24-14—M. & T.—2000 Bks.

D 4679

D 4679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 36 E. West ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Pertuone

(Residence in Baltimore: No. 36 E. West St.; 18 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Fem	White	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1898 (Year)

7-AGE,	If LESS than 1 day,
19 yrs. ... mos. ... ds.	... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Factory
(b) General nature of industry, business, or establishment in which employed (or employer): (Cloth) 086

9-BIRTHPLACE, (State or Country): Italy

PARENTS.

10-NAME OF FATHER, Angelo Pertuone

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Josephine Pertuone

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Angelo Pertuone

(Address) 36 E West St

15- APR 24 1917 Filed ....., 191... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 1 1917, to Apr 23 1917, that I saw her alive on Apr 23 1917, and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ... yrs. ... mos. 24 ... ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ... yrs. ... mos. ... ds.

(Signed) Dr. M. Cullinate M. D.

Apr 24, 191.7 (Address) 1038 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
New Cathedral	Apr. 25, 1917

20-UNDERTAKER	ADDRESS
Geo J Lahey & Son	1318 Light St

Spec.—8-24-14—M. & T.—2000 Blks.

D 4680

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4680

CERTIFICATE OF DEATH.

+61

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Dorsman

(Residence in Baltimore: No. 4 days St.; ....yrs.,....mos.,....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept 26, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 7 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 00

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Frost Dorsman

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Jennie —

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... P. Dorsman

(Address) Johns Hopkins Hosp.

15- Filed APR 25 1917 ROBERT R. KRAUTER Registrar. 191... Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH; April 23, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 19 1917, to Apr. 23 1917, that I saw h— alive on Apr. 23 1917, and that death occurred, on the date stated above, at 4.30 m.

The CAUSE OF DEATH* was as follows:

Meningitis (epidemic)

(Duration) 0 yrs. 0 mos. 8 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(Duration) 0 yrs. 0 mos. 3 ds.

(Signed) Henry B. Konrad M. D.

Apr. 23, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 0 mos. 4 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Sparrows Pt. R 7 D+10 Bal Co

19-PLACE OF BURIAL OR REMOVAL, Auburn Cem, DATE OF BURIAL, April 24, 1917

20-UNDERTAKER Harry A. Vodrey ADDRESS 1725 Orleans St

Spec.—8-24-14—M. & T.—2000 Bks.

D 4680 — D 4681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 45

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ralph N Harris

(Residence in Baltimore: No. 13 days. St.; ....yrs. ....mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec 4, 1859
(Month) (Day) (Year)

7-AGE, 57 yrs. 4 mos. 19 da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Postmaster
(b) General nature of industry, business, or establishment in which employed (or employer) Retired

9-BIRTHPLACE, (State or Country), Mich

PARENTS.

10-NAME OF FATHER, John N. Harris

11-BIRTHPLACE OF FATHER (State or Country), Canada

12-MAIDEN NAME OF MOTHER Eliz. Hazen

13-BIRTHPLACE OF MOTHER (State or Country), Mich

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E M Hardy

(Address) Johns Hopkins Hospital

15- Filed APR 24 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 23, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 10 1917, to April 23 1917, that I saw h[im] alive on April 23 1917, and that death occurred, on the date stated above, at 2 10 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of bladder

Operation (Duration) 1 yrs. — mos. — da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) B Eckard M. D.

April 23 1917 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state: (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 13 da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death? —

Former or usual residence Almont, Mich

19-PLACE OF BURIAL OR REMOVAL, Almont Mich — DATE OF BURIAL, April 25, 1917.

20-UNDERTAKER Albert E. Fuller — ADDRESS 221 N. Broad

Spec.—8-2+14—M. & T.—2000 Bks.

D 4682

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4682

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.: 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith Miller

(Residence in Baltimore: No. 3314 Hudson St. St.: 1 yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, January 27, 1916
(Month) (Day) (Year)

7-AGE, 1 yrs. 3 mos. da. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Raymond Miller

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Edith Jordan

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phillips

(Address) Johns Hopkins Hosp.

15- Filed APR 24 1917, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 23, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 18 1917, to Apr. 23 1917, that I saw h[illegible] alive on Apr. 23 1917, and that death occurred, on the date stated above, at 10:30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) 0 yrs. 0 mos. 7 da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) Henry R. Company M. D.

Apr. 23 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death? —

Former or usual residence 3314 Hudson St

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Apr. 25 1917

20-UNDERTAKER Robt J Turner ADDRESS 1412 Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

D 4683

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4683

CERTIFICATE OF DEATH.

29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 Hanover St.; 23 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Wagner.

(Residence in Baltimore: No. 1819 Hanover St. St.; 44 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct. (Month) 14 (Day), 1872 (Year)

7-AGE, 44 yrs. 6 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer): Glass Factory

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Germany.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Wagner

(Address) 1819 Hanover st

15-

Filed ....., 191.... HARRY C. ANDREW Registrar

Burial Permit ..... Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 13 1917, to Apr 23 1917, that I saw h[illegible] alive on Apr 21 1917, and that death occurred, on the date stated above, at 8:20 a.m.

The CAUSE OF DEATH* was as follows:

Myocardial Myocarditis

(Duration) ..... yrs. ..... mos. 5 Wks. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) 4 yrs. ..... mos. ..... ds.

(Signed) J. F. Lawrence M. D.

Apr. 23, 1917. (Address) 1 E. Randall St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore

DATE OF BURIAL, Apr. 27 1917

20-UNDERTAKER Hoen Took

ADDRESS 3026 North Ave

D 4684

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 D 4684

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 809 W Franklin St. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Joseph Bletzer

(Residence in Baltimore: No. 809 W Franklin St.

St.: 32 yrs. 2 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
male	white	married

6-DATE OF BIRTH: February 1, 1885 (Month) (Day) (Year)

7-AGE: 32 yrs. 2 mos. 22 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: bar-tender
(b) General nature of industry, business, or establishment in which employed (or employer): Lyric Theatre 044

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: Samuel Oliver Bletzer

11-BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

12-MAIDEN NAME OF MOTHER: Mary Ellen Riley

13-BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chester Ruland, M.D.

(Address) 2532 Edmondson Ave.

15. APR 24 1917 HARRY [illegible]
Filed ..... 191 ..... Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 23, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1916, to April 23 1917, that I saw him alive on April 22, 1917, and that death occurred, on the date stated above, at 4.50 p.m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) — yrs. 10 mos. — ds

Contributory (SECONDARY) none

(Duration) — yrs. — mos. — ds.

(Signed) Chester Ruland, M.D. M. D.

4-24, 1917 (Address) 2532 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemt — DATE OF BURIAL: April 27 1917

20-UNDERTAKER: Ulman Bros — ADDRESS: 502 E North Ave

IS very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4685

CERTIFICATE OF DEATH.

92 D 4685

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1344 N. North Ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chester A. Soundorn

(Residence in Baltimore: No. 1344 N. North Ave St.; 6 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, (Month) Aug (Day) 22 (Year) 1886

7-AGE, 30 yrs. 8 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bookkeeper
(b) General nature of industry, business, or establishment in which employed (or employer): Oil

9-BIRTHPLACE, (State or Country), California

PARENTS.

10-NAME OF FATHER, Dan Soundorn

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Warner

(Address) 1344 N. North Ave.

15-
Filed APR 24 1917, 191.... HARRY C. BARNES
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) April (Day) 24, (Year) 1917

17- I HEREBY CERTIFY, That I attended deceased from 4-10 1917, to 4-24 1917, that I saw h[illegible] alive on 4-23 1917, and that death occurred, on the date stated above, at 12 a.m.

The CAUSE OF DEATH* was as follows:

(Ptomaine Poisoning)

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

(Signed) A. J. Barrett M. D.

4-24, 191.7 (Address) 1631 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Ark Shadow — DATE OF BURIAL, 4/26, 191.7

20-UNDERTAKER David Soundorn — ADDRESS 718 Mt. Pleasant

Spec.—8-24-14—M. & T.—2000 Bks.

D 4686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 4686

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dennett L. Spence

(Residence in Baltimore: No. Market Space St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Oct. 6, 1885
(Month) (Day) (Year)

7-AGE, 31 yrs. 6 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Waiter
(b) General nature of industry, business, or establishment in which employed (or employer) Hotel 640

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Moses Spence

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp.

(Address) Calvert St.

15-
Filed APR 24 1917, 191...
HARRY C. ANDERSON
CITY REGISTRAR OF MARYLAND
SUTTAT TSIM Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 22, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 21 1917, to Apr 22 1917, that I saw him alive on Apr. 22 1917, and that death occurred, on the date stated above, at 1400 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 1 yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) 4 yrs. mos. ds.

(Signed) Harold A. Sund M. D.

Apr 22, 191.. (Address) Municipal

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Market Space

Former or usual residence Market Space

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

Confederate Family

Spec.—8-24-14—M. & T.—2000 Bks.

D 4687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 92 D 4687

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. Mercy Hospital ST.; WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy Baker

(Residence in Baltimore: No. Mercy Hospital St.; yrs., mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word.) Single

6-DATE OF BIRTH, Sept 1, 1892
(Month) (Day) (Year)

7-AGE, 24 yrs. 7 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) Gen'l Dom

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Joseph Baker

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Jane Baker

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp

(Address) Calvert St

15-

Filed APR 24 1917, 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 21, 1917
(Month) (Day) (Year)

17) I HEREBY CERTIFY, That I attended deceased from Mar 31 1917, to Apr 20 1917, that I saw h[illegible] alive on Apr 20 1917, and that death occurred, on the date stated above, at 6:15 p. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) 1 year 1 day

CONTRIBUTORY (Secondary) Chronic Cystitis

(Duration) 2 yrs. 4 mos.

(Signed) Chas H Bennett M. D.

Apr 21, 1917. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 20 ds. In the State ....yrs. 24 mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Gravel Hill Md

19-PLACE OF BURIAL OR REMOVAL, UNIVERSITY OF MARYLAND. DATE OF BURIAL, APR 24 1917, 191...

20-UNDERTAKER Commissioner Health. ADDRESS

Per [illegible] WOODALL

63

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4688

CERTIFICATE OF DEATH.

D 4688

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Brown

(Residence in Baltimore: No. St. Elizabeth's Home St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 5 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). None

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country). Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country). Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rec'd Mercy Hosp

(Address) Oct 1 St.

15-

Filed APR 24 1917, 191.. HARRY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 23, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 19 1917, to Apr. 23 1917, that I saw h[illegible] alive on Apr. 23 1917 and that death occurred, on the date stated above, at 1470 m.

The CAUSE OF DEATH* was as follows:

Nephritis

Uremia

..... (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward J. Smith M. D.

Apr 23, 1917 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? St Elizabeth Home

Former or usual residence St Elizabeth Home

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, ... 191..

20-UNDERTAKER ADDRESS

Commissioner Health

UNIVERSITY OF MARYLAND HOSPITALS

62

Spec.—8-24-14—M. & T.—2000 Bks.

D 4689

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4689

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Protestant Infirmary REGISTERED NO. C

CITY OF BALTIMORE: (No. 1514 Division ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elisha H. Walker

(Residence in Baltimore: No. Union Protestant Infirmary St.; yrs., mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, August 4, 1844 (Month) (Day) (Year)

7-AGE, 72 yrs. 8 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, James M. Walker

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Eliza Hunt

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt. H. Walker

(Address) 1533 Bolton St

15- APR 24 1917 HASLET C. ANDREWS

Filed....., 191.....Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 24, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 4 1917, to April 24 1917, that I saw h[illegible] alive on April 24 1917, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) R. T. Kieffer M. D.

April 24 1917. (Address) 1514 Division St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 20 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? at U. P. I.

Former or usual residence Govans, Md.

19-PLACE OF BURIAL OR REMOVAL, Friends Burial G. DATE OF BURIAL, April 26 1917.

20-UNDERTAKER Chas. E. Foard & Son ADDRESS 802 Madison Av

Spec.—8-24-14—M. & T.—2000 Bks.

D 4690

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

80 D 4690

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 S Bantoline ST., 20 WARD)

REGISTERED No. C

2-FULL NAME Ulysses Grant Gaber

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Residence in Baltimore: No. 512 S Bantoline St.; a 51 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Apr. 1 51, 1866
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
51 yrs. mos. 21 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Helper
(b) General nature of industry, business, or establishment in which employed (or employer): B & O R R

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Ulrich Gaber

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Annie Gaber

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo Gaber

(Address) 512 S Bantoline St.

15- Filed APR 24 1917, 191 HARRY C. ANDREWS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 22nd, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 22nd 1917, to April 22nd 1917, that I saw him alive on April 22nd 1917, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Cirrhosis Liver

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Enterocolitis

(Duration) yrs. about mos. ds.

(Signed) Osborn D Mortimer M. D.

April 22nd, 1917. (Address) 324 N Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, April 25, 1917

20-UNDERTAKER John J. Conway ADDRESS Lawson & Hollins St.

ec.—8-24-14—M. & T.—2000 Bks.

D 4691

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4691.

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH St. Vincents Infant Asylum

CITY OF BALTIMORE: (No. 1401 Division St.; 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Aloysius Peters

(Residence in Baltimore: No. 1401 Division St.; yrs. 10 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
male	wht	single

6-DATE OF BIRTH, June 2nd, 1916
(Month.) (Day) (Year)

7-AGE, yrs. 10 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), West Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Vincent Asylum

(Address) 1401 Division St

15- APR 24 1917 HARRY C. ANDREWS
Filed....., 191....Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 23, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 20 1917, to April 23 1917, that I saw h[illegible] alive on April 23 1917, and that death occurred, on the date stated above, at 2 m.

The CAUSE OF DEATH* was as follows:

Clinical Course of Laryngeal Diphtheria with Broncho pneumonia
(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia.
(Duration) yrs. mos. 2 ds.

(Signed) M Welch M. D.

4/24, 1917. (Address) 1279 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 10 mos. 14 ds. In the State yrs. 10 mos. 14 ds.

Where was disease contracted, if not at place of death? St Vincents Infant Asylum

Former or usual residence St Vincents Infant Asylum

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St Peters Lawn	April 24 1917.
20-UNDERTAKER. Martin Funeral Directors	ADDRESS 1226 Fayette

Spec.—8-24-14—M. & T.—2000 Blks.

D 4692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 D 4692

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 Orleans St. ST.; 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Liba Levine (Liba Levine)

(Residence in Baltimore: No. 1606 Orleans St

St.; 3 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Widow

6-DATE OF BIRTH. January (Month) ....., 1834 (Year)

7-AGE. 83 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at Home 637

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Moses Abrahein

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Umbach

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jlewis

(Address) 1411 E Baltimore

15-

Filed APR 24 1917, 191... HARRY C. ANDREWS Registrar.

Burial Permit Clerk...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. April (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1st 1916, to June 23rd 1917, that I saw h[illegible] alive on May 23rd 1917, and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis (Valvular)

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. 1 ds.

(Signed) Michael S Abrams M. D.

, 191... (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL Huntington W. Va. DATE OF BURIAL, April 24 1917

20-UNDERTAKER Jacob Lewis ADDRESS 1411 E Baltimore St

Spec.—8-24-14—M. & T.—2000 Bks.

D 4693 HEALTH DEPARTMENT—CITY OF BALTIMORE D 4693

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stella Davis

(Residence in Baltimore: No. 7 days in Hospital St.: ...yrs...mos...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH. December 5, 1894 (Month) (Day) (Year)

7-AGE. 22 yrs. 4 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Del.

PARENTS.

10-NAME OF FATHER. Geo. Davis

11-BIRTHPLACE OF FATHER (State or Country). Del.

12-MAIDEN NAME OF MOTHER Louise Hearn

13-BIRTHPLACE OF MOTHER (State or Country). Del

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [signature]

(Address) Johns Hopkins Hosp

15- APR 24 1917 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 24, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 17 1917 to Apr 24 1917, that I saw h[er] alive on Apr 24 1917, and that death occurred, on the date stated above, at 3 30 p. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) ...yrs. ...mos. 1 6 ds.

CONTRIBUTORY (Secondary) Intestinal Perforation

(Duration) ...yrs. ...mos. 7 hours ds.

(Signed) W. B. Marten M. D.

Apr 24, 1917 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Laurel, Del. R. 7 D. #3

19-PLACE OF BURIAL OR REMOVAL. Laurel Del

DATE OF BURIAL, Apr. 25, 1917

20-UNDERTAKER Elliott & Fulle

ADDRESS 221 N Bradley

D 4694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 4694

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3423 Edmondson Ave ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Rosina Shaber

Residence in Baltimore: No. 3423 Edmondson Ave St.; yrs. 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Aug 24 (Month) (Day), 1849 (Year)

7 AGE: 67 yrs. 7 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Adam Adlyroth

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna Marschall

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE
(Informant) Lillian Allgraith
(Address) 3423 Edmondson Ave

15 Filed APR 25 1917, 191 ROBERT R. KRAUTER Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 23 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1917, to Apr 23 1917, that I saw her alive on Apr 22, 1917, and that death occurred, on the date stated above, at 6 45 a. m.
The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis, post central convolution

(Duration) yrs. 8 mos. ds

Contributory (SECONDARY) Terminal pneumonia

(Duration) yrs. mos. 7 ds.

(Signed) H Kluecker M. D.
Apr 23, 1917 (Address) 3716 Pratt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Middletown Balto Md DATE OF BURIAL: April 24, 1917

20 UNDERTAKER: W Lassahn & Sons ADDRESS: Northern

Spec.—8-24-14—M. & T.—2000 Bks.

D 4695

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4695

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Sq Hospital

REGISTERED NO. C

CITY OF BALTIMORE: (No. Fayette & Calhoun ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Walter Polk

(Residence in Baltimore: No. Union Ave. Morrill Co. Md. St.: ..... yrs., ... mos. 7 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, ... June 23 ....., 1890
(Month) (Day) (Year)

7-AGE, ... 27 ..... yrs. 10 mos. ..... ds.

If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md City

PARENTS.

10-NAME OF FATHER, Wm H Turner

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Victoria Turner

13-BIRTHPLACE OF MOTHER (State or Country), Md City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Polk

(Address) Union Ave & Belair Rd

15-

Filed ....., 191..... ROBERT B. KRAUTER Registrar.

APR 25 1917 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 22, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 15 1917, to April 22 1917, that I saw her alive on April 22 1917, and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

General Septicaemia

..... (Duration) ..... yrs. ..... mos. 8 ..... ds.

CONTRIBUTORY (Secondary) Confinement

..... (Duration) ..... yrs. ..... mos. 10 ..... ds.

(Signed) T. L. Marrow M. D.

April 23 1917. (Address) Franklin Sq. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence Union Ave. Morrill Co Md

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, April 24, 1917

20-UNDERTAKER J. W. Thadow Sons

ADDRESS Md

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4696

CERTIFICATE OF DEATH.

45 D 4696

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 Tyson ST.; 11 WARD) REGISTERED NO. C

2-FULL NAME Lavina E Barton

(Residence in Baltimore: No. 514 Tyson St.; 47 yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Blk

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct 15 (Month) (Day) 1875 (Year)

7-AGE, 41 yrs. 6 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Cummings

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alberta Sims

(Address) 514 Tyson St

15- APR 25 1917 Filed, 191... ROBERT B. KRAUTER Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 20 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 19 1917, to April 19 1917, that I saw her alive on April 19 1917, and that death occurred, on the date stated above, at 8 00 m.

The CAUSE OF DEATH* was as follows:

2 only seen her once (one visit)
2 diag her case as Malignant growth in abdomen advised her to be sent to Hospital she was then a very sick woman Agony time 2d (Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) for 5 or 6 weeks S.E. Illness (Duration) yrs. mos. ds.

(Signed) John F. Dillanger M. D.

, 191... (Address) 1002 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, April 25, 1917

20-UNDERTAKER Joseph A Farrell — ADDRESS 2319 Druid

Spec.—8-24-14—M. & T.—2000 Bks.

Lavo Bonaud

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4697

CERTIFICATE OF DEATH.

91 D 4697

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1909 Somerset ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena Howard

(Residence in Baltimore: No. 1909 Somerset St.; 1 yrs., 3 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH. DEC. 28, 1915 (Month) (Day) (Year)

7-AGE. 1 yrs. 3 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). 60

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Melvin Howard

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER Daisy Cornish

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daisy E. Howard

(Address) 1909 Somerset

15- Filed APR 25 1917 191 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, APR 23 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from APR 2 1917 to APR 23 1917, that I saw her alive on APR 23 1917, and that death occurred, on the date stated above, at 7 30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial pneumonia

(Duration) 1 yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Cancer

(Duration) [illegible] yrs. [illegible] mos. 2 ds.

(Signed) O. H. Duke M. D.

APR 24, 191... (Address) 928 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel Cemetery	April 25, 1917.
20-UNDERTAKER George H. Holland	ADDRESS 1631 Druid Hill Av.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4698

CERTIFICATE OF DEATH.

92 D 4698

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1408 N. Pratt ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elsworth F. Scholz

(Residence in Baltimore: No. 1408 N Pratt St St.; 30 yrs., 7 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Sept 3" (Month) (Day), 1886 (Year)

7-AGE, 30 yrs. 7 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, George Scholz

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Emma ?

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Elsie Scholz

(Address) 1808 Frederick Ave

15- Filed APR 25 1917 191.. ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 22 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 12 1917, to Apr 22 1917, that I saw him alive on Apr 22 1917, and that death occurred, on the date stated above, at 1-30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 1 yrs. 2 mos. 10 ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

(Signed) Henry C. Ohle M. D.

Apr 22, 1917. (Address) 1203 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Apr 25, 1917

20-UNDERTAKER Joseph B Cook — ADDRESS 1003 W Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

D 4699

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 D 4699

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 N. Fulton Av ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rhoda E. Shannon

(Residence in Baltimore: No. 107 N. Fulton av St.; 50 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Sept. (Month) 3 (Day), 1840 (Year)

7-AGE, 76 yrs. 7 mos. 21 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Henry East

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Isabel Elston

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Trumm

(Address) 107 N. Fulton

15- APR 25 1917 Filed, 191... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 24 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from July 1917, to April 23 1917, that I saw her alive on April 23 1917, and that death occurred, on the date stated above, at 8:30 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

and Cirrhosis of Liver

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) yrs. mos. ds.

(Signed) J. M. Litsinger M. D.

April 24, 1917. (Address) 127 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loraine Cemetery DATE OF BURIAL, April 26 1917

20-UNDERTAKER Adams & Foe ADDRESS 1723 Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4700

CERTIFICATE OF DEATH.

41 D 4700

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1930 Wilkens Ave ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry C. Wild

(Residence in Baltimore: No. 1930 Wilkens Ave St.: ....yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, April 12, 1846
(Month) (Day) (Year)

7-AGE, 71 yrs. 0 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Cattle buyer
(b) General nature of industry, business, or establishment in which employed (or employer) Selling cattle

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jacob Wild

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margueta

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Shaw

(Address) 1930 Wilkens

15- Filed APR 25 1917, 191.... ROBERT R. KRAUTER Registrar

Burial Permit Dlark

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 22, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 20 1917, to April 22 1917, that I saw him alive on April 21 1917, and that death occurred, on the date stated above, at 2:30 a. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

Edema of (Duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Carcinoma of Intestine

(Duration) yrs. 11 mos. ds.

(Signed) Mea O'neille M. D.

April 23, 1917. (Address) 108 N Dutton Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL. APR 25 1917

20-UNDERTAKER Geo W Gerber

ADDRESS Dalton & Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

D 4701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 D 4701

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE; (No. 729 N. Central ave ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Kieffner

Residence in Baltimore: No. 729 N. Central ave St.; 64 yrs., 8 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, August (Month) 14 (Day), 1852 (Year)

7-AGE. 64 yrs. 8 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Philip Herrmann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Bankert

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Charles J. Kieffner
(Address) 729 N. Centsab ave

15-
Filed APR 25 1917 ROBERT R. KRAUTER
Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....191.., to April 24 1917, that I saw h.r alive on April 23 1917, and that death occurred, on the date stated above, at 6.25 a.m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Stomach
Medical
(Duration) ...yrs. —mos. ...ds.

CONTRIBUTORY (Secondary) General Metastasis
(Duration) ...yrs. 3 mos. ...ds.

(Signed) John D. Heck M. D.
April 24, 1917. (Address) 936 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cemetery — DATE OF BURIAL, April 24th, 1917.

20-UNDERTAKER George Schilling & Sons — ADDRESS 1126 E. Monument St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4702

CERTIFICATE OF DEATH.

74 D 4702

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 9 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith Louise Dudley

Residence in Baltimore: No. 1319 Ensor St St.; 11 yrs. 11 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word) Single

6-DATE OF BIRTH, May 16, 1905 (Month) (Day) (Year)

7-AGE, 11 yrs. 11 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Bernard P Dudley

11-BIRTHPLACE OF FATHER (State or Country), Prince George Co. Md

12-MAIDEN NAME OF MOTHER Susan V Chaney

13-BIRTHPLACE OF MOTHER (State or Country), Prince George Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address) Johns Hopkins Hospital

15- Filed APR 25 1917 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 24, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 20 191.., to April 24 1917, that I saw h.. alive on April 24 1917, and that death occurred, on the date stated above, at 8.20 p. m.

The CAUSE OF DEATH* was as follows:

Cyst of Ovary

(Duration) 6 yrs. 0 mos. ds.

CONTRIBUTORY (Secondary) General Oedema

(Duration) yrs. mos. ds.

(Signed) R. P. Batchelor M. D.

April 25, 191.. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1319 Ensor St

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery — DATE OF BURIAL, April 27, 1917

20-UNDERTAKER Harry W. Mears & Son — ADDRESS 805 N. Calvert

D 4703

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 4703

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 W. Hughes ST. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H Covington

(Residence in Baltimore: No. 116 W. Hughes St.; yrs. 4 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Dec. (Month) 11 (Day) 1916 (Year)

7-AGE: ..... yrs. 4 mos. 11 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE (State or country): Balto.

PARENTS

10-NAME OF FATHER: Thos. Covington

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Mozie Rhodes.

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mozie Copper

(Address) 116 W Hughes St

15- Filed APR 25 1917 ROBERT B. KRAUTER Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 23 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 18, 1917, to, April 23 1917, that I saw him alive on April 22 1917, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Labor Pneumonia

..... (Duration) ..... yrs. ..... mos. 5 ds.

Contributory (SECONDARY) Circulory Collapse due to Toxemia (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) J. Guy Bowley M. D.

4/23/1917 [Address] 136 Cathedral St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn

DATE OF BURIAL: April 25 1917

20-UNDERTAKER: Edward Ringrose

ADDRESS: 1463 Penna Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4704

CERTIFICATE OF DEATH.

91

D 4704

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 260 N Bruce St.; 19 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME James Smith

(Residence in Baltimore: No. 260 N Bruce St.; ....yrs.. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ...January...., 1 (Month) (Day) (Year)

7-AGE, 13 yrs. 8 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....School.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Camden N. J.

PARENTS.

10-NAME OF FATHER, Lewis Smith

11-BIRTHPLACE OF FATHER (State or Country), Howard Co Md

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lewis Smith

(Address) 260 N Bruce St

15-

Filed APR 25 1917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 17 1916, to April 22 1917, that I saw him alive on April 22 1917, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

.....Broncho Pneumonia.....
.....Heart Failure.....
..... (Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Heart.....
..... (Duration) ....yrs. ....mos. 10 ds.

(Signed) Dr. G. W. Kennard M. D.

April 23 1917. (Address) 708 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, April 25 1917.

20-UNDERTAKER Hilbert Bros. — ADDRESS 306 N Mount St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4705 — 82 — 4705

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2207 Orleans St ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Arnzich

(Residence in Baltimore: No. 2207 Orleans St St.; 65 yrs.. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, June 10 (Month) (Day), 1836 (Year)

7-AGE, 80 yrs. 10 mos. 14 da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, professior, or particular kind of work: Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer): retired

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry Arnzich

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George J. Rinbock

(Address) 2207 Orleans St

15- Filed APR 25 1917, 191.. ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 24 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 22 1917, to April 24 1917, that I saw him alive on April 24 1917, and that death occurred, on the date stated above, at 1645 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 2 da.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 2 da.

(Signed) Adolph E. Eisenberg M. D.

April 24 1917. (Address) 2201-3 Orleans St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, April 27, 191..

20-UNDERTAKER Jos. J. Herr — ADDRESS 156 N. Luzerne Ave.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4706

CERTIFICATE OF DEATH.

120 D 4706

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 500 N. Pine ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Pollety

Residence in Baltimore: No. 500 N. Pine St.; 63 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widower

6-DATE OF BIRTH, Aug. 31, 1854
(Month) (Day) (Year)

7-AGE, 91 yrs. 7 mos. 13 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Shoe-maker
(b) General nature of industry, business, or establishment in which employed (or employer) 47

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Blazius Pollety

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Pollety

(Address) 500 N. Pine St.

15- Filed APR 25 1917 191.... ROBERT B. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 23rd, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1st 1917, to April 23 1917, that I saw h[illegible] alive on April 22 1917, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. 5 mos. 2 da.

CONTRIBUTORY (Secondary) Uraemia

(Duration) 5 yrs. 5 mos. 1 da.

(Signed) Jno. L. Stiehl M. D.

April 23 1917 (Address) 208 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, April 26, 1917

20-UNDERTAKER M. S. Finck — ADDRESS 1921 W. Pratt St.

Spec.—8-24-14—M. & T.—2000 Bks.

Mary Dorsey

HEALTH DEPARTMENT of CITY OF BALTIMORE

D 4707

CERTIFICATE OF DEATH.

105 D 4707

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1307 Stockton ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Dorsey

(Residence in Baltimore: No. 1307 Stockton St.; 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, June 1, 1842 (Month) (Day) (Year)

7-AGE, 75 yrs. 3 mos. 22 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer): Own

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Henry Thomas

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Rebecca Ford

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Spencer

(Address) 1307 Stockton

15- Filed APR 25 1917 ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4/23, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4/4 191 , to 4/23 191 , that I saw h alive on 4/23 191 , and that death occurred, on the date stated above, at 5:45 p. m.

The CAUSE OF DEATH* was as follows:

Ac. Gastric enteritis

(Duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary) Senile Cy

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

4-24, 1917 (Address) 1631 N. Mt. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, APR 25 1917

20-UNDERTAKER JAMES H. DENNIS

ADDRESS 1303 PRESTMAN ST.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4708

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4708

CERTIFICATE OF DEATH.

47

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2806 St. Paul ST.; 17 WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles V. Grogan

(Residence in Baltimore: No. 2806 St Paul St.; 40 yrs., 10 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 14, 1876 (Month) (Day) (Year)

7-AGE, 40 yrs. 10 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... General Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... 243

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Joseph Grogan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary T. Jennings

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Margaret Grogan

(Address) 2806 St. Paul St

15- APR 25 1917 Filed....., 191.....

ROBERT B. KRAUTER
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 25, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 20 1917, to April 25 1917, that I saw h im alive on April 24 1917, and that death occurred, on the date stated above, at 12 36 A.M.

The CAUSE OF DEATH* was as follows:

.....
Acute Nephritis
.....
..... (Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Rheumatism Articular

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) W W Pearce M. D.

April 25, 191.7. (Address) 1 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, New Cathedral Cemetery

DATE OF BURIAL, April 27, 191.7.

20-UNDERTAKER Henry Hoeck Son

ADDRESS 1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4709 10 D 4709

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Patterson Mansion REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Cor. Exeter Hall ave & Taylor ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary H. Schmidt

(Residence in Baltimore: No. Cor Exeter Hall Ave & Taylor Ave St.; 64 yrs., \ mos. \ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... Not Known ....., 1 .....
(Month) (Day) (Year)

7-AGE, ...64.....yrs.....\.....mos.....—.....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework (Co
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Home +

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Geo. H. Schmidt

(Address) Exeter Hall Ave & Taylor St.

15- APR 25 1917 Filed ..... 191.....

ROBERT R. KRAUTER
Registrar

Burial Permit 61671

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April 23 ....., 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 12, 1917, to Apr 23 1917, that I saw h.. alive on Apr 23 1917, and that death occurred, on the date stated above, at 10:30 P.m.

The CAUSE OF DEATH* was as follows:

..... Acute Intestinal .....
..... Obstruction .....
.....

..... (Duration) ....yrs. ....mos. 7 ....ds.

CONTRIBUTORY (Secondary) La Grippe

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) ..... A Russell M.D.

Apr 24, 1917 (Address) 2311 Harford ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Apr 26, 1917

20-UNDERTAKER Henry Horch Son

ADDRESS 1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4710

CERTIFICATE OF DEATH.

92 D 4710

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1527 Park ave ; WARD) 14 REGISTERED NO. C

2-FULL NAME Hester Ann Tucker —

(Residence in Baltimore: No. 1527 Park Ave.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; 75 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Oct. (Month) (Day) 1841 (Year)

7-AGE, 75 yrs. 6 mos. 1 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Thomas Jones

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Hester Ann Tuckett

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. R. Tucker

(Address) Severn Apts

15- Filed APR 25 1917, 191 ROBERT R. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 23 (Month) (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 16 1917, to April 23 1917, that I saw h er alive on April 23 1917, and that death occurred, on the date stated above, at 330 P m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

(Signed) Johns D. Krug M. D.

April 25, 191 7 (Address) 1425 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park — DATE OF BURIAL, April 25, 1917.

20-UNDERTAKER Estelle Mitchell 760 — ADDRESS Bost. Fayette

FILE COPY

Spec.—8-24-14—M. & T.—2000 Bks.

D 4711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 D 4711

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2727 N. Charles ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James R. Massey

(Residence in Baltimore: No. 2727 N. Charles St.; —yrs., 6 mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~ MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Sept 5, (Month) (Day) 1840 (Year)

7-AGE: 76 yrs. 7 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Farmer

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: John Massey

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Eliza Teague

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary B. Massey

(Address) 2727 N. Charles St.

15-

Filed APR 25 1917 191.

ROBERT B. KRAUTER
Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 24 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 31st 1916, to April 24 1917, that I saw him alive on April 24th 1917, and that death occurred, on the date stated above, at 10 45 P m.

The CAUSE OF DEATH* was as follows:

(1) Chronic Nephritis (Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Contracted a Cold

(2) Uraemia (Duration) yrs. 3 mos. ds.

(Signed) Edward Cox Hutchings M. D.

April 25, 1917. (Address) 1339 N. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Darlington Harford Co. DATE OF BURIAL. April 26, 1917

20-UNDERTAKER: E. W. Mitchell & Co ADDRESS 1201 W. Fayette

Spec.—5-19-13—M. & T.—500 Bks.

Wm R. Brooks

D 4712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 4712

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1833 Hoffland alley ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. William R. Brooks

Residence in Baltimore: No. 1833 Hoffland alley St.: ..yrs., mos. ds.)

Hoffland Alley.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, ... September ....., 1 ..... (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
..... 1 ..... yrs. ..... mos. ..... ds.	.... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None. 0 0
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER. Wm H Brooks

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Wm H Johnson

(Address) 1813 Studdards

15- Filed APR 25 1917 191.....

ROBERT R. KRAUTER
Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 22, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 17 1917, to April 22 1917, that I saw h[illegible] alive on April 22 1917, and that death occurred, on the date stated above, at 2 15 m.

The CAUSE OF DEATH* was as follows:

1 Pneumonia Lobar

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY. (Secondary) Ac Nephritis

..... (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) C H Flowers M. D.

April 24 1917 (Address) 712 S Chas

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	April 25, 1917

20-UNDERTAKER Charles B. Jones ADDRESS 1355 Pine

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4713

CERTIFICATE OF DEATH.

91 D 1713

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen Hosp ST.) 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph March

Residence in Baltimore: No. 534 Orchard St.; ..... yrs. Five mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... 2/6 ....., 1917
(Month) (Day) (Year)

7-AGE, ... yrs. 7 mos. 15 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. —
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country), U S

12-MAIDEN NAME OF MOTHER Anna Ruff.

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G. A. Bowden M.D.

(Address) Maryland General Hospital

15-

Filed APR 25 1917, 191.... ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Apr 23rd ....., 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 23rd 1917, to Apr 23rd 1917, that I saw h m alive on Apr 23rd 1917, and that death occurred, on the date stated above, at 1 15 P. m.

The CAUSE OF DEATH* was as follows:

Malnutrition

..... (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) G. A. Bowden M. D.

....., 191... (Address) Md Gen Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? at 534 Orchard St.

Former or usual residence 534 Orchard St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND APR 25 1917

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4711 D 4711

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 Light ST.; 24 WARD) REGISTERED NO. C 50

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella V Engel

(Residence in Baltimore: No. 1507 Light St St.; 56 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Mar 17, 1861
(Month) (Day) (Year)

7-AGE, 56 yrs. 1 mos. 6 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, James Wheeler

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Elmore

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ed Engel

(Address) 1507 Light St

15- ROBERT B. KRAUTER.

Filed APR 25 1917 191 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 22, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 31 1917, to Apr 22 1917, that I saw her alive on Apr 22 1917, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

about 7 (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cause

(Duration) yrs. mos. ds.

(Signed) Wm E Stifler M. D.

4/23, 1917. (Address) 1319 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Catadel Mem DATE OF BURIAL, , 191

20-UNDERTAKER W J Young & Son ADDRESS 318 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

D 4715

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 4715

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1611 N Calvert ST.; 17 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Olivia Russell

(Residence in Baltimore: No. 1611 N. Calvert St ST.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: June (Month) 4 (Day), 1853 (Year)

7-AGE: 63 yrs. 10 mos. 20 ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Ireconac Co Ant

PARENTS.

10-NAME OF FATHER: Henry T. K. Russell

11-BIRTHPLACE OF FATHER (State or Country): Ant

12-MAIDEN NAME OF MOTHER: Mary E. Poulson

13-BIRTHPLACE OF MOTHER (State or Country): Ant

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Isabel E. Russell
(Address) 1611 N. Calvert St

15- APR 25 1917 Filed....., 191.... ROBERT R. KRAUTER Burial Permit Officer

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 24 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1917, to April 24 1917, that I saw h dr alive on April 23 1917, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) yrs. mos. ds.

(Signed) Thos Jones M. D.

4-25 1917 (Address) 2402 Raslen

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cuppendale Va
DATE OF BURIAL, April 25, 191.7.

20-UNDERTAKER Jos B Cook
ADDRESS 1003 W Balto

Spec.—8-24-14—M. & T.—2000 Bks.

D 4716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 D 4716

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 614 N. Lakewood Av ST.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Ruley

(Residence in Baltimore: No. 614 N. Lakewood Av St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, April 23, 1917
(Month) (Day) (Year)

7-AGE, ...yrs....mos. 1 ds. If LESS than 1 day, 12 hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Eugene Ruley

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Catherine Reichel

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Eugene Ruley
(Address) 614 N. Lakewood Av

15-
Filed APR 25 1917 191.... ROBERT B. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 24, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 23 1917, to April 24 1917, that I saw h.. alive on April 24 1917, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Inanition

(Duration) yrs. mos. ds.

(Signed) W. B. Kraeuter M. D.

April 25, 1917, (Address) 1904 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore Cemetery	April 25, 1917
20-UNDERTAKER Christian Miller	ADDRESS 233 [illegible]

D 4717

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

gr D 4717

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 628 Fairoak av ST.: 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Helen F Arnold

(Residence in Baltimore: No. 628 Fairoak ave ST.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: July (Month) 9 (Day), 1840 (Year)

7 AGE: 76 yrs. 9 mos. 15 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto.

PARENTS

10 NAME OF FATHER: Jos H Bean.

11 BIRTHPLACE OF FATHER (State or country): Va

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (State or country): " " " "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Arnold.

(Address) 628 Fairoak Ave

15 APR 25 1917 Filed ....., 191.... HARRY C. AN... Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Apr. (Month) 24 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1917, to Apr 23 1917, that I saw h.. alive on Apr 23, 1917, and that death occurred, on the date stated above, at 1.30 Am. The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 9 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. J. Stuckler Jr M. D.

Apr 24, 1917. (Address) 632 Gorsuch Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Forest Ridge	April 26, 1917
20 UNDERTAKER	ADDRESS
E. A. Windsfeld Jr	Govans Md

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4718

D 4718

92

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 129 N. Gilmor ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Jane Duvall

Residence in Baltimore: No. 129 N. Gilmor St.; 6 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Apl. 2, 1849 (Month) (Day) (Year)

7-AGE, 68 yrs. 1 mos. 21 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Ind.

PARENTS.

10-NAME OF FATHER, James Moore

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER dontknow

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kate Duvall

(Address) 129 N. Gilmor St.

15- Filed APR 25 1917 191 HARRY C. ANGELIS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 23, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 19 1917, to April 23 1917, that I saw h alive on April 22 1917, and that death occurred, on the date stated above, at 5:30 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. L. C. Healy M. D.

4/25, 1917. (Address) 1600 E Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Peters Cemetery

DATE OF BURIAL, April 26th 1917

20-UNDERTAKER John A. Moran

ADDRESS 3000 E Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

D 4719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

42 D 4719

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1501 N. Milton Ave. 8 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph James.

(Residence in Baltimore: No. 1501 N Milton Ave St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... May (Month) 19th (Day), 1847 (Year)

7-AGE, 69 yrs. 11 mos. 4 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Lithographer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), London Eng

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), London

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), London Eng

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. B. James

(Address) 1613 Dallas Ave.

15- Filed APR 25 1917 191.... HARRY C. ANDREWS Registrar.
Burial Permit ....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 23rd (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 31st 1917, to Apr. 23 1917, that I saw h.. alive on Apr. 23 1917, and that death occurred, on the date stated above, at 8.15 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Paralysis

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) ... yrs. 0 mos. 6 ds.

(Signed) C. L. Meyer Jr. M. D.

4/23/, 191.7 (Address) 701 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore	April 25, 1917
20-UNDERTAKER Leo. G. Crook	ADDRESS North & Harford Ave.

D 4720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 D 4720

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 135 Stayd St.: 3 WARD)
REGISTERED No. C
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Seitz

(Residence in Baltimore: No. 135 Stayd St.: yrs., 2 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ... (Month) Feb 13, (Day) 1915 (Year)

7-AGE, ... yrs. 2 mos. 12 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Anthony Seitz

11-BIRTHPLACE OF FATHER (State or Country). Italy

12-MAIDEN NAME OF MOTHER Louisa Marshall

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Anthony Seitz
(Address) 135 Stayd

15- APR 25 1917 Filed ....., 191... HARRY C. ANGELO Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 24, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to h.... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Debility

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Premature birth

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Theodore Lyon Smith M. D. (Coroner.)

April 25 191.7 (Address) 1610 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Vincent	Apr. 26 1917
20-UNDERTAKER	ADDRESS
Trudell Dippel & Son	330 S. Bond St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4721

HEALTH DEPARTMENT—CITY OF BALTIMORE

151 D 4721

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 E. 30th St.; 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Goeke

(Residence in Baltimore: No. 1120 E. 30. St.; yrs., mos. 1 Month da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, April 24, 1917
(Month) (Day) (Year)

7-AGE, 1 Month
yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Still Born
(b) General nature of industry, business, or establishment in which employed (or employer): 0 0 0

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, August Goeke

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Mary E Burke

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. August Goeke

(Address) 1120 E. 30th St.

15. APR 25 1917 Filed, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 24, 1917
(Month) (Day) (Year) Tuesday

17. I HEREBY CERTIFY, That I attended deceased from April 24 191 7, to April 24 191 7, that I saw h[illegible] alive on April 24 191 7, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows: [illegible]
Asphyxia

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) John F. Kuhn M. D.

April 24, 1917 (Address) 40 E. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, Apr. 26, 1917

20-UNDERTAKER Henry Stock, Son

ADDRESS 130 E Eager St

Spec.—5-19-13—M. & T.—500 Bks.

D 4722

HEALTH DEPARTMENT—CITY OF BALTIMORE

100

D 4722

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1201 Bolton St.; 11 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Mc. Sclure Stine

Residence in Baltimore: No. 1201 Bolton St.; 24 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, August (Month) 7 (Day), 1886 (Year)

7-AGE, 30 yrs. 8 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, George F. Trotthaus

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth S. Wright

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry L. Stine

(Address) 1201 Bolton

15-

Filed APR 25 1917 191.... HARRY C. ANDREWS Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 13 1917, to April 24 1917, that I saw h[illegible] alive on April 24 1917, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Peri tonsillar Abscess followed by Septicaemia

(Duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) Peritonsillar Abscess

(Duration) yrs. mos. ds.

(Signed) E. W. Bimp M. D.

191... (Address) 2727 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park

DATE OF BURIAL. March 27 1917

20-UNDERTAKER Geo J. Smith

ADDRESS 2000 W Fayette

D 4723

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1920 D 4723

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Home for the aged of the St. Edwards WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Mary E Chambers

Residence in Baltimore: No. S. W. Cor Fulton ave and Franklin St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH Unknown 1830
(Month) (Day) (Year)

7-AGE 87 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Talbot Co. Md.

PARENTS

10-NAME OF FATHER Robert Dodson

11-BIRTHPLACE OF FATHER (State or country) St Michaels Md.

12-MAIDEN NAME OF MOTHER Susan C Lambden

13-BIRTHPLACE OF MOTHER (State or country) St Michaels Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. Rebecca Newnam

(Address) Fulton & and Franklin

15. FILED APR 25 1917 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Apr 24, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 13, 1917, to, Apr 24 1917 that I saw h-er alive on April 24, 1917, and that death occurred, on the date stated above, at 3 P. m.
The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) yrs. 3 mos. ds

Contributory (SECONDARY) Nephritis Chronic

(Duration) 2 yrs. mos. ds.

(Signed) George C Shannon M. D.

Apr. 25, 1917 (Address) 700 Fulton ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 8 yrs. mos. ds. In the State 66 ds.
Where was disease contracted, if not at place of death? Home for the Aged M E Church
Former or usual residence Home for the Aged M E Church

19-PLACE OF BURIAL OR REMOVAL Baltimore Cem. | DATE OF BURIAL June 26, 1917

20 UNDERTAKER George Smith | ADDRESS Fayette

Spec.—8-24-14—M. & T.—2000 Blks.

D 4724

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 D 4724

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3000 N. Calvert ST.; 12 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J Conroy

(Residence in Baltimore: No. 3000 N Calvert St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Married

6-DATE OF BIRTH, Unknown, 1864
(Month) (Day) (Year)

7-AGE, 53 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Capitalist

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER Peter Conroy

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Foley

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) (Peter) Conroy

(Address) 3000 N Calvert St

15- Filed APR 25 1917 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 24, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 23 1917, to April 24 1917, that I saw h[illegible] alive on April 23 1917, and that death occurred, on the date stated above, at 7.45 a.m.

The CAUSE OF DEATH* was as follows:

Heart failure

..... (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pneumonia

..... (Duration) ... yrs. ... mos. 1 ... ds.

(Signed) Hampton H. Bycott M. D.

April 24th 1917. (Address) 117 W. Saratoga St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral	April, 1917
20-UNDERTAKER	**ADDRESS**
M Foley & Sons	606 Lafayette

Spec.—8-24-14—M. & T.—2000 Bks.

D 4725

HEALTH DEPARTMENT—CITY OF BALTIMORE

40 D 4725

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Henrietta Banister

(Residence in Baltimore: No. 421 W. Barre St. St.; 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Married

6-DATE OF BIRTH. Unknown (Month) (Day) 1 (Year)

7-AGE. 47 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER, Jos Hollins

11-BIRTHPLACE OF FATHER (State or Country). Calvert Co Md

12-MAIDEN NAME OF MOTHER Mary Jones

13-BIRTHPLACE OF MOTHER (State or Country). Calvert Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Thomas Banister

(Address) 421 W Barre St

15- Filed APR 25 1917, 191. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 24th (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 6th 1917, to Apr 24th 1917, that I saw her alive on Apr 24th 1917, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach and liver

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) G. A. Bowden M. D.

4/24/ 1917, (Address) Md Gen Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. 18 ds. In the State Life mos. 18 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 421 W. Barre St. Baltimore Md

19-PLACE OF BURIAL OR REMOVAL. Calvert Co Md

DATE OF BURIAL. APR 26 1917

20-UNDERTAKER H. Gross

ADDRESS 1405 McElderry St

Spec.—8-24-14—M. & T.—2000 Bks.

D 4726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

D 4726

REGISTERED No. D4726

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. South Side of Kato ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah V. Larrimore
(Residence in Baltimore: No. South Side Kato ave New Existentown Rd St.; 60 yrs., 2 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, 2 — 8 (Month) (Day) 1857 (Year)

7-AGE, 60 yrs. 2 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At Home
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, J. Wesley Mathews

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Anna Pinkard

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt. E. Larrimore

(Address) Kato ave

15- Filed APR 25 1917, 191... HARRY C. ANDREAE, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 24, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-7-1917, to 4-24-1917, that I saw her alive on 23rd Apr 1917, and that death occurred, on the date stated above, at 5-45 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 4 yrs. — mos. ds.

CONTRIBUTORY (Secondary) Heart failure

(Duration) yrs. mos. ds.

(Signed) Robt. E. Duvall M. D.

, 191... (Address) 2339 Westwood

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Easton Md — DATE OF BURIAL, April 26, 1917.

20-UNDERTAKER Chas E Franck — ADDRESS 802 Madison ave

D 4727

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH 1819 Thomas ave. REGISTERED No. C D 4727

CITY OF BALTIMORE (No. 1819 St.: 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Samuel S. Fuhrman

(Residence in Baltimore: No. 1819 Thomas ave St.: 20 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Wht

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: July 24, 1870 (Month) (Day) (Year)

7 AGE: 46 yrs. 9 mos. 0 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Sportsman
(b) General nature of industry, business, or establishment in which employed (or employer): U.S.R.W. 52

9 BIRTHPLACE (State or country): Carroll Co. Ind

PARENTS

10 NAME OF FATHER: Theodore Fuhrman

11 BIRTHPLACE OF FATHER (State or country): Carroll Co. Ind

12 MAIDEN NAME OF MOTHER: Carolvie Hoppe

13 BIRTHPLACE OF MOTHER (State or country): Germ

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) William M. Lareckan
(Address) 814 N. Stricker St.

15 Filed APR 25 1917, 191 HARRY C. ARNOLD, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April 24th (Month) (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan. 9th, 1917, to April 24th, 1917, that I saw him alive on April 24th, 1917, and that death occurred, on the date stated above, at 4.20 P m.
The CAUSE OF DEATH* was as follows:

Chronic Parenchematous Nephritis

(Duration) yrs. 4 mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) E. G. Glover M. D.
April 25, 1917 (Address) 1224 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Manchester Carroll Co. Md — DATE OF BURIAL: Apr 26 1917

UNDERTAKER: George Lehnert & Bro — ADDRESS: 2101 Frederick Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 4728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 D 4728

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen Hosp St.; 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Le. Rice

(Residence in Baltimore: No. 2139 E. Oliver St.; 24 yrs., 6 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct (Month) 23 (Day) 1892 (Year)

7-AGE, 24 yrs. 6 mos. 1 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hd
(b) General nature of industry, business, or establishment in which employed (or employer): +

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Henry Marks

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Ellen Bowman

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph H. Rice

(Address) 2139 E. Oliver

15- Filed APR 25 1917, 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 13 191 7, to Apr 24 191 7, that I saw her alive on Apr 24, 191 7, and that death occurred, on the date stated above, at 9.20 p.m.

The CAUSE OF DEATH* was as follows:

Puerperal septicaemia

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) G. A. Dawden M. D.

Apr. 24, 191 7 (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 11 ds. In the State 24 yrs. 6 mos. 1 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2139 E. Oliver St

19-PLACE OF BURIAL OR REMOVAL, Baltimore County — DATE OF BURIAL, April 28 191 7

20-UNDERTAKER Zinkler & Zinkler — ADDRESS 1739 E. Eager

D 4729

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 4729

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE (No. 110 E.Clement St. ST.; 24 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Mary Hinkel.

(Residence in Baltimore: No. 110 E.Clement St. St.; 56 yrs. 4 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married.

6-DATE OF BIRTH: December 6th. 1860., 1 (Month) (Day) (Year)

7-AGE: 56 yrs. 4 mos. 17 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: John Koch.

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Barbara Gegner.

13-BIRTHPLACE OF MOTHER (State or country): Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
William Hinkel.(husband)
(Informant)
110 E.Clement St.
(Address)

15. Filed APR 25 1917 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 23rd. 1917., 191 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 29th, 1917, to April 23rd. 1917, that I saw her alive on April 23rd, 1917, and that death occurred, on the date stated above, at 8.30P m.
The CAUSE OF DEATH* was as follows:

Organic disease of the Heart and Kidneys.

(Duration) ..... yrs. 4 mos. ..... ds

Contributory (SECONDARY) Uraemia.

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Otto M Reinhard M. D.

April 24, 1917 (Address) 1017 S.Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill
(UNDERTAKER) E. J. Fanning

DATE OF BURIAL: April 26 1917
ADDRESS 1960 Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4730 D 4730

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. John Hopkins Hosp ST.; 22 WARD) REGISTERED NO. C

2-FULL NAME Pauline Wellford

(Residence in Baltimore: No. 530 Hanover St St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Femal	White	Single

6-DATE OF BIRTH, Sept 9, 1916
(Month) (Day) (Year)

7-AGE, yrs. 7 mos. 16 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), Md,

PARENTS.

10-NAME OF FATHER, Robt. Wellford.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mariewilliams

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Wells

(Address) John Hopkins Hosp.

15- Filed APR 25 1917, 191.... HARRY C. ANDREW Registrar.
Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 25, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 23 1917, to April 25 1917, that I saw h[illegible] alive on April 25 1917, and that death occurred, on the date stated above, at 8 00 a. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Intestinal Indigestion

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) O. M. Rogers M. D.

April 25, 191 7. (Address) John Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence 530 Hanover St

19-PLACE OF BURIAL, OR REMOVAL. Cathedral DATE OF BURIAL. April 27 191 7

20-UNDERTAKER Chas F Howard & Son ADDRESS 701 Hollins

Spec.—8-24-14—M. & T.—2000 Bks.

D 4731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 D 4731

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Anderson

(Residence in Baltimore: No. 782 Fox St ST.; 16 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, (Month) January (Day) 1 (Year)

7-AGE, 16 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School girl
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jos Anderson

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER, Jennie Anderson

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Jennie Anderson

(Address) 782 Fox Street

15- APR 26 1917

Filed....., 191.... ROBERT B. KRAUTER

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) April (Day) 23, (Year) 1917

17- I HEREBY CERTIFY, That I attended deceased from April 19 1917, to April 23 1917, that I saw her alive on April 23 1917, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Endocarditis & Myocarditis

Abscess of Brain & Meningitis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Septic Meningitis

(Duration) yrs. mos. 5 ds.

(Signed) Edward C. Smith M. D.

4/27, 191.7. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State 16 yrs. mos. ds.

Where was disease contracted, if not at place of death? 782 Fox St

Former or usual residence Same

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, Apr 26 191..

20-UNDERTAKER, Samuel Newbay — ADDRESS 5 & 6 Bibb

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4732

CERTIFICATE OF DEATH.

91 D 4732

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 652 Forrest ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta Dorsey

(Resident) in Baltimore: No. 652 Forrest St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) ..... (Year)

7-AGE, ... yrs. 4 mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Child
(b) General nature of industry, business, or establishment in which employed (or employer) ..... None

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Joseph Dorsey

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Gertrude Scott

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Dorsey

(Address) 652 Forrest St

15-

Filed APR 26 1917 191.... ROBERT B. KRAUTER, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 25th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4/19th 191 7, to 4/25th 191 7, that I saw her alive on April 24th 191 7, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. Lamy Bolton M. D.

4/25 191 7 (Address) 924 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem

DATE OF BURIAL, Apr 26 191 7

20-UNDERTAKER, Samuel T. Hemsley

ADDRESS 516 W Baltimore

D 4733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

169 D 4733

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Pier #2 Light St.Wharf. St.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Johnson.(C)

(Residence in Baltimore: No. 148 East St. St.; yrs. 111 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	Colored	Single.

6-DATE OF BIRTH, Do not know., / (Month) (Day) (Year)

7-AGE, 26 yrs. -- mos. -- ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Scowman.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Columbia S.C.

PARENTS.

10-NAME OF FATHER, Do not know.

11-BIRTHPLACE OF FATHER (State or Country) Do not know.

12-MAIDEN NAME OF MOTHER Do not know.

13-BIRTHPLACE OF MOTHER (State or Country) Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Smith.(C)

(Address) 148 East St.

15-

Filed APR 26 1917 191 ROBERT B. KRAUTER

Burial Permit Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 24th.1917., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. McKernan (Coroner) M. D.

April 25 1917 (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem	Apr 26 1917
20-UNDERTAKER	ADDRESS
Samuel Hemsley	518 W Biddle

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4734 — 105 — D 4734

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 404 N Eden ST.; 5 WARD) REGISTERED NO. C

2-FULL NAME Rachael A. Mooney

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 404 N. Eden St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1863. (Year)

7-AGE, 54 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) House Work

9-BIRTHPLACE, (State or Country), in Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Rachel Decount

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Her Son Thomas Mooney
(Address) 404 N Eden St

15- Filed APR 26 1917 191 ROBERT B. KRAUTER Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 23, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 14 1917, to April 23 1917, that I saw h[illegible] alive on April 22 1917, and that death occurred, on the date stated above, at 2 PM.

The CAUSE OF DEATH* was as follows:

Acute Enteritis

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Chronic Enteritis

(Duration) yrs. mos. 4 ds.

(Signed) Jno. H. Tompkins M. D.

April 23 1917 (Address) 1014 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cem — DATE OF BURIAL, April 24, 1917.

20-UNDERTAKER Mrs R A Elliott — ADDRESS 506 East [illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4735

CERTIFICATE OF DEATH.

151 D 4735

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 E 30' St. 9 ST.; WARD)

REGISTERED NO. C

2-FULL NAME Edward Beckle

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1120 E 30' St.; yrs., mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, April 24, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. ...mos. 2 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, August Beckle

11-BIRTHPLACE OF FATHER (State or Country), Balto md

12-MAIDEN NAME OF MOTHER Mary Eberle

13-BIRTHPLACE OF MOTHER (State or Country), Balto md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. August Beckle

(Address) 1120 E 30' St.

15- Filed APR 26 1917 191... ROBERT R. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 26, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 24 1917, to April 26 1917, that I saw h... alive on April 25 1917, and that death occurred, on the date stated above, at 6 4 m.

The CAUSE OF DEATH* was as follows:

1 Cardiac Anemia

(Duration) ...yrs. ...mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) ... M. D.

Apr 26, 1917. (Address) ...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemy

DATE OF BURIAL, Ap. 26, 1917

20-UNDERTAKER Henry Hoeck Son

ADDRESS 1301 E. Eager St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4736 — 48 — D 4736

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2446 W Baltimore St. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mollie Worth

(Residence in Baltimore: No. 2446 W. Baltimore St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, August (Month) 13 (Day), 1859 (Year)

7-AGE, 58 yrs. 8 mos. 13 ds. — If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Mathias Bast

11-BIRTHPLACE OF FATHER (State or Country), France

12-MAIDEN NAME OF MOTHER Caroline Kerchner

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. VanCollum

(Address) 35-E-North Ave

15-Filed APR 26 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 25 (Month) (Day), 1917 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1915, to April 25 1917, that I saw h[er] alive on April 24 1917, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Arthritis Deformans.

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) O. S. Lloyd M. D.

April 25 1917 (Address) 24 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	April, 1917.
20-UNDERTAKER	ADDRESS
Newark & Mowen Company	1042 North Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4737

CERTIFICATE OF DEATH.

92 D 4737

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hosp ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles B. Hindman

(Residence in Baltimore: No. 5 Hopkins Place St.: ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April 20, 1858
(Month) (Day) (Year)

7-AGE, 59 yrs. — mos. 4 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Supt. Keyser Estate.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Jno G. Hindman

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sarah Boone

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James B. Hindman

(Address) 1411 Riverside Ave

15- APR 26 1917 Filed....., 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 24, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 23 1917, to Apr 24 1917, that I saw h[illegible] alive on Apr 24 1917, and that death occurred, on the date stated above, at 12.30 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 3 0 ds.

CONTRIBUTORY (Secondary) Acute Pulmonary Oedema

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) W. Howell Ev M. D.

4/24, 1917. (Address) Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. / mos. / ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 5 Hopkins Place

19-PLACE OF BURIAL OR REMOVAL, MOUNT OLIVET. DATE OF BURIAL, APR 27 1917

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4738

CERTIFICATE OF DEATH.

42

D 4738

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Skin & Cancer Hospital ST.: 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia Thurnauer

(Residence in Baltimore: No. 932 Harlem Ave. St.: 12 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, November 22nd, 1828
(Month) (Day) (Year)

7-AGE, 88 yrs. 5 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Louis Hilfus

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Not Known.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Lula Traudt

(Address) 932 Harlem

15- APR 26 1917 ROBERT R. KRAUTER

Filed ....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) (Day) 24 (Year) 1917.

17- I HEREBY CERTIFY, That I attended deceased from April 15th 1917, to April 24 1917, that I saw her alive on April 24 1917, and that death occurred, on the date stated above, at 5.30 p.m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis of Uterus

(Duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) yrs. mos. ds.

(Signed) Wm. E. Cross M. D.

, 191... (Address) 1.0.0.F. 25th R.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 10 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore County — DATE OF BURIAL, Apr. 27 191.

20-UNDERTAKER W. H. Pickerell Sons — ADDRESS North Ave.

Spec.—8-24-14—M. & T.—2000 Blks.

D 4739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 4739

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1413 N. Fulton Ave St.; 15 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Mary Braun

(Residence in Baltimore: No. 1413 N. Fulton Ave St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, August (Month) 3 (Day), 1914 (Year)

7-AGE, 2 yrs. 8 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John J. Braun

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Florence M. Braun

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J. Braun

(Address) 1413 N. Fulton ave

15- Filed APR 26 1917, 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 12 191 7, to Apr 24 191 7, that I saw h[illegible] alive on Apr 24 191 7, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Thos. L. Magee M. D.

Apr 26, 1917 (Address) 1126 E Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cem'y	Apr 26, 1917
20-UNDERTAKER	ADDRESS
Wm Kirkman & Son	409 E Pratt St

D 4740

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 4740

CERTIFICATE OF DEATH

61

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1028 W. Barre, St. 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa J. Heiner.

(Residence in Baltimore: No. 1028 W. Barre, St. 46 yrs. 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Feb. 25, 1871 (Month) (Day) (Year)

7-AGE: 46 yrs. 2 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Clerk 009
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: John Heiner.

11-BIRTHPLACE OF FATHER (State or country): Germany.

12-MAIDEN NAME OF MOTHER: Fredericka Mahr.

13-BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo. F. Heiner.
(Address) 1028 W. Barre, St.

15
Filed APR 26 1917, 191
ROBERT R. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 25, (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 22, 1917, to Apr. 25, 1917, that I saw h[illegible] alive on Apr. 25, 1917, and that death occurred, on the date stated above, at 4 P. m.
The CAUSE OF DEATH* was as follows:

Cerebro-Spinal-Meningitis.

(Duration) yrs. mos. 3 ds

Contributory (SECONDARY) Unknown

(Duration) yrs. mos. ds.

(Signed) Albert J. Chambers. M. D.
April 25, 1917 (Address) 1012 W. Lafayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western — DATE OF BURIAL: April 26, 191[illegible]

20-UNDERTAKER: J. B. Cook — ADDRESS: 1003 W. Balto.

D 4741 40 D. 4741

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1923 W. Baltimore St.: 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 12.)

2-FULL NAME Anna Barbara Lang

(Residence in Baltimore: No. 1923 W. Baltimore St.; 51 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married.

6-DATE OF BIRTH: March (Month) 23 (Day) 1850 (Year)

7-AGE: 67 yrs. 1 mos. 0 ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Mr. Loeblein

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Catherine ---

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George Lang

(Address) 1923 W. Baltimore St.

15 APR 26 1917 — ROBERT E. KRAUTER, Burial Permit Clerk

Filed ....., 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Apr. (Month) 23, (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1915, to, Apr. 23 1917, that I saw her alive on Apr. 23 1917, and that death occurred, on the date stated above, at 9:30 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach.

..... (Duration) ..... yrs ..... mos. ..... ds.

Contributory (SECONDARY) Operation for gall Stones.

..... (Duration) ..... yrs ..... mos. ..... ds.

(Signed), E. E. Dickey M. D.

Apr. 24, 1917 [Address] 14 N. Monroe St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Apr. 26, 1917

20-UNDERTAKER: Joseph B Cook — ADDRESS: 1003 W. Balto.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4742

CERTIFICATE OF DEATH.

120 D 4743

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 431 Millington Lane St.; 20 WARD)

REGISTERED No. C.....

2-FULL NAME John K. Freburger

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 431 Millington Lane St.; 30 yrs., 8 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	married

6-DATE OF BIRTH, August 5, 1858
(Month) (Day) (Year)

7-AGE, 60 yrs. 8 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Special Officer
(b) General nature of industry, business, or establishment in which employed (or employer): Weems Steamboat Co.

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, George A. Freburger

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Therese Braungard

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Ida L. Freburger

(Address) 431 Millington Lane

15- APR 26 1917 ROBERT E. [illegible]

Filed....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 24, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 16 1917, to April 24 1917, that I saw h[illegible] alive on April 24 1917, and that death occurred, on the date stated above, at 3 45 m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

..... (Duration) ....yrs. 4 mos. ....ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

....., 191... (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Apr. 26 1917

20-UNDERTAKER Joseph Cook

ADDRESS 2003 W. Balto.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170

D 4743

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 659 Stirling ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Perry Gynn

(Residence in Baltimore: No. 659 Stirling St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, ... Unknown (Month) ....., 1871. (Day) (Year)

7-AGE,	If LESS than 1 day,
46 yrs. ....mos. ....ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Dr Dealr 23
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Ruben Gynn

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). " "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Perry Gynn

(Address) 659 Stirling St.

15- APR 26 1917 ROBERT P. LEVERTON

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 24 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 19, 1917, to April 24 1917, that I saw h.m. alive on April 24 1917, and that death occurred, on the date stated above, at 3.50 P. m.

The CAUSE OF DEATH* was as follows:

Acute Brights Disease

..... (Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Robert J. Green M. D.

April 25, 1917. (Address) 120½ Division St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Paul Cemetery	April 29, 1917
20-UNDERTAKER.	ADDRESS
Mrs. R.A. Elliott.	506 East, St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4741 — 28 — D 4741

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 251 Colvin ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Cooper

(Residence in Baltimore: No. 251 Colvin St.; ..... yrs., 4 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Single

6-DATE OF BIRTH, March 16, 1915 (Month) (Day) (Year)

7-AGE, 2 yrs. 1 mos. 8 ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Albert Cooper

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Mary Butler

13-BIRTHPLACE OF MOTHER (State or Country). Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J.M. Rivers

(Address) J.H.H.

15- Filed APR 26 1917 ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 24, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 22 1917, to Apr 24 1917, that I saw h.... alive on Apr 20 1917, and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

Measles

..... (Duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

..... (Duration) ..... yrs. 2 mos. ..... ds.

(Signed) J. M. Rivers M. D.

April 23, 1917. (Address) J.H. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, PUBLIC CEMETERY. DATE OF BURIAL, ..., 191...

20-UNDERTAKER ~~Commissioner of Health.~~ ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

D 4745

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4745

CERTIFICATE OF DEATH.

8

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1513 Poplar Grove St.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ellen Skinner

(Residence in Baltimore: No. 1502 No. Washington Av- St.; 57 yrs., 4 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, November (Month) 22 (Day), 1859 (Year)

7-AGE, 57 yrs. 4 mos. 28 ds.

If LESS than 1 day, —hrs. or —min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none 000
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Abner L. Foote

11-BIRTHPLACE OF FATHER (State or Country), Bath, Maine

12-MAIDEN NAME OF MOTHER Ellen Barr

13-BIRTHPLACE OF MOTHER (State or Country), Portland Maine

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. W. Hoffman

(Address) 1513 Poplar Grove St.

15-

Filed APR 20 1917, 191... ROBERT B. KRAUTER

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 19 1917, to April 19 1917, that I saw her alive on April 19 1917, and that death occurred, on the date stated above, at 12.15 p.m.

The CAUSE OF DEATH* was as follows:

Acute myocarditis

Heart attacks during last week.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. W. Hoffman M. D.

April 19 1917. (Address) 2100 W. Northern

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, April 21 191...

20-UNDERTAKER H. Leichmer Sr. — ADDRESS Fremont

Spec.—8-24-14—M. & T.—2000 Bks.

D 4746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50

D 4746

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 St Paul ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Anna Davis

(Residence in Baltimore: No. Temporary 723 St Paul St. St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (Write the word.) Widow

6-DATE OF BIRTH, ...unknown...., (Month) 1 (Day) ..... (Year)

7-AGE, ..76..yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Wm. W. Kennedy

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Martin

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..John W. Davis.....

(Address)..Clarksburg.....

15- ROBERT H. KRAUTER

Filed APR 26 1917, 191. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apl. (Month) 25 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Apl 11 1917, to Apl 25 1917, that I saw h.. alive on Apl 24 1917, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

w. cardosa

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

Arterio sclerosis (Duration) ? yrs. mos. ds.

(Signed) E. H. Richardson M. D.

Apl 25, 1917. (Address) 1200 N Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Clarksburg W. Va	April 28, 1917
20-UNDERTAKER	ADDRESS.
Ellw. Mitchell & Co	201 N. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4747.

CERTIFICATE OF DEATH.

D 4747

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2207 Elsinore ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Ida E. Knieder

(Residence in Baltimore: No. 2207 Elsinore St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... July (Month) 12 (Day), 1863 (Year)

7-AGE, 53 yrs. 8 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, J. Randolph Mech

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER, Susan E. Herold.

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James M. Brukman

(Address) 2207 Elsinore Ave

15- Filed APR 26 1917, 191 ROBERT R. KRAUTER Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Apr (Month) 25 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar- 1915, to Apr- 25- 1917, that I saw h[illegible] alive on Apr- 25 1917, and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis with hyp[illegible] heart trouble and gen[illegible] breakdown. (Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cerebro Hemorrhage ..... (Duration) — yrs. 2 mos. — ds.

(Signed) Wm. Cook M. D.

Apr. 26, 1917. (Address) 502 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Greenmount	Apr 28, 1917
20-UNDERTAKER Wm Cook	ADDRESS 502 E. Monument

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4748

CERTIFICATE OF DEATH.

154 D 4748

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 Rutland ave ST. 16 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Mintan

(Residence in Baltimore: No. 501 Rutland ave ST. Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Dec. 23, 1829
(Month) (Day) (Year)

7-AGE, 87 yrs. 7 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer): Maker

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Minton

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Lee Merrick

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Minton

(Address) 501 Rutland ave

15- APR 26 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from — 1915, to 4-24 1917, that I saw h[illegible]live on 4-25 1917, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows: Senile Pevarix

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. 6 mos. ds.

(Signed) H. F. Barrell M. D.

4-24, 1917. (Address) 1631 Madison ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western	4-26, 1917.
20-UNDERTAKER	ADDRESS
True Cook	1001 Northern

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4749

CERTIFICATE OF DEATH.

1

D 4749

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2868 W. Lanvale ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Melvin Downs

Residence in Baltimore: No. 2868 W. Lanvale St.; 0 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, Sept 11, 1910 (Month) (Day) (Year)

7-AGE, 6 yrs. 7 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School boy
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country): Balto Md.

PARENTS.

10-NAME OF FATHER: William A. Downs

11-BIRTHPLACE OF FATHER (State or Country): Balto Md

12-MAIDEN NAME OF MOTHER: Georgia A. Zacharias

13-BIRTHPLACE OF MOTHER (State or Country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Wm. A. Downs

(Address): 2868 W. Lanvale St

15- APR 26 1917 Filed....., 191.... ROBERT P. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 25, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Ap. 6 1917, to Ap. 25 1917, that I saw him alive on Ap 24 1917, and that death occurred, on the date stated above, at 4.15 a m.

The CAUSE OF DEATH* was as follows:

Typhoid fever

(Duration) — yrs. — mos. 16 ds.

CONTRIBUTORY (Secondary) General debility

(Duration) yrs. mos. ds.

(Signed) Chas. E. Corner M. D.

Ap 25, 191.7. (Address) 1101 N. Fulton Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Apr 29, 191.7

20-UNDERTAKER Wm Cook — ADDRESS [illegible]

D 4750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

182 D 4750

REGISTERED NO. C

PLACE OF DEATH

CITY OF BALTIMORE (No. 2 944 Hudson St. St.: 1 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christian F Bauer

(Residence in Baltimore: No. 703 S. Ellwood Ave St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, January 7, 1894
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
77 yrs. 3 mos. 11 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Grocer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Bauer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Eller

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emilie C. Bauer

(Address) 703 S Ellwood Ave

15- Filed APR 26 1917 ROBERT E. LEE CUTHBERT, Jr. Clerk
101.....
Burial Permit.....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 23, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Homicidal Shooting

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) Henry Guy Guntz M. D.
(Coroner.)

April 25, 1917. (Address) 6 E Lexington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cemetery	Apr 27 1917
20-UNDERTAKER	ADDRESS
Christian Miller	2334 Jefferson St

Spec.—8-24-14—M. & T.—2000 Bks.

D 4751

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 4751

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2213 E. Jefferson ST.; 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Otto Hermann

(Residence in Baltimore: No. 2213 E. Jefferson St.; 55 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, October 12, 1855
(Month) (Day) (Year)

7-AGE, 61 yrs. 6 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Sweeper 040
(b) General nature of industry, business, or establishment in which employed (or employer) Street Cleaning Dept.

9-BIRTHPLACE, (State or Country) Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katherine Hermann

(Address) 2213 E. Jefferson St

15- APR 26 1917

Filed ..... 191.... ROBERT B. KRAUTER

Burial Permit ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 25, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 18 1917, to April 25 1917, that I saw h[im] alive on April 24 1917, and that death occurred, on the date stated above, at 7.45 m.

The CAUSE OF DEATH* was as follows:

Endarteritis and Hemiplegia

(Duration) ..... yrs. ..... mos. 37 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Adolph C. Elsenbarg M. D.

April 25, 1917. (Address) 22 01 E. Oliver St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cemetery

DATE OF BURIAL, Apr. 28, 1917.

20-UNDERTAKER Christian Miller

ADDRESS 2325 E. Jefferson St

D 4752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 4752

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 540 Wilson ST. 14 WARD)

2-FULL NAME Andrew Smith.

(Residence in Baltimore: No. 540 Wilson St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... January (Month) ..... 5 (Day) ....., 1856 (Year)

7-AGE, 61 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Waiter
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Public 61 0

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, William Smith

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Smith

(Address) 540 Wilson

15- ROBERT B. KRAUSE

Filed ....., 191 7 Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan. (Month) 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

10 hours (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Non Existent

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Jan. 26, 1917 (Address) 719 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	4-26.., 191..
20-UNDERTAKER John A. Bisley	ADDRESS 1107 Druid Hill Ave

4753

HEALTH DEPARTMENT—CITY OF BALTIMORE

169 D 4753

CERTIFICATE OF DEATH.

CE OF DEATH

ALTIMORE (No. Jones Falls & Fleet St.; 23 WARD)

L NAME John Kabakovich

n Baltimore: No. 509 Sharp St.

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs., mos. ds.)

NAL AND STATISTICAL PARTICULARS.

	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
ale	White	Married

BIRTH,

(Month) (Day) 1878 (Year)

yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

ON: profession, or particular work. Laborer

nature of industry, business, establishment in which (or employer) General.

CE, Country), Russ. Pol—

ME OF THER, Evstefy

RTHPLACE FATHER tate or Country), Russia Pol—

AIDEN NAME OF MOTHER Unknown

RTHPLACE F MOTHER te or Country), Russia Poland

OVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

ant Jacob Kabakovich

dress) 106 W. Cross St.

R 26 1917 ROBERT R. KRAUTER

....., 19.... Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH April 25, 1917.

(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, autopsy or inquiry.

thereon and from the evidence obtained by said Inquest, autopsy or inquiry.

find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thomas Ryan Quinby M. D.

April 26, 1917. (Coroner) (Address) 1616 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Stanislowas	April 26 1917
20-UNDERTAKER	ADDRESS
John Grabiancras	425 S Paca St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4754 — 64 — D 4751

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1422 Argyle ave St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Benson

(Residence in Baltimore: No. 1422 Argyle ave St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): married

6-DATE OF BIRTH, Oct 15, 1874 (Month) (Day) (Year)

7-AGE, 37 yrs. 6 mos. 9 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John W Benson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Eliza Benson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Olive Benson

(Address) 1422 argyle ave

15- APR 26 1917 Filed ..., 191... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 24, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 13 1917, to April 24 1917, that I saw him alive on April 23 1917, and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as follows:

Apoplexy
Paralysis Work
Heart (Duration) ... yrs. ... mos. 10 ds.
CONTRIBUTORY (Secondary) Pneumonia apoplexy
(Duration) ... yrs. ... mos. 10 ds.

(Signed) Dilfu Hammond M. D.
April 24, 1917. (Address) 708 Edgar St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Zion — DATE OF BURIAL, April 27, 1917.

20-UNDERTAKER John F Owens — ADDRESS 538 Dolphin St

D 4755

HEALTH DEPARTMENT—CITY OF BALTIMORE

186 D 4755

CERTIFICATE OF DEATH.

PLACE OF DEATH

CITY OF BALTIMORE (No.) 2 University Hospital ST.: 18 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME George Butler

(Residence in Baltimore: No. 1048 Vine St.: yrs., 49 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April 30, 1867 (Month) (Day) (Year)

7-AGE, 49 yrs. 11 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer O&D
(b) General nature of industry, business, or establishment in which employed (or employer)..... B & O R R

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hospital Records

(Address) Green & Lombard.

15- Filed APR 26 1917, 191..... HARRY C. ANDREWS, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH April 25, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Femur,
Non-union following Lead (accidental)
Gangrene of Foot
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Gilbert L Duncan M. D.
(Coroner)
Apl 25 1917. (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS). At place University Hospital In the of death.....yrs.....mos.....ds. State Life mos. ds.

Where was disease contracted? If not at place of death, Accident March 1917 B & O R R

Former or usual residence 1048 Vine St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, April 27 1917

20-UNDERTAKER W M Rountree

ADDRESS 230 N Green

Spec.—8-24-14—M. & T.—2000 Bks.

D 4756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 D 4756

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 525 Cumberland ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia A George

(Residence in Baltimore: No. 525 Cumberland St.; 57 yrs., 8 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Aug (Month) 5 (Day), 1859 (Year)

7-AGE,	If LESS than 1 day,
57 yrs. 8 mos. 20 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, John Robinson

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Dot known

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Edgar R George

(Address). 525 Cumberland St

15-

Filed APR 26 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 11 1916, to Apr 25 1917, that I saw h er alive on Apr 24 1917, and that death occurred, on the date stated above, at 12 20 a. m.

The CAUSE OF DEATH* was as follows:

1. Carcinoma of the Bladder
Clinical & Operative

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M Bowman Hood M. D.

Apr 25, 1917. (Address) 426 N Calvert St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, April 27 1917.

20-UNDERTAKER W M Moulton — ADDRESS 230 Greene

D 4757

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

152

D 4757

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 400 Mystal ave. ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Weiner

(Residence in Baltimore: No. 400 Mystal ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: M

4-COLOR OR RACE: W

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): —

6-DATE OF BIRTH: 4 (Month) 26 (Day), 1917 (Year)

7-AGE: ..... yrs. ..... mos. ..... ds. If LESS than 1 day, 2 hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): ,

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Jacob Weiner

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Hannah Weiner

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J Lewis

(Address) 1411 E Balto St

APR 26 1917 Filed ....., 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 4 (Month) 26 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4.26, 1917, to 4.26 1917, that I saw him alive on 12.30 1917, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Pedius fever

..... (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) B. C. Katzoff M. D.

4.26, 1917 (Address) 116 N Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Hebrew Friendship Cem

DATE OF BURIAL: 4/26, 1917

20-UNDERTAKER: Jack Lewis

ADDRESS: 1411 E Balto St

Spec.—5-19-13—M. & T.—500 Bks.

D 4758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 4758

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 240 S Bethel ST.; 3 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stella ~~Thomas~~ Wesley

(Residence in Baltimore: No. 240 S. Bethel St. St.: 19 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colrd

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, Nov 11, 18[illegible]

7-AGE, 19 yrs. 5 mos. 15 ds. If LESS than 1 day, ...hrs. or....mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House-work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Annapolis Junction Maryland

PARENTS.

10-NAME OF FATHER, Carroll Thomas

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Lottie Wesley

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Delia Morris

(Address) 240 S Bethel St

15-APR 26 1917 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 24 1917, to April 26 1917, that I saw h er alive on April 24 1917, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Richard L Eastwood M. D.

April 26, 1917. (Address) 1514 E Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Md. DATE OF BURIAL, Apr 26 1917

20-UNDERTAKER Geo A Gerber ADDRESS Bacon Bldg

D 4759

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4759

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 949 Penmore St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Leftowitz

(Residence in Baltimore: No. 949 Penno Ave St.; yrs., 9 mos. dys.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, ... (Month) Dec (Day) 10, (Year) 1869

7-AGE, 47 yrs. 4 mos. 6 ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 12

9-BIRTHPLACE, (State or Country): Russia

PARENTS.

10-NAME OF FATHER: Yogel Levin

11-BIRTHPLACE OF FATHER (State or Country): Russia

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Lewis

(Address) 1411 E Baltimore

15- Filed APR 26 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis of Kidneys

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)

Apr 25, 191 9 (Address) 19 E Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale — DATE OF BURIAL, 4/27, 1917

20-UNDERTAKER Jack Lewis — ADDRESS 1411 E. Balto. St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4760

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4760

CERTIFICATE OF DEATH.

+ 91

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hosp. St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine W. Morgan

(Residence in Baltimore: No. 133 N. 10th St.; In Hospital ... yrs. 2 mos. 13 ds. (hours))

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feby 13, 1915 (Month) (Day) (Year)

7-AGE, 2 yrs. 2 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto County Md

PARENTS.

10-NAME OF FATHER, James Morgan

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Martha Willdridge

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Morgan

(Address) 133 N. 10th St.

15-

Filed APR 26 1917, 191.... HARRY C. ANDREWS Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 26th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 25 1917, to Apr. 26 1917, that I saw her alive on Apr 26 1917 and that death occurred, on the date stated above, at 2 30 p.m.

The CAUSE OF DEATH* was as follows:

Convulsion

(Duration) ... yrs. ... mos. 12hrs ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia (Influenza)

(Duration) ... yrs. ... mos. 1 ds.

(Signed) Jno. A. Blanton M. D.

Apr. 26, 1917. (Address) 3244 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 1 hour mos. ... ds. In the State 2 yrs. 2 mos. 1 ds.

Where was disease contracted, if not at place of death? 133 N. 10th St

Former or usual residence " " Orangeville

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, Apr. 28, 1917

20-UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4761

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4761

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1912 Linden Ave. ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis C. Fossett

(Residence in Baltimore: No. 1912 Linden Ave. St.; ....yrs., ...mos. Lifetime ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Married

6-DATE OF BIRTH, October 22nd., (Month) (Day) 1876 (Year)

7-AGE, 40 yrs. 6 mos. 3 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Gents Furnishing store

9-BIRTHPLACE, (State or Country): Balto.

PARENTS.

10-NAME OF FATHER: Henry C Fossett

11-BIRTHPLACE OF FATHER (State or Country): Balto.

12-MAIDEN NAME OF MOTHER: Margaret Brady.

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Jeannette B. Fossett.

(Address): 1912 Linden Ave.

15- Filed APR 26 1917, 191.... HARRY C. ANDREWS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 25 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 12 1917, to April 25 1917, that I saw h.im alive on Apr 25th 1917, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Valvular heart disease

(Duration) 3 yrs. 13 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wilbrain T Watson M. D.

Apl 25, 191.7 (Address) 7.17 E. St. Paul

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cem. DATE OF BURIAL: Apl 27, 191.7

20-UNDERTAKER: Chas. H. Evans & Son ADDRESS: 111 Mont Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

P 4763 — +79 — P 4763

1-PLACE OF DEATH University Hospital — REGISTERED NO. C

CITY OF BALTIMORE: (No. ..... ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter White

(Residence in Baltimore: No. University Hospital St.; ..... yrs., ... mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Unknown ....., 1870
(Month) (Day) (Year)

7-AGE, 47 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer 086
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Finland

PARENTS.

10-NAME OF FATHER, H. White

11-BIRTHPLACE OF FATHER (State or Country), Finland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Finland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Records of University Hospital

(Address) Lombard & Green Sts

15- Filed APR 27 1917 ROBERT R. KRAUTER Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 24, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 18 1917, to April 24, 1917, that I saw h.. alive on April 23, 1917, and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis (Acute Interstitial)

..... (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Bernard J. Berry M. D.

4/26, 1917. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 6 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Finland

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill	April 27, 1917.
20-UNDERTAKER Jos B Cook	ADDRESS 1003 W Balto St

D 4763

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 4763

91

1-PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 1118 Carlton Ave ST.: 16 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Phillip F Mitchell

(Residence in Baltimore: No. 1118 Carlton Ave ST.: 1 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	boy

6-DATE OF BIRTH June 26 Th (Month) (Day), 1903 (Year)

7-AGE 13 yrs. 10 mos. ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: School boy
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country) Baltimore Md

PARENTS

10-NAME OF FATHER Jerome F Mills

11-BIRTHPLACE OF FATHER (State or country) Harford County Md

12-MAIDEN NAME OF MOTHER Alice Neal

13-BIRTHPLACE OF MOTHER (State or country) Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Clarence Mitchell

(Address) 1114 Carrollton Ave.

15. Filed APR 27 1917 ROBERT B. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH 4 (Month) 26 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 26 1917, to April 26 1917, that I saw h[illegible] alive on April 26, 1917, and that death occurred, on the date stated above, at 9 [illegible] m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ..... yrs. ..... mos. 4 ds

Contributory (SECONDARY) Exposure

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F Stoltenberg M. D.

(Address) 1202 Druid Ave April 26, 1917

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: 4-28-1917

20-UNDERTAKER: Felix B. Deye — ADDRESS: 102 E. Mulberry St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

D 4764

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1215 Wheat court ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Tyler

(Residence in Baltimore: No. 1215 Wheat court St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, July 7, 1862
(Month) (Day) (Year)

7-AGE, 49 yrs. 9 mos. 17 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Ry. Ct. Carrier
(b) General nature of industry, business, or establishment in which employed (or employer).....

035

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Tyler

(Address) 1215 Wheat court

15-

Filed APR 27 1917, 191... ROBERT B. KRAUTER Registrar.

Burial Permit (Issued)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4/24, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4/20, 191.., to 4/24, 191.., that I saw h.. alive on 4/24, 191.., and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis

Aortic Insufficiency

(Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Bruce Cutler M. D.

4/25, 191.. (Address) 2137 W. Mulberry

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, April 27, 191..

20-UNDERTAKER JAMES H. DENNIS

ADDRESS 1303 PRESTMAN ST.

D 4765

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4765

CERTIFICATE OF DEATH.

6

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 322 Hanover St ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith M.Worrel

(Residence in Baltimore: No. 322 Hanover St. St.; yrs. 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female.	White	Single.

6-DATE OF BIRTH, December 17th. 1914. , / .....
(Month) (Day) (Year)

7-AGE, 2 yrs. 5 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia.

PARENTS.

10-NAME OF FATHER, Jesse Worrel

11-BIRTHPLACE OF FATHER (State or Country) Virginia

12-MAIDEN NAME OF MOTHER Ethel Waller.

13-BIRTHPLACE OF MOTHER (State or Country), Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
Mrs.Ethel Worrel.mother.
(Informant).....
(Address).....322 Hanover St.....

15-APR 27 1917 ROBERT R. KRAUTER
Filed....., 191..... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 26th. 1917. , 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said her
(Inquest, autopsy or inquiry.) inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Measles.

(Duration) yrs. mos. ds.

(Signed) Otto M. Bernhardt (Coroner) M. D.

April 26, 1917. (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, CEDAR HILL. DATE OF BURIAL, Apr. 27, 1917

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

4766 4766

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 E Clement ST. 24 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edwin R. Ruark.

(Residence in Baltimore: No. 410 E Clement St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, ... April ..... 19 ....., 1845
(Month) (Day) (Year)

7-AGE, ... 72 yrs. 0 mos. 6 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Weigher 086
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Transportation

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thomas Ruark.

11-BIRTHPLACE OF FATHER (State or Country) Maryland.

12-MAIDEN NAME OF MOTHER Sarah Travers.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Charles Ruark

(Address) ..... 410 E Clement St

15-

Filed APR 27 19[illegible] ROBERT B. KRAUTER

Burial Permit [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April ..... 25th ....., 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 25 1917, to April 25 1917, that I saw h[illegible] alive on April 25 1917, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

..... L'o bar pneumonia

.....

..... (Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis.

..... (Duration) ..... yrs. ..... mos. 30 ds.

(Signed) Sidney A. Lynch, M. D.

April 26 1917. (Address) 1431 E Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, CEDAR HILL.

DATE OF BURIAL, APR 29 1917

20-UNDERTAKER ARMSTRONG-DENNY CO.

ADDRESS 115 Light

D 4767

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 4767

1 PLACE OF DEATH — Registered No. C 6

City of Baltimore (No. 1631 Lancaster St — St: V Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2 FULL NAME Mary Buczkowski

(Residence in Baltimore: No. 1631 Lancaster St.: 4 yrs. 2 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6 DATE OF BIRTH Feby 2nd, 1913. (Month) (Day) (Year)

7 AGE 4 yrs. 2 mos. 24 ds. — If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Child.
(b) General nature of industry, business, or establishment in which employed (or employer) —

9 BIRTHPLACE (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Buczkowski.

11 BIRTHPLACE OF FATHER (State or country) Russia Poland

12 MAIDEN NAME OF MOTHER Mary Prelak.

13 BIRTHPLACE OF MOTHER (State or country) Russia Poland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary Buczkowski.
(Address) 1631 Lancaster St.

15 APR 27 1917 Filed ....., 191.... ROBERT R. KRAUTER Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr. 27 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 25, 191.., to Apr 27 191..
that I saw h.. alive on Apr 26, 191..
and that death occurred, on the date stated above, at 12.25 a.m.
The CAUSE OF DEATH* was as follows:

Measles —

(Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY) Mucous - Pneumonia —

(Duration) — yrs. ..... mos. 2 ds.

(Signed), Max E Brown — M. D.

May 29, 191.. (Address) 125 S Broadway —

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

	yrs.	mos.	ds.	In the	yrs.	mos.	ds.
At place of death				State			

Where was disease contracted.
If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Holy Rosary. — DATE OF BURIAL Apr 28 1917.

20 UNDERTAKER M. F. Sadowski. — ADDRESS 905 S. Ann

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4768

CERTIFICATE OF DEATH.

92

REGISTERED NO. C D 4768

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3620 Roland Ave St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter T Barnes

(Residence in Baltimore: No. 3620 Roland Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Dec (Month) 29 (Day), 1877 (Year)

7-AGE, 39 yrs. 3 mos. 27 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer): 006

9-BIRTHPLACE, (State or Country), Carroll Co Md

PARENTS.

10-NAME OF FATHER, Jos D Barnes

11-BIRTHPLACE OF FATHER (State or Courtry), Carroll Co

12-MAIDEN NAME OF MOTHER Ada F. Day

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos D. Barnes

(Address) 3620 Roland Ave

15- Filed APR 27 1917, 191... ROBERT B. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7 191 7, to April 26 191 7, that I saw her alive on April 26 191 7, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Primary Pneumonia

Exhaustion

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) ... yrs. 1 mos. 10 ds.

(Signed) Harry E. Hayes M. D.

April 26, 191 7 (Address) 3640 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge DATE OF BURIAL, April 28, 191...

20-UNDERTAKER N. S. Marshall ADDRESS 3539 Fall Rd

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4769

CERTIFICATE OF DEATH.

93

D 4769

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1737 N. Fulton Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Herman

(Residence in Baltimore: No. 1737 N. Fulton Ave St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, 30 August (Month) (Day), 1846 (Year)

7-AGE, 71 yrs. 7 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Tailor
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Joseph Herman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Maria Anna Beer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Mrs. Minnie Greve

(Address) 1726 Smallwood st

15 APR 27 1917 ROBERT B. KRAUTER

Filed....., 191.... Registrar.

Burial Permit (Illegible)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 26" (Month) (Day), 1917 (Year)

17-"I HEREBY CERTIFY. That I attended deceased from April 19" 1917, to April 26" 1917, that I saw h[illegible] alive on April 26" 1917, and that death occurred, on the date stated above, at 3.15 p. m.

The CAUSE OF DEATH* was as follows:

Pleurisy

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) yrs. 3 mos. ds.

(Signed) O. H. Stovall M. D.

April 26, 1917 (Address) 1817 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	April 30, 1917
20-UNDERTAKER Wm. Cook	ADDRESS 502 E. North Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

105 D 4770

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.: 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August Henzerling

(Residence in Baltimore: No. 1704 Poplar Grove St ... St.: ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1857 (Year)

7-AGE, 30 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Railroad Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, August Henzerling

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Fannie Meckens

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. August Henzerling

(Address) 1704 Poplar Grove St

15-

Filed APR 27 1917 191... ROBERT R. KRAUSE ... Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 20 1917, to Apr 26 1917, that I saw him alive on Apr 26 1917, and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows:

1. ...
2. Pulmonary Tuberculosis
3. Ulcer
4. ... (Duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary) ... General Peritonitis ... (Duration) ... yrs. ... mos. 6 ds.

(Signed) ... M. D.

Apr. 27., 1917. (Address) ...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 0 ds. In the State 30 yrs. ... mos. 20 ds.

Where was disease contracted, if not at place of death? 1704 Poplar Grove St

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn Cem.	Apr. 29., 1917.
20-UNDERTAKER Wm. Cook	ADDRESS 502 E. North Ave.

D 4771

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

D 4771

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1027 N. Eutaw St. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Charles C. & Maize Chesebro.

(Residence in Baltimore: No. 1027 N. Eutaw St.; 10 minutes yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	—

6-DATE OF BIRTH April (Month) 27 (Day), 1917 (Year)

7-AGE 10 minutes — yrs. — mos. — ds. If LESS than 1 day, — hrs., or 10 min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Maryland

PARENTS

10-NAME OF FATHER Charles C. Chesebro

11-BIRTHPLACE OF FATHER (State or country) New York

12-MAIDEN NAME OF MOTHER Maize Barker

13-BIRTHPLACE OF MOTHER (State or country) New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas. C. Chesebro

(Address) 1027 N. Eutaw St

15-APR 27 1917

Filed ....., 191 ROBERT B. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 27, 1917, to, April 27 1917, that I saw him alive on April 27 1917, and that death occurred, on the date stated above, at 11 46 a. m.

The CAUSE OF DEATH* was as follows:

Premature birth, 8 months,

..... (Duration) — yrs — mos — ds.

Contributory (SECONDARY) Premature birth, 8 months,

..... (Duration) yrs mos ds.

(Signed), H. C. Pelletane M. D.

April 27, 1917, [Address] 817 Hamilton Ter.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Loudon Park DATE OF BURIAL Apr. 27th, 1917

20-UNDERTAKER Joseph Cook ADDRESS 1003 W. Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4772 — D 4772

CERTIFICATE OF DEATH.

40

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE) (No. 1413 W Fayette St. ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha E Trigg

(Residence in Baltimore: No. 1413 W Fayette St. St.; 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): single

6-DATE OF BIRTH, Unknown (Month) (Day) 1 (Year)

7-AGE, 69 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Ellicott City, Md.

PARENTS.

10-NAME OF FATHER, James H. Trigg,

11-BIRTHPLACE OF FATHER (State or Country), Frederick CO., Md.

12-MAIDEN NAME OF MOTHER Louise Baer

13-BIRTHPLACE OF MOTHER (State or Country), Frederick CO., Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Margaret Small,

(Address) 1413 W. Fayette St.

15- APR 27 1917 ROBERT R. KRAUTER

Filed ..... 191... Burial Permit Given.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 24, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 1 1917, to Apr. 24 1917, that I saw h[illegible] alive on Apr. 24 1917, and that death occurred, on the date stated above, at 5 8 m.

The CAUSE OF DEATH* was as follows:

Cardiac insufficiency

(Contributory)

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. 1 ds.

(Signed) J. B. Cook M. D.

4.27., 191.7 (Address) 1302 W. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem.

DATE OF BURIAL, April 28 191...7

20-UNDERTAKER Jos. B. Cook

ADDRESS 1003 W. Balto.

FILM

D 4773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 4773

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2528 Druid Hill Ave 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Y. Holland.

(Residence in Baltimore: No. 2528 Druid Hill Ave St.; yrs. 28 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, July 19th (Month) (Day), 1844 (Year)

7-AGE, 72 yrs. 9 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Motorman
(b) General nature of industry, business, or establishment in which employed (or employer): Elec Ry Co

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, James Holland

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Rebecca Warn

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. M. Holland

(Address) 2528 Druid Hill Ave

15-FILED APR 27 1917, 191.... ROBERT B. KRAUTER Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 26th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to...death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heart Disease

Chronic Endocarditis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Thos. Thorrowgood M. D. (Coroner.)

April 26, 191.. (Address) 1132 Reliance

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?....

Former or usual residence....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, April 29th

20-UNDERTAKER Eastern Ave ADDRESS 1723 W Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 4774

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4774

CERTIFICATE OF DEATH.

152

1-PLACE OF DEATH The Johns Hopkins Hospital.

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... St.; ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby White.

(Residence in Baltimore: No. 1927 E. Pratt St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April 21, 1917
(Month) (Day) (Year)

7-AGE, — yrs. — mos. 4 ds.

If LESS than 1 day, .. hrs. or .. min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... ---

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Preston White.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Jennie Gelvay

13-BIRTHPLACE OF MOTHER (State or Country), Russia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Thurman Jr.

(Address) The Johns Hopkins Hospital.

15- APR 27 1917 Filed ....., 191.... ROBERT B. KRAUTER Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 25, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 21 1917, to April 25 1917, that I saw him alive on April 25 1917, and that death occurred, on the date stated above, at 1:00 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage.

(Duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) Breach Extraction.

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Thurman Jr. M. D.

April 25 1917. (Address) J. H. H.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL. DATE OF BURIAL, APR 28 1917, 191...

20-UNDERTAKER Commissioner Health ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

D 4775 HEALTH DEPARTMENT—CITY OF BALTIMORE 30 ✓

D 4775

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Meadows

(Residence in Baltimore: No. 24 days St.: ....yrs....mos....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, June 14, 1916 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
20 yrs. 10 mos. 12 da.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): D2

9-BIRTHPLACE, (State or Country), West Virginia

PARENTS.

10-NAME OF FATHER, Henry Peyton

11-BIRTHPLACE OF FATHER (State or Country), W. Va

12-MAIDEN NAME OF MOTHER Isabella Cohen

13-BIRTHPLACE OF MOTHER (State or Country), W. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address) Johns Hopkins Hospital

15- Filed APR 27 1917, 191.... ROBERT R. KRAUTER Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 26, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 2 1917, to April 26 1917, that I saw her alive on April 26 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Exhaustion April 12, 17 Chronic Pelvic Abscess (Secondary Tuberculosis)
Tuberculous Meningitis
..... (Duration) ....yrs. ....mos. 15 da.

CONTRIBUTORY (Secondary)
Pulmonary Tuberculosis (Duration) ....yrs. ....mos. 3 da.

(Signed) W R Hollyer M. D.

Apr 27, 1917 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 24 da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence Hunter W. Va

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL,
Pine Spring N. Ca	Apr 27, 1917
20-UNDERTAKER Albert E Fuller	ADDRESS 221 N Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

D 4776

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

41 D 4776

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2316 W. Baltimore ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helena Wahans (Wahans

Residence in Baltimore: No. 2316 W. Baltimore St.; 38 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, April 27, 1858 (Month) (Day) (Year)

7-AGE, 58 yrs. 11 mos. 30 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired 043
(b) General nature of industry, business, or establishment in which employed (or employer) Unemployed

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Keller Erbe

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Kuhlmann

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Frances Muehead

(Address) 2316 W. Balt St

15-

Filed APR 28 1917 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April 26, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 15 1917, to April 26 1917, that I saw h[illegible] alive on April 26 1917, and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobular)

Chronic Colitis 1 Colon.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Autopsy)

(Duration) yrs. mos. ds.

(Signed) Geo. L. Mark M. D.

4-26, 191 (Address) 827 E. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, April 30th 1917.

20-UNDERTAKER Chas. M. Dill. ADDRESS 3169 Frank Ave

D 4777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

D 4777

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 734 Penn St.; WARD) 2

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raphael Magdalena

(Residence in Baltimore: No. 1430 Hanover St.; St.; yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Oct 27, 1914
(Month) (Day) (Year)

7-AGE, 2 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frederick Reynolds

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Mary Bayerlein

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Bayerlein

(Address) 734 Penn St

15- APR 28 1917 Filed ....., 191.... HARRY C. ANDREWS Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 27, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Coroner (Coroner, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital debility

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Henry Schmid Jr. M. D.
(Coroner.)

4/27/, 1917. (Address) 1102 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	April 27 1917
20-UNDERTAKER William Faulkner's	ADDRESS 1618 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 4778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 30 D 4778

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James A Feinhagen

Residence in Baltimore: No. [illegible] St.; — yrs., — mos., 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH, July 21, 1896 (Month) (Day) (Year)

7-AGE, 20 yrs. 9 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer): Employed at Hebrew H.

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, James A. Feinhagen

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Victoria Turner

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sadie S. Feinhagen

(Address) 3401 E. Balto St

15- APR 28 1917 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 26th, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 19 1917, to April 26 1917, that I saw h... alive on April 26 1917, and that death occurred, on the date stated above, at 8 00 P m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(Duration) — yrs. 1 mos. 4 ds.

CONTRIBUTORY (Secondary) Tuberculous Pleurisy (?)

(Duration) ....yrs. ....mos. ....ds.

(Signed) M Blaum M. D.

4/26/, 191.7 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State ....yrs. 6 mos. ....ds.

Where was disease contracted, if not at place of death? At Residence

Former or usual residence 3401 E Balto St

19-PLACE OF BURIAL OR REMOVAL, Edens Va — DATE OF BURIAL, April 28, 191.7

20-UNDERTAKER Arnold — ADDRESS 506 Hull

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

4779 — 79 — D 4779

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2910 W North Ave ST.; 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Fred Pearl White

(Residence in Baltimore: No. 2910 W. North Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, September 18, 1857 (Month) (Day) (Year)

7-AGE, 59 yrs. 7 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Printer
(b) General nature of industry, business, or establishment in which employed (or employer): Job

9-BIRTHPLACE, (State or Country). Thurmont Md.

PARENTS.

10-NAME OF FATHER, Wm White.

11-BIRTHPLACE OF FATHER (State or Country), Thurmont Md.

12-MAIDEN NAME OF MOTHER Emma Coren.

13-BIRTHPLACE OF MOTHER (State or Country), Thurmont Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susie E. White

(Address) 2910 W North Ave

15- APR 28 1917 (Filed), 191.... Burial Permit Clerk / Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 27, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 18 191 7, to Apr 27 191 7, that I saw h alive on Apr 26 191 7, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Diseases of Kidneys

Contributory Myocarditis

(Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) — yrs. — mos. 10 ds.

(Signed) Wesley Cole M. D.

(Address) 2702 Eutaw Pl.

Apr. 27, 1917.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Pk	Apr. 30 191 7
20-UNDERTAKER Wm. Cook	ADDRESS 502 E North Ave.

D 4780

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4780

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 3028 Garrison Ave ST. 15 WARD)
2-FULL NAME Richard T. Gardley
(Residence in Baltimore: No. 3028 Garrison Ave

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June 7, 1847
(Month) (Day) (Year)

7-AGE, 69 yrs. 10 mos. 19 ds.
If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)..... Stock Broker

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER Charles F. Gardley

11-BIRTHPLACE OF FATHER (State or Country), Louisiana

12-MAIDEN NAME OF MOTHER Elizabeth Tarr

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Henry W. Means & Son
(Address) 805 Cathedral St

15- FILED APR 28 1917, 191.....
HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 26, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows: Apoplexy & Uremia
(Duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (Secondary) .....
(Duration) ....yrs. ....mos. ....ds.
(Signed) J. Whitridge (Coroner) M. D.
April 27 191 7 (Address) 8 E. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Woodlawn Park Cemy. DATE OF BURIAL, April 28 1917

20-UNDERTAKER Henry W. Means & Son ADDRESS 803 N. Calvert St

Spec.—8-24-14—M. & T.—2000 Bks.

D 4781

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D 4781

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital 4 St., WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Richardson

Residence in Baltimore: No. 422 Tyson St (If non-resident, give STATE or COUNTRY.) St.; yrs., — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colard

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 44 yrs. mos. da. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Labar
(b) General nature of industry, business, or establishment in which employed (or employer): 040

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Lewis H Richardson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Rose Richardson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose Richardson

(Address) 442 Carchard St

15-

Filed APR 28 1917 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 25th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 22 1917, to April 25 1917, that I saw him alive on April 25th 1917, and that death occurred, on the date stated above, at 11 30 a.m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart

5 days

(Duration) Lobar pneumonia

CONTRIBUTORY (Secondary) Rebreuin fever 3 days

(Duration) yrs. mos. days.

(signed) G. A. Bowden M. D.

, 191... (Address) Md Gen Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 3 mos. da. In the State 24 yrs. 8 mos. da.

Where was disease contracted, if not at place of death? —

Former or usual residence 422 Tyson St.

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem; DATE OF BURIAL, April 28 1917.

20-UNDERTAKER Charles B Jones; ADDRESS 235 Pine St

Spec.—8-24-14—M. & T.—2000 Bks.

D 4782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 4782

29

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Maryland General Hosp. St. ..... WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME John L Sammers

(Residence in Baltimore: No. 1417 Hull St St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Sept 2, 1851
(Month) (Day) (Year)

7-AGE. 65 yrs. 7 mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Soldier in the
(b) General nature of industry, business, or establishment in which employed (or employer)..... Army

9-BIRTHPLACE, (State or Country), Boston Mass.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mrs. Wilhelmina Sammers

(Address)..... 1417 Hull st

15-

Filed APR 28 1917 191.... HARRY C. ARMSTRONG Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 27th (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 25th 191 7, to April 27 191 7, that I saw him alive on April 27th 191 7, and that death occurred, on the date stated above, at .....m.

The CAUSE OF DEATH* was as follows:

Pulmonary oedema

..... (Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Aortic regurgitation

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) G. A. Bowden M. D.

Apr 27th, 191 7. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 3 ds. In the State —yrs. —mos. —ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 1417 Hull St.

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL.
National Cem	4/30, 191 7
20-UNDERTAKER	**ADDRESS**
J. Frew McCully	130 E. Fordham

October 8th " 1917

This is to certify that Wilhelmina Sommers wife of John L. Sommers, deceased, wants the mistake corrected in the accompanying certificate, her husband at the time of his death was 69 years 7 mnths and 25 days and Occupation was Retired soldier.

Wilhelmina Sommers. October 8th " 1917.

State of Maryland, City of Baltimore - to wit

I hereby certify that on this 8th " day of October 1917 before me a notary Public personally appeared Wilhelmina Sommers and made oath in due form of law that the foregoing statement is true

Witness my hand and notarial seal

Mary E. Effie Allentin
Notary Public

1521 E. Fort Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 4783

HEALTH DEPARTMENT—CITY OF BALTIMORE

40 D 4783

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 S Robinson St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Malvina Mack

(Residence in Baltimore: No. 415 S Robinson St.; 45 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct (Month) 10 (Day), 1864 (Year)

7-AGE, 52 yrs. 6 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Fred Mack

(Address) 415 S Robinson St

15- Filed APR 28 1917, 191. ROBERT B. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1st 1916, to Apr 25 1917, that I saw her alive on April 24 1917, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

.....

.....

Carcinoma of Liver (Clinically)

..... (Duration) ..... yrs. 8 mos. ..... ds.

CONTRIBUTORY (Secondary) Carcinoma of Lungs

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. D. Trumbower M. D.

Apr 27, 1917. (Address) 2213 Banks

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, April 28 1917.

20-UNDERTAKER Peter Nicolaus — ADDRESS 2044 Easton

Spec.—8-24-14—M. & T.—2000 Bks.

D 4784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 D 4784

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Esplanade Apts ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie L. Blum

(Residence in Baltimore: No. Eutaw Place / Brooks Lane St.; Lifetime yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, August 24th 1864 (Month) (Day) (Year)

7-AGE, 52 yrs. 8 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Owner of
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Henry Likes

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Lenie Rosenthal

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M Blum

(Address) Esplanade Apts

15- Filed APR 28 1917, 191.... ROBERT R. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 26th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 29 1915, to April 26 1917, that I saw h er alive on April 26 1917, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Hydronephrosis Left Kidney and Myocarditis

from Senile

(Duration) 1 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) 1 yrs. mos. 3 ds.

(Signed) Isaac H Lurie M. D.

April 26, 1917. (Address) 1134 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Hebrew DATE OF BURIAL, April 27, 1917.

20-UNDERTAKER Harry Sondheim ADDRESS 118 N Howard

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4785

CERTIFICATE OF DEATH.

91 D 4785

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 372 Tarrant ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Thomas

Residence in Baltimore: No. 372 Tarrant St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ...January...., 1 .....
(Month) (Day) (Year)

7-AGE, 34 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic 070
(b) General nature of industry, business, or establishment in which employed (or employer)..... Private Family Work

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Benjamin Thomas

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Lee

(Address) 372 Tarrant St.

15- APR 28 1917 Filed....., 191... ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...April.... 27 , 1917..
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 26 1917, to April 27 1917, that I saw h.. alive on April 27 1917, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

(a) Bronchio Pneumonia

(b) .....

(c) .....

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) unknown

(Duration) ....yrs. ....mos. ....ds.

(Signed) Robert F. Green M. D.

April 27 1917. (Address) 120½ Aisquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, April 30, 1917

20-UNDERTAKER Charles B Jones ADDRESS 235 N Pine

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4786

CERTIFICATE OF DEATH.

84 D 4786

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 Warren ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Gray

(Residence in Baltimore: No. 904 Warren St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, ... Jan 27, 1917
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. 3 mos.....ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore City Md

PARENTS.

10-NAME OF FATHER. Wallis Gray

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER. Eliza Shaw

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Wallis Gray

(Address) 904 Warren

15- APR 28 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 24, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 20 1917, to April 26 1917, that I saw h.r alive on April 26 1917, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Bronchitis

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ....yrs. ....mos. 6 ds.

(Signed) [illegible] M. D.

April ..., 191.7 (Address) 712 S. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	....., 191...
20-UNDERTAKER Wm. Earbery	ADDRESS 716 Penna Ave

D 4787

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4787

CERTIFICATE OF DEATH.

134

REGISTERED NO. C

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1815 Maryland ST. 17 WARD)

2. FULL NAME Mary A. Bluford

(Residence in Baltimore: No. 1813 Maryland St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Col	Sing'l

6-DATE OF BIRTH, ... (Month) Unknown (Day), 1 ..... (Year)

7-AGE, 16 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Own

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Geo Bluford

11-BIRTHPLACE OF FATHER (State or Country), Unk

12-MAIDEN NAME OF MOTHER Emma Lee

13-BIRTHPLACE OF MOTHER (State or Country), Unk

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Bluford

(Address) 2470-38 Maryland

15-

Filed ....., 191.... ROBERT L. KRAUTH Registrar.

Burial Permit Issued

APR 28 1917

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest and autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Abortion 4 mos;
I do not bleive criminal

4 (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Peritonitis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D. (Coroner.)

Apr 17, 191.. (Address) 1057 Druid

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Westbank Va	Apr 17, 1917
20-UNDERTAKER Wm. Easton	ADDRESS 916 Benning

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4788

CERTIFICATE OF DEATH.

D 4788 28 4788

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1134 N. Hanburgh St. ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Mary

(Residence in Baltimore: No. 1134 N. Hanburgh St. St.; 11 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb. 7, 1876 (Month) (Day) (Year)

7-AGE, 28 yrs. 2 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry Way

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Culbrook

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Myrtle C. Way

(Address) 1134 N. Hanburgh St

15- ROBERT R. KRAUTH

Filed....., 191.... Burial Permit Issued Registrar

APR 28 1917

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 4 1917, to April 25 1917, that I saw him alive on April 24 1917, and that death occurred, on the date stated above, at 10 p m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonary

(Duration) yrs. 5 mos. 21 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. 2 mos. ds.

(Signed) [illegible] M. D.

4/26, 1917 (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn — DATE OF BURIAL, April 27, 1917

20-UNDERTAKER True Cook — ADDRESS 502 E. North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4789

CERTIFICATE OF DEATH.

17 D 4769

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1150 W. Monument St. ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Cole

(Residence in Baltimore: No. 115 W. Monument St. St.; 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, August (Month) Second (Day) 1855 (Year)

7-AGE, 61 yrs. 8 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 0

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, William A. Cole

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Virginia A. Hiss

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William A. Cole

(Address) 1208 N. Charles St

15-

Filed....., 191.... ROBERT R. KRAUTER. Registrar.

APR 28 1917 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 27 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 1916, to April 27 1917, that I saw h[er] alive on Apr. 27. 1917, and that death occurred, on the date stated above, at 3:45 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

A (Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. mos. 1 ds.

(Signed) Hans C. Clark M. D.

April 27, 1917. (Address) 1201 W. Madison St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cemetery. DATE OF BURIAL, 4-29-, 1917.

20-UNDERTAKER Henry H. Jenkins & Sons 601 Orchard Sts.

D 4790

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 4790

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 517 n Bethel ST. 7 WARD)

2-FULL NAME John B Sanders

Residence in Baltimore: No. 517 n Bethel St.; yrs. mos. ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: January, 1

7-AGE: 51 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): [illegible]

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Jane Bowles

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Walter Sanders

(Address) 517 n Bethel St

15-APR 28 1917

Filed ....., 191.... ROBERT R. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 26 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 25, 1917, to Apr 25 1917, that I saw h[illegible] alive on Apr 25, 1917 and that death occurred, on the date stated above, at 10 P m.
The CAUSE OF DEATH* was as follows:

Apoplexy
(Eight)
8 hours (Duration) yrs. mos. ds

Contributory (SECONDARY) Acute Tuberculosis of
Pulmonary (Duration) yrs. mos. ds.

(Signed) Edward Foster M. D.

Apr 26, 1917. (Address) 1612 E monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cem — DATE OF BURIAL: April 28, 1917

20-UNDERTAKER: John W Henderson — ADDRESS: 31 n Caroline st

Very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4791

CERTIFICATE OF DEATH.

X104 D 4791

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Simpson

(Residence in Baltimore: No. 6 mo. St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH. ....., 1 .....
(Month) (Day) (Year)

7-AGE. ....yrs. 10 mos. —ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp.

15-
Filed APR 28 1917 191.... ROBERT R. KRAUTER
Registrar.
Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 25, 1917.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 3 1916, to Apr 25 1917, that I saw h[er] alive on Apr 25 1917, and that death occurred, on the date stated above, at 12 45 m.

The CAUSE OF DEATH* was as follows:

Indigestion, acute

(Duration) 0 yrs. 0 mos. 3 ds.

CONTRIBUTORY (Secondary) Poorly developed

(Duration) 0 yrs. 10 mos. 0 ds.

(Signed) D. W. Smith M. D.

Apr 25, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. 6 mos. 27 ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death? —
Former or usual residence Warren Balto Co Md

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
JOHNS HOPKINS HOSPITAL	APR 26 1917
20-UNDERTAKER Commissioner Health.	ADDRESS

Apr 25 6 WOODALL

D 4792

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

28 D 4792
REGISTERED No. C

CITY OF BALTIMORE (No. 3142 Abell ave St.; 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William B. Lane

(Residence in Baltimore: No. 3142 Abell ave. St.; yrs. 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: White

5-~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: Sept. 22, 1877 (Month) (Day) (Year)

7-AGE: 39 yrs. 6 mos. 3 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Clothing cutter
(b) General nature of industry, business, or establishment in which employed (or employer)

080

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Richard C. Lane.

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Sara A. Hardesty

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Howard H. Lane
(Address) 3142 Abell ave

15. Filed APR 28 1917 ROBERT B. KRAUTER Registrar REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Apr. 25, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1917, to Apr. 25 1917, that I saw h~~im~~ alive on Apr. 25, 1917, and that death occurred, on the date stated above, at 8 00 A m. The CAUSE OF DEATH* was as follows:

Cardiac Asthenia

(Duration) yrs. mos. 6 ds

Contributory (SECONDARY) Pulmonary Tuberculosis

(Duration) 1 yrs. 2 mos. ds.

(Signed) John E. O'Neill M. D.

Apr 25, 1917 (Address) 2508 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: April 28, 1917

20-UNDERTAKER: E. A. Wiedefeld

ADDRESS: 2616 E Baltimore St.

Every important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4793

CERTIFICATE OF DEATH.

120 D 4793

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 Madison St. ST.; 16 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Buchanan

(Residence in Baltimore: No. 1103 Madison St. St.; ....yrs.. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, ...March 12...., (Month) (Day), 1840 (Year)

7-AGE, 77 yrs. 5 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER, William Buchanan

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Catharine Bowers

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barbara Braden

(Address) 1103 Madison

15-

Filed APR 28 1917, 191.... ROBERT B. KRAUTER
Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...April 28...., (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 25 191.., to April 27 191.., that I saw h.. alive on April 25 191.., and that death occurred, on the date stated above, at 4 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Jno. C. Hemmeter M. D.

April 28, 191.. (Address) 1103 Madison St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: April 30 191..

20-UNDERTAKER: John J Cowperthwaite ADDRESS: 901 Hollins St.

Spec. 6-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4794

CERTIFICATE OF DEATH.

W D 4794
REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital ST.; 11 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Myers

(Residence in Baltimore: No. 701 N. Calvert St
St.; ..... yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male
4-COLOR OR RACE, white
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec (Month) 25 (Day), 1843 (Year)

7-AGE, 73 yrs. 4 mos. 2 ds.
If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) No 9

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.
10-NAME OF FATHER, John Myers
11-BIRTHPLACE OF FATHER (State or Country), Ireland
12-MAIDEN NAME OF MOTHER Mary O'Meara
13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Johanna Mooney
(Address) 932 Greenmount Ave

15-
Filed APR 28 1917 19 ROBERT R. KRAUTER Registrar.
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 27 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan 24 1917, to April 27 1917, that I saw h[illegible] alive on April 27 1917, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Chr Pancreatic[illegible]
[illegible]
(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) [illegible]
(Duration) 1 yrs. mos. ds.

(Signed) Edward P. Smith M. D.
4/27/17 (Address) Mercy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. 3 mos. 3 ds. In the State 73 yrs. mos. ds.
Where was disease contracted, if not at place of death? 701 N. Calvert St
Former or usual residence Same

19-PLACE OF BURIAL OR REMOVAL, St. Vincents
DATE OF BURIAL, April 30, 1917

20-UNDERTAKER N. C. Weidefeld
ADDRESS 914 Greenmount Av

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4795

CERTIFICATE OF DEATH.

79 D 4795

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 Argyle ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cassie Gunnell

(Residence in Baltimore: No. 1104 Argyle ave St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov 2, 1882
(Month) (Day) (Year)

7-AGE, 35 yrs. 1 mos. 24 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 0

9-BIRTHPLACE, (State or Country) Harford Co Md

PARENTS.

10-NAME OF FATHER John Gunnell

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary E Cole

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Cassie Gunnell

(Address) 1104 Argyle ave

15-

Filed APR 28 1917, 191... ROBERT P. KRAUTER, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 26, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 19 1917, to Apr 25 1917, that I saw h alive on Apr 25 1917, and that death occurred, on the date stated above, at 8.40 a.m.

The CAUSE OF DEATH* was as follows:

Injuries Fractured

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Shock

(Duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D.

Apr 27, 191.. (Address) ...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL, OR REMOVAL Edmondson Ave Emp

DATE OF BURIAL April 28, 191..

20-UNDERTAKER Clarence E Wright

ADDRESS 1364 Mary St

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4796

CERTIFICATE OF DEATH.

64 D 4796

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1125 Scott ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Franklin A. Burke.

(Residence in Baltimore: No. 1125 Scott St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	White	Married.

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, 65 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Route - Boss
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, James Burke.

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Georgette Burke

(Address) 1125 Scott St.

15- APR 28 1917 ROBERT R. KRAUTER

Filed ....., 191.... Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 25, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.
Apoplexy.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Gilbert S. Driscoll M. D. (Coroner.)

Apl 25, 1917. (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Lowden Park	April 27, 1917
20-UNDERTAKER	ADDRESS
John Howard & Son	701 Hollins St

D 4797

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 4797

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 3210 Elgin Ave. WARD) (If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Marie Gray Demuth

(Residence in Baltimore: No. 3210 Elgin Ave. yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: June (Month) 10, (Day) 1877 (Year)

7-AGE: 39 yrs. 10 mos. 17 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: James Gray

11-BIRTHPLACE OF FATHER (State or country): Scotland

12-MAIDEN NAME OF MOTHER: Mary Farr

13-BIRTHPLACE OF MOTHER (State or country):

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas S. Demuth

(Address) 3210 Elgin Av

15 Filed APR 28 1917 ROBERT R. KRAUTH Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 27, (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 24, 1917, to, Apr 27 1917, that I saw h-r alive on Apr 26, 1917, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Streptococcus infection of throat (Duration) ... yrs. ... mos. 2 ds

Contributory (SECONDARY) Septicemia (Duration) ... yrs. ... mos. 1 ds.

(Signed) U.S. Niblett M. D.

April 28, 1917 (Address) U.S. Farrar & Clifton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: April 28 1917

20-UNDERTAKER: Geo W Little — ADDRESS: 531 N Fremont Ave

IS VERY IMPORTANT. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Sophia Korder.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4798

CERTIFICATE OF DEATH.

11 D 4798

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. WARD) 21

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia Korder

(Residence in Baltimore: No. 936 Ridgely St. St.; 50 yrs., 9 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, January 9th, 1866
(Month) (Day) (Year)

7-AGE, 50 yrs. 9 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Wm Beter

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Amelia -

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. F. Korder

(Address) 936 Ridgely St

15- Filed APR 28 1917 191.....

ROBERT R. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 26, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March, 1917, to April 26 1917, that I saw h.r alive on April 26 1917, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Chronic cystitis and pyelonephritis

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Dementia

(Duration) 6 yrs. 6 mos. ds.

(Signed) G. A. Bayerdorfer M. D.

April 26, 1917 (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State 50 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 936 Ridgely St.

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, April 27, 1917

20-UNDERTAKER Philip Herring — ADDRESS 2016 Orleans

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4799

CERTIFICATE OF DEATH.

28 D 4799

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 940 Burgundy ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert R. Elsroad

(Residence in Baltimore: No. 940 Burgundy St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan. 26, 1889
(Month) (Day) (Year)

7-AGE, 28 yrs. 3 mos. ....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, John Elsroad

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Rose Duke

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elsie M. Elsroad

(Address) 940 Burgundy St.

15- Filed APR 28 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 26, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1917, to April 25 1917, that I saw h.. alive on April 25 1917, and that death occurred, on the date stated above, at 12.30 m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) ....yrs. 11 mos. ....ds.

CONTRIBUTORY (Secondary) Exposure

(Duration) ....yrs. 2 mos. ....ds.

(Signed) Frederick D. Zeis M. D.

Apr. 26, 1917. (Address) 1217 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery

DATE OF BURIAL, April 30 1917

20-UNDERTAKER, James Dignan & Son

ADDRESS 1000 S. Paca St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4800 **CERTIFICATE OF DEATH.** 151 D 4800

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Nickel

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male | 4-COLOR OR RACE, W. | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) S.

6-DATE OF BIRTH, 4 - 23, 1917 (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or 15 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Nickel.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Lillie Peterson.

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillie Nickel

(Address) 701 E. Baltimore St.

15- Filed APR 28 1917, 191... ROBERT R. KRAUTER Registrar.

Burial Permit Oled

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 23, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 23 1917, to April 23 1917, that I saw him alive on April 23 1917, and that death occurred, on the date stated above, at 10, m.

The CAUSE OF DEATH* was as follows:

Premature Birth

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edw. O. Dunn M. D.

Apr 24, 191... (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Mercy Hosp.

Former or usual residence Mercy Hosp.

19-PLACE OF BURIAL OR REMOVAL, | DATE OF BURIAL, ... 191...

20-UNDERTAKER | ADDRESS

Commissioner Health

Per. Wm. E. WOODALL

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4801

CERTIFICATE OF DEATH.

9 | 37

D 4801

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alberta Dursley

(Residence in Baltimore: No. 2338 Montebello ave St.; yrs., 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH, Mar 25, 1889 (Month) (Day) (Year)

7-AGE, 28 yrs. 1 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Wash. D.C.

PARENTS.

10-NAME OF FATHER, Patrick Johnson

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Louise Becket

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Supt Mercy Hosp

(Address) Calvert St

15- Filed APR 28 1917 191.. ROBERT R. KRAUTER Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 27, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 26 1917, to Apr 27 1917, that I saw her alive on Apr 27 1917, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Decomposition of Uterus

(8 Mos. Pregnant)

about (Duration) yrs. 1 mos. 15 ds.

CONTRIBUTORY (Secondary) Pregnancy

(Duration) yrs. 8 mos. 1 ds.

(Signed) Edward L. Smith M. D.

Apr. 27 1917. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 ds. In the State 1 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 2338 Montebello ave.

Former or usual residence 2338 Montebello ave.

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemty DATE OF BURIAL, April 30 1917

20-UNDERTAKER R. C. Ross ADDRESS 1405 McElderry St

Spec.—5-19-13—M. & T.—500 Bks.

D 4802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 D 4802

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 N. Pulaski ST.; 16 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilbur Elmer Calley.

(Residence in Baltimore: No. 610 N. Pulaski St.; ...yrs., mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, April 21st, 1917.
(Month) (Day) (Year)

7-AGE, ...yrs. ...mos. 7 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): do

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James Elmer Calley

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Lottie Mabel Calley

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Howard Talbert M.D.

(Address) 701 N. Fremont Ave

15- APR 28 1917 ROBERT R. KRAUTH Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 28th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 21st 1917, to April 28th 1917, that I saw him alive on April 28th 1917, and that death occurred, on the date stated above, at 5 6 m.

The CAUSE OF DEATH* was as follows:

Premature Birth
(7 mos. developed)

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) H. Howard Talbert M. D.

Apr 28, 1917. (Address) 701 N. Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, April 28th, 1917.

20-UNDERTAKER George Lehnert & Bro — ADDRESS 701 Pulaski Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4803

D. 4803

92

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2717 Edmondson Ave. ST.; 70 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Clara Miersch

(Residence in Baltimore: No. 2717 Edmondson Ave. St.; ....yrs.. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, July 12 (Month) (Day) 1916 (Year)

7-AGE, ...yrs. 9 mos. 15 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country) Baltimore Md.

PARENTS.

10-NAME OF FATHER, Charles H. Miersch

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Edna Clara Schaffinger

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose Schaffinger

(Address) 2717 Edmondson Ave.

15- APR 29 1917 Filed ....., 191.... ROBERT B. KRAUTH Registrar.

Burial Permit 21328

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 27 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 18 1917, to April 27 1917, that I saw h er alive on April 26 1917, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Empyema

(Duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. 10 ds.

(Signed) Edw Emmert M. D.

4/29, 1917. (Address) 311 East

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, April 29, 1917.

20-UNDERTAKER Wm. Tickner & Sons ADDRESS Acad

D 4804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 4804

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Pier #8 Locust Point. ST. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert L.Taylor.

Residence in Baltimore: No. Belair Road & Biddison Ave. St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, November, 25th. 1862. / (Month) (Day) (Year)

7-AGE, 47 yrs. 3 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tally clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Stevedore Co.

9-BIRTHPLACE, (State or Country), Missouri.

PARENTS.

10-NAME OF FATHER, Morgan Taylor.

11-BIRTHPLACE OF FATHER (State or Country) Do not know.

12-MAIDEN NAME OF MOTHER Amanda.----------

13-BIRTHPLACE OF MOTHER (State or Country). Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emilie Taylor.wife.

(Address) Belair Road & Biddison Ave.

15- Filed APR 29 1917, 191.... ROBERT R. KRAUTER Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Missing March 2nd. 1917 Body found: April 27th. 1917., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Otto T. Bernhardt M. D. (Coroner.)

April 28, 1917 (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Schwartz Lems	Apr. 29 1917
20-UNDERTAKER Philip Herwig	ADDRESS 2016 Orleans

D 4805

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

150 D 4805

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 252 So Chapple ST. V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Tina Hollins

(Residence in Baltimore: No. 252 So. Chapple St. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	white	Single

6-DATE OF BIRTH: April (Month) 1 (Day), 1917 (Year)

7-AGE: X yrs. X mos. X ds. If LESS than 1 day, X hrs., or 10 min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE (State or country): 252 So Chapple St

PARENTS

10-NAME OF FATHER: William E Hollins

11-BIRTHPLACE OF FATHER (State or country): Balto Md

12-MAIDEN NAME OF MOTHER: Mamie Isaiah

13-BIRTHPLACE OF MOTHER (State or country): Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William E Hollins

(Address) 252 So Chapple St

15- Filed APR 29 1917 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1, 1917, to, April 1, 1917, that I saw her alive on April 1, 1917, and that death occurred, on the date stated above, at 1.50 p. m.

The CAUSE OF DEATH* was as follows:

Exhaustion + hemorrhage
abortion about 6 mos 10 min

(Duration) ..... yrs ..... mos ..... ds.

Contributory (SECONDARY) Congenital malformation of heart (Duration) ..... yrs ..... mos. 10 mins ds.

(Signed) Jas L. Emax M. D.

April 1, 1917. [Address] 2451 So 33rd St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Johns Hopkins Burial — DATE OF BURIAL ....., 191...

20-UNDERTAKER: Wm Tyrell — ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4806

CERTIFICATE OF DEATH.

28 D 4806
REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2454 Mc Culloh ST.; 12 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)
2-FULL NAME John Raymond Kabler
Residence in Baltimore: No. 2454 Mc Culloh St.; 45 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male
4-COLOR OR RACE, white
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single
6-DATE OF BIRTH January 22nd, 1896 (Month) (Day) (Year)
7-AGE 21 yrs. 3 mos. 7 ds.
If LESS than 1 day, hrs. or min.
8-OCCUPATION:
(a) Trade, profession, or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Standard Oil Co
9-BIRTHPLACE, (State or Country), Md.

PARENTS.
10-NAME OF FATHER, Clarence C. Kabler
11-BIRTHPLACE OF FATHER (State or Country), W. Va.
12-MAIDEN NAME OF MOTHER Idus M. Miller
13-BIRTHPLACE OF MOTHER (State or Country), W. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Clarence C. Kabler
(Address) 2454 Mc Culloh St

15-
Filed APR 29 1917, 191.
ROBERT B. KRAUTER
Registrar.
Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 28, 1917. (Month) (Day) (Year)
17- I HEREBY CERTIFY, That I attended deceased from Dec 3 1915, to April 28 1917, that I saw h is alive on April 26 1917, and that death occurred, on the date stated above, at 10 a m.
The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
(Duration) 3 yrs. mos. ds.
CONTRIBUTORY (Secondary) Cardiac asthenia
(Duration) yrs. 2 mos. ds.
(Signed) Harry S. McCarty M. D.
April 29, 1917. (Address) 814 Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount DATE OF BURIAL, April 30 1917.
20-UNDERTAKER E. F. Walker ADDRESS 723 Wilson

FAMILY HISTORY FILE

Spec.—8-24-14—M. & T.—2000 Bks.

D 4807

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

D 4807

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Jno. Hopkins Hospital ST.; 7 WARD)

2-FULL NAME Mary Morgan

(Residence in Baltimore: No. 4713 Prentiss Ave St.; ...yrs.,...mos.....ds.)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... January (Month) ..... 1 (Day) ..... (Year)

7-AGE,	If LESS than 1 day,
10 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... School girl
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, John Morgan

11-BIRTHPLACE OF FATHER (State or Country), Indiana

12-MAIDEN NAME OF MOTHER Mary L ....

13-BIRTHPLACE OF MOTHER (State or Country), Indiana

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) Jno Hopkins Hospital

15- ROBERT R. KRAUTH

Filed APR 29 1917 19.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 28 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 24 1917, to April 28 1917, that I saw h... alive on April 28 1917, and that death occurred, on the date stated above, at 2.50 p. m.

The CAUSE OF DEATH* was as follows:

Cerebro-Spinal meningitis. Otitis.

(Duration) 0 yrs. 0 mos. 3 ds.

CONTRIBUTORY (Secondary) None

(Duration) 0 yrs. 0 mos. 0 ds.

(Signed) Dow Smith M. D.

April 28, 1917 (Address) Jno Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence 4713 Prentiss Ave

19-PLACE OF BURIAL OR REMOVAL, St. Mary's Woods | DATE OF BURIAL, April 29, 1917

20-UNDERTAKER Wm. Cook | ADDRESS 502 E. North Ave

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 1808

CERTIFICATE OF DEATH

30 D 1808

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 2452 Eager Place ST.; 7 WARD)

2-FULL NAME Lawrence M Beikirch

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Residence in Baltimore: No. 2452 Eager Place St.; 41 yrs. 2 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: Jan (Month) 26 (Day), 1876 (Year)

7-AGE: 41 yrs. 3 mos. 8 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Anthony Beikirch

11-BIRTHPLACE OF FATHER (State or country): Balto Md

12-MAIDEN NAME OF MOTHER: Elizabeth Deck

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Barbara Beikirch

(Address) 2452 Eager Place

15 APR 29 1917 Filed ..... 191 ROBERT R. KRAUTER Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 28 (Day) 4, 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 22. 1917. to April 28 1917. that I saw him alive on April 28-4 1917. and that death occurred, on the date stated above, at 4.30 P.m.

The CAUSE OF DEATH* was as follows:

Meningitis Tuberculous

(Duration) 7 yrs. 7 mos. 10 ds.

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), C. Ellen Williams M. D.

4-28-1917 (Address) 601 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: May 1 1917

20-UNDERTAKER: Wm Peach — ADDRESS: 502 E North Ave

IS VERY IMPORTANT. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 4809

CERTIFICATE OF DEATH

18 D 4809

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1719 Byrd St St.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Margaret Elizabeth Kelbel

(Residence in Baltimore: No. 1719 Byrd St St.; 1 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH February 2nd 1917 (Month) (Day) (Year)

7-AGE ..... yrs. 2 mos. 26 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work ..... Nothing 0 0 0
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Maryland

PARENTS

10-NAME OF FATHER Joseph F Kelbel

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Margaret Schnatel

13-BIRTHPLACE OF MOTHER (State or country) Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph F Kelbel

(Address) 1719 Byrd St.

15- Filed APR 29 1917 ROBERT E. KRAUTH Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 28, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 27, 1917, to, April 28 1917, that I saw her alive on April 28 1917, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Facial Erysipelas - following scratching cheek

..... (Duration) ... yrs ... mos. 2 ds.

Contributory (SECONDARY) Toxemia

..... (Duration) ... yrs ... mos. 2 ds.

(Signed), G P Burton M. D.

April 28, 1917. [Address] 301 E Chase St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Loudon Park — DATE OF BURIAL April 30, 1917

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave

Spec.—8-24-14—M. ___.—2000 Blks.

D 4810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 4810

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 N. Bond ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Boller.

(Residence in Baltimore: No. 419 N Bond St. St.: 13 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug 26th, 1861
(Month) (Day) (Year)

7-AGE, 55 yrs. 8 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Milliner
(b) General nature of industry, business, or establishment in which employed (or employer). 1086

9-BIRTHPLACE, (State or Country), New York -

PARENTS.

10-NAME OF FATHER, Michel Boller.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Margarett Weiland

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs C Simonin

(Address) 419 N Bond St.

15-

Filed APR 29 1917, 191.... ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4-28, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1916, to 4-28 1917, that I saw h[illegible] alive on 4-26 1917, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary T.B.

(Duration) yrs. mos. ds.

(Signed) S Simonin M. D.

4-28, 191.7 (Address) 1604 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem. DATE OF BURIAL, April 30 1917.

20-UNDERTAKER Louis Heemann ADDRESS 32 S Broadway

Franciszka Pawlak

D 4811 HEALTH DEPARTMENT—CITY OF BALTIMORE 64 D 4811

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 808 S. Broadway St.: V WARD)

2-FULL NAME Franciszka Pawlak

(Residence in Baltimore: No. 808 S. Broadway St.; yrs., mos. ds.)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, April 15, 1868
(Month) (Day) (Year)

7-AGE, 3-8 yrs. 11 mos. 13 ds. | If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework 63
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Konradenko Pawlak

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Franciska Nowicka

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen Pawlak

(Address) 808 S. Broadway

15- Filed APR 29 1917, 191.... ROBERT B. KRAUTER Registrar. Burial Permit Issued.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 27, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) Henry Dyhr M. D. (Coroner.)

4/29, 191.. (Address) 1610 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus	Apr. 30, 1917
20-UNDERTAKER Stephen J. Fialkowski	ADDRESS 1019 S. Kenwood Av

Spec.—8-24-14—M. & T.—2000 Bks.

D 4812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 D 4812

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1416 School St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Dorsey

(Residence in Baltimore: No. 1416 School St.; 12 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, 18[illegible]
(Month) (Day) (Year)

7-AGE. 52 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cook
(b) General nature of industry, business, or establishment in which employed (or employer)..... Pd Occupation

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Nolan

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Dorsey

(Address) 1416 School St.

15 APR 29 1917 Filed....., 191.. ROBERT B. KRAUTHER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 22, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 21 1917, to April 26 1917, that I saw h[illegible] alive on April 26 1917, and that death occurred, on the date stated above, at 10:20 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial

Nephritis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Johan D. Chrissman M. D.

April 27, 1917. (Address) 1507 W. Fayette ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, APR 30 1917, 191..

20-UNDERTAKER JAMES H. DENNIS ADDRESS 1303 PRESTMAN ST

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4813

CERTIFICATE OF DEATH.

D 4813

91

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Md. Gen. Hospital ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Simpson

(Residence in Baltimore: No. 1721 N. Spring St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Negro

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, January 17, 1861 (Month) (Day) (Year)

7-AGE, 55 yrs. 9 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House work
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Simon Cummings

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Amanda Devall

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph H. Simpson

(Address) 1721 Spring St.

15-Filed APR 29 1917 191.. ROBERT E. KRAUTHER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 27, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 4 1917, to April 27 1917, that I saw h.r alive on April 27 1917, and that death occurred, on the date stated above, at 12:30 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

..... (Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia

..... (Duration) ....yrs. ....mos. 23 ds.

(Signed) J. L. Bauden M. D.

....., 191.. (Address) Md. Gen. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 23 ds. In the State 15 yrs. ....mos. ~~3~~ ds.

Where was disease contracted, if not at place of death? Probably at 1721 N. Spring St.

Former or usual residence 1721 N. Spring St.

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemtery

DATE OF BURIAL, APR 30 1917

20-UNDERTAKER JAMES H. DENNIS

ADDRESS 1303 PRESTMAN ST.

Vincent E. Toney.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4814

CERTIFICATE OF DEATH.

79 D 4814

REGISTERED No. C

PLACE OF DEATH

CITY OF BALTIMORE (No. 1641 Penn. ave ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vincent E. Toney

(Residence in Baltimore: No. 1641 Pennsylvania ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb. (Month) 14 (Day), 1872 (Year)

7-AGE, 44 yrs. 2 mos. 14 ds. If LESS than 1 day, ..hrs. or ..min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ice Cream Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dan

(Address) 1641 Penn. ave

15- Filed APR 29 1917, 191.. ROBERT R. KRAUTH Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Dilation & Asthenia

Contributory Chronic Alcoholism

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner.)

Apr 28, 1917 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State 44 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn cemetery DATE OF BURIAL, APR 29 1917, 19..

20-UNDERTAKER JAMES H. DENNIS ADDRESS 1303 PRESTMAN ST.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4815

CERTIFICATE OF DEATH.

120 D 4815

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 E. 21st. ST.; 9 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Meconyahe

Residence in Baltimore: No. 517 E. 21st. St.; (64 yrs., 6 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Widowed

6-DATE OF BIRTH, Oct (Month) 18 (Day) 1852 (Year)

7-AGE, 64 yrs. 6 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Michael Meconyahe

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna Krone

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. D. Meconyahe

(Address) 617 E. 21st. St.

15-Filed APR 29 1917, 191.... ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 27 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan 1 1917, to April 27 1917, that I saw h.m alive on April 26 1917, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 3 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Stew Gaddess M. D.

Apr. 27, 1917. (Address) 321 E 21st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, May 1, 1917.

20-UNDERTAKER Henry W. Meade Sons — ADDRESS 703 N. Calvert

HEALTH DEPARTMENT—CITY OF BALTIMORE

4816

CERTIFICATE OF DEATH.

15 D 4816

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 223 N Paca St.; 6 WARD)

2-FULL NAME Myrtle Holland,

(Residence in Baltimore: No. 223 N Paca St.; yrs., mos. da.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, April (Month) 24 (Day), 17 (Year)

7-AGE, ... yrs. 3 mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Lars Halland

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER, Emma Hagen

13-BIRTHPLACE OF MOTHER (State or Country), Bosp Mass,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lars Halland

(Address) 2239 Madison

15- APR 29 1917 Filed ..... 191.. ROBERT R. KRAUTH Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 28 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) had that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Atelectasis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner.) M. D.

Apr 28, 1917. (Address) 19 E Lex St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Trinity Cemetery	Apr 29, 1917
20-UNDERTAKER	ADDRESS
Christian Miller	2330 Jefferson

D 4817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 D 4817

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 223 N. Rose ST.; 6 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorthea Hilland

(Residence in Baltimore: No. 223 N Rose St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Girl

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Baby

6-DATE OF BIRTH, April 25, 17
(Month) (Day) (Year)

7-AGE, yrs. mos. 2 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: 000
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto.

PARENTS.

10-NAME OF FATHER, Louis F Hallendr

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER Anna Hagen

13-BIRTHPLACE OF MOTHER (State or Country). Balto Mass

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Hellund

(Address) 223 N Rose St

15- ROBERT E. KRAUTER

Filed APR 29 1917, 191... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 27, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Atelectasis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Albert Staples M. D.
(Coroner.)

April 28, 191 (Address) 411 Eutaw

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Jewish Cemetery	Apr 29, 19 17
20-UNDERTAKER Christian Mills	ADDRESS 2337 Gilmore St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4818

CERTIFICATE OF DEATH.

92 D 4818

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital, WARD) 7

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georgia Irene War

(Residence in Baltimore: No. 1032 N. Collington Ave. 16 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH. January 13, 1901 (Month) (Day) (Year)

7-AGE. 16 yrs. 3 mos. 14 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Wm H War

11-BIRTHPLACE OF FATHER (State or Country). Alabama

12-MAIDEN NAME OF MOTHER. Minnie Lang

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie War

(Address) 1032 N Collington Ave

15- Filed APR 29 1917 ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 27, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 25 1917, to Apr. 27 1917, that I saw her alive on Apr. 27- 1917, and that death occurred, on the date stated above, at 4 50 A.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Rt. Lower Lobe

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(Duration) yrs. mos. 1 ds.

(Signed) M. D.

Apr. 27 1917. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 1032 N. Collington Ave.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Carmel Cemetery	Apr. 30, 1917
20-UNDERTAKER Christian Miller	ADDRESS 2351 E. Monument St

Spec.—8-24-14—M. & T.—2000 Bks.

D 4819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 D 4819

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1725 Orleans ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Fremont Vodery

(Residence in Baltimore: No. 1725 Orleans St.) 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, A. A Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Aug 4th (Month) (Day), 1865 (Year)

7-AGE 51 yrs. 8 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Proprietor
(b) General nature of industry, business, or establishment in which employed (or employer): Grocery store

9-BIRTHPLACE, (State or Country), Balto Md,

PARENTS.

10-NAME OF FATHER, National Vodery

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sarah J. Peterson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry A. Vodery

(Address) 1725 Orleans St.

15- APR 29 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 27, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10 1917, to Apr 27 1917, that I saw him alive on Apr 27 1917, and that death occurred, on the date stated above, at 12.45 a m.

The CAUSE OF DEATH* was as follows:

Locomotor Ataxia

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) 7 yrs. mos. ds.

(Signed) Geo. Hughes M. D.

Apr 28, 1917 (Address) 1412 E. Lee St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem, DATE OF BURIAL, April 30, 1917

20-UNDERTAKER Harry A. Vodery 17 ADDRESS 25 Orleans St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 4820

79 D 4820

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 250 S Collington ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Winifred C. Perkins

(Residence in Baltimore: No. 250 S Collington St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, ... May ....., 1[illegible]
(Month) (Day) (Year)

7-AGE, 57 yrs. 11 mos. .....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Dressmaker
(b) General nature of industry, business, or establishment in which employed (or employer) Home

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Coleman Perkins

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Barbara Welsh

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Welsh

(Address) 2744 S Robinson St

15-

Filed APR 29 1917 191.....

ROBERT R. KRAUTER

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... 4 (Month) ..... 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4-25- 191 7, to 4-26 191 7, that I saw h Er alive on 4-26 191 7, and that death occurred, on the date stated above, at 1145 m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart

(Duration) .....yrs. .....mos. 2 ds.

CONTRIBUTORY (Secondary) Mitral insufficiency.

(Duration) 1 yrs. .....mos. .....ds.

(Signed) J E Bates M. D.

4-27, 191 7. (Address) 1115 Hollins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross	April 29, 1917.
20-UNDERTAKER John A Moran	ADDRESS Bank & Arch Sts

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4821

CERTIFICATE OF DEATH.

qr D 4821

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1075 N. Fayette ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Hopkins

(Residence in Baltimore: No. 1075 N. Fayette St.: ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH. Mar (Month) 1 (Day), 1863. (Year)

7-AGE. 54 yrs. 1 mos. 26 ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stone Cutter
(b) General nature of industry, business, or establishment in which employed (or employer): Marble Cutter

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Michael Hopkins

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Mary Veasey

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katharine Shipley

(Address) 1075 N. Fayette St.

15-

Filed APR 29 1917, 191.....

ROBERT R. KRAUTH, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 27 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 16 1917, to Apr 27 1917, that I saw him alive on Apr 24 1917, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 1 yrs. 1 mos. 11 ds.

CONTRIBUTORY (Secondary) None

(Duration) .... yrs. .... mos. .... ds.

(Signed) Henry C. Dale M. D.

Apr. 27, 1917. (Address) 1213 N. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, April 30, 1917.

20-UNDERTAKER John A. Moran — ADDRESS Bank & Aisquith

D 4822

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

172 D 4822

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1637 Friendsbury ST. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME George L. Abicht

(Residence in Baltimore: No. 1637 Friendsbury St.; 3 yrs. 3 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6 DATE OF BIRTH January 4, 1914 (Month) (Day) (Year)

7 AGE 3 yrs. 3 mos. 24 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country) Baltimore

PARENTS

10 NAME OF FATHER Charles M. Abicht

11 BIRTHPLACE OF FATHER (State or country) State Maryland

12 MAIDEN NAME OF MOTHER Lida Markham

13 BIRTHPLACE OF MOTHER (State or country) State Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George H. Sandlass

(Address) 1635 Friendsbury St

15 APR 29 1917 Filed ..... 191 ROBERT B. KRAUTER Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 28, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 10, 1917, to April 28 1917. that I saw him alive on April 27, 1917. and that death occurred, on the date stated above, at 6.30 A. m. The CAUSE OF DEATH* was as follows:

Traumatic meningitis, caused by an accidental fall on the head, from a porch.

(Duration) ..... yrs. ..... mos. 28 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Louis W. Knight M. D.

..... 191 ..... (Address) 414 N. Greene St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Apr 30 1917

20 UNDERTAKER: Wm. A Rohde Son — ADDRESS: 730 Paca

is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4823

CERTIFICATE OF DEATH.

28 D 4823

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 729 N. Chester W. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sadie B. Selby —

(Residence in Baltimore: No. 729 N. Chester - St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)~~ Married

6-DATE OF BIRTH, Mar 25, 1881 (Month) (Day) (Year)

7-AGE, 36 yrs. 1 mos. 3 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) 63

9-BIRTHPLACE, (State or Country) Gloucester co Va

PARENTS.

10-NAME OF FATHER, Smiley Abner

11-BIRTHPLACE OF FATHER (State or Country), Gloucester co Va

12-MAIDEN NAME OF MOTHER Louise Golden

13-BIRTHPLACE OF MOTHER (State or Country), Gloucester co Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. H. Selby

(Address) 729 N. Chester st

15-APR 29 1917 ROBERT B. KRAUTER

Filed ....., 191.... Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 28, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 21, 1917, to April 28 1917, that I saw h~~e~~ alive on April 23 1917, and that death occurred, on the date stated above, at 4.45 a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. L. Gibney M. D.

April 28, 1917 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn cemetery

DATE OF BURIAL, May 1st 1917.

20-UNDERTAKER W. L. Hadley

ADDRESS 2012 E. Madison St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4824

CERTIFICATE OF DEATH.

28 D 4824

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 Vine St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Hallis

(Residence in Baltimore: No. 813 Vine St. St.; 60 yrs. \ mos. \ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Col'd	Married

6-DATE OF BIRTH, Unknown (Month), (Day), 1857 (Year)

7-AGE 60 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sent Hallis

(Address) 813 Vine St

15- Filed APR 29 1917, 191... ROBERT B. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 26 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1917, to April 26 1917, that I saw h alive on April 1917, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis

Contributory

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

, 191... (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Auburn Cemetery	Apr. 29. 1917.
20-UNDERTAKER George H. Holland	ADDRESS 1631 Druid Hill Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

76 D 4825

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. University Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME J. Marker Griffith

(Residence in Baltimore: No. 527 E 22nd St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Sept 26, 1917.
(Month) (Day) (Year)

7-AGE, 0 yrs. 7 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, J. M. Griffith

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Campbell

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Father J. M. Griffith

(Address) 527 E 22nd St.

15- APR 29 1917 ROBERT R. KRAUTER

Filed....., 191.... Registrar of Vital Statistics

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 29, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 28 1917, to Apr 29 1917, that I saw him alive on Apr 29th 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Gastro, Inflammation
Chron. Intestinal & Toxemia
O.V.W.

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Apr. 29, 191.7 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 3 yrs. mos. ds.

Where was disease contracted, if not at place of death? 527 E 22nd St

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Mary's Govans — DATE OF BURIAL, May 1, 191.7

20-UNDERTAKER Chas. F. Cowe, Lang — ADDRESS 111 W Mt Royal

Spec.—5-19-13—M. & T.—500 Bks.

Reba R. Cline

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4826

CERTIFICATE OF DEATH.

108 D 4826

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~Reba Rebecca Cline~~ 840 West 34th St. ~~St.~~ 13 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Reba. Rebecca Cline.

(Residence in Baltimore: No. 840 W. 34th St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	married

6-DATE OF BIRTH, ... January (Month) ..... (Day) ....., 1895. (Year)

7-AGE, 22 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, S. Heelman.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sarah M. Gilpin

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Cline

(Address) 2922 Cedar Ave

15- Filed APR 29 1917 191 ROBERT R. KRAUTER Burial Permit Clerk... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 27, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 19 1917, to April 28 1917, that I saw her alive on April 27 1917., and that death occurred, on the date stated above, at 12 40 M.

The CAUSE OF DEATH* was as follows:

Pregnancy of Twins (Follow Illness)

..... (Duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) Chronic Appendicitis in 2 Months

of Pregnancy (Duration) ..... yrs. ..... mos. 32 ds.

(Signed) ..... M. D.

April 29, 1917. (Address) 3714 Roland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Marys Hampden.	April 30 1917.
20-UNDERTAKER M. E. Gesson.	ADDRESS 705 W. 37th St

Spec.—8-24-14—M. & T.—2000 Bks.

D 4827

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4827

CERTIFICATE OF DEATH.

146

REGISTERED No. C.....

1-PLACE OF DEATH St. Vincents Infant Asylum

CITY OF BALTIMORE: (No. 1701 Division ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Magdalena Hardesty

(Residence in Baltimore: No. 1701 Division St.; ....yrs. 6 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	wht	Single

6-DATE OF BIRTH, Oct. (Month) 6 (Day), 1916 (Year)

7-AGE, ...yrs. 6 mos. 22 ds. | If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Frank Joseph Hardesty

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER Mary Steiger

13-BIRTHPLACE OF MOTHER (State or Country), New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Vincent's Vincents Asylum

(Address) 1701 Division St.

15-

Filed APR 29 1917 191... ROBERT R. KRAUTER
Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 28 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 5th 1916, to April 27th 1917, that I saw h.e alive on April 27th 1917, and that death occurred, on the date stated above, at 12 a m.

The CAUSE OF DEATH* was as follows:

Acute Mastoiditis

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) Carcinoma Uteri

(Duration) ....yrs. ....mos. ....ds.

(Signed) C B. Mizell M. D.

4/24, 1917. (Address) 1299 William St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 4 mos. ....ds. In the State ....yrs. 6 mos. 22 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. | DATE OF BURIAL, April 30 1917.

20-UNDERTAKER N. Frakes & Sons | ADDRESS 606 Lafayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4828

CERTIFICATE OF DEATH.

50 D 4828

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Rachel Silverstein

(Residence in Baltimore: No. 2106 Fairmount Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 24, 1850 (Month) (Day) (Year)

7-AGE, 66 yrs. 10 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Aberbom Goldsmith

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Babett Goldsmith

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Metanick

(Address) 1814 E Fairmount Ave

15- APR 29 1917 ROBERT R. KRAUTER

Filed ....., 191... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 28, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 23 1917, to Apr 28, 1917, that I saw h er alive on April 28, 1917, and that death occurred, on the date stated above, at 6 15 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

..... (Duration) 9 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Angina pectoris

..... (Duration) 1 minute yrs. ..... mos. ..... ds.

(Signed) N. W. Voss M. D.

April 28, 1917. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 6 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 2106 Fairmount Ave.

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem. DATE OF BURIAL, April 29 191.7

20-UNDERTAKER J. H. Rieus Co ADDRESS 1611 Madison

Spec.—8-24-14—M. & T.—2000 Bks.

8 D 4829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 D 4829

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 S. Ann St. ST.; 2 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Greenblatt

(Residence in Baltimore: No. 206 S. Eden St.; 16 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	married

6-DATE OF BIRTH, ... (Month) ..... (Day), 1869 (Year)

7-AGE, 48 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Peddler
(b) General nature of industry, business, or establishment in which employed (or employer): Coal Dealer

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Benjamin Greenblatt

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lena Greenblatt

(Address) 25 S. Ann St.

15- APR 29 1917 Filed ..... 191... ROBERT B. KRAUTHE Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 1915, to April 28 1917, that I saw h[illegible] alive on April 28 1917, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

Weeks (Duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. 1 mos. ds.

(Signed) [illegible] M. D.

April 29, 1917. (Address) 1420 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL, ..., 191...
Hebrew Cemetery	
20-UNDERTAKER Jack Lewis	ADDRESS [illegible] E. Balto.

Spec.—8-24-14—M. & T.—2000 Blks.

D 4830

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 D 4830

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 47 E. York. ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Antonio Bonanno.

(Residence in Baltimore: No. 47 E. York st. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White.	Married

6-DATE OF BIRTH, Feb. (Month) 16. (Day), 1884 (Year)

7-AGE.	If LESS than 1 day,
33 yrs. 2 mos. 13 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Proprietor of 086
(b) General nature of industry, business, or establishment in which employed (or employer): Pool room

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Peter. Bonanno.

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Maria Torres.

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Bonanno.

(Address) 47 E. York st.

15. APR 30 1917 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) — 29 (Day) —, 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4-23-1917, to 4-29-1917, that I saw him alive on 4-28-1917, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) 2 yrs. ... mos. ... ds.

(Signed) [illegible] M. D.

4-29, 1917. (Address) 1618 Linden ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
New Cathedral Cem	4/30, 1917.
20-UNDERTAKER	ADDRESS
J. Tim McCully	130 E. Fort Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 4831 HEALTH DEPARTMENT—CITY OF BALTIMORE 64 D 4831

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1024 Pennsylvania Ave ST.; 17 WARD)
REGISTERED No. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Mawicki
(Residence in Baltimore: No. 1024 Pennsylvania Ave St.; 64 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female
4-COLOR OR RACE. White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed
6-DATE OF BIRTH, Oct — (Month), (Day), 1859 (Year)
7-AGE. 57 yrs. ..... mos. ..... ds.
If LESS than 1 day, ...hrs. or .....min.?
8-OCCUPATION: (a) Trade, profession, or particular kind of work. At Home
(b) General nature of industry, business, or establishment in which employed (or employer). do
9-BIRTHPLACE, (State or Country) Strakonice Bohemia Austria

PARENTS.
10-NAME OF FATHER. John Sumera
11-BIRTHPLACE OF FATHER (State or Country) Strakonice Bohemia Austria
12-MAIDEN NAME OF MOTHER not ascertained
13-BIRTHPLACE OF MOTHER (State or Country). not ascertained

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Joseph Sherman
(Address) 1024 Pennsylvania Ave

15-APR 30 1917
Filed....., 191.... HARRY C. ANGELM...
Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 28, 1917 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Oct — 1914, to April 28 1917, that I saw h[er] alive on April 28 1917, and that death occurred, on the date stated above, at 11.50 m.
The CAUSE OF DEATH* was as follows:
Chronic Rheumatism
.....
.....
about (Duration) 3 yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Arterio Sclerosis
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) H. L. Sturdivant M. D.
April 29 1917 (Address) 5100 Reisterstown Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore	April 30 1917.
20-UNDERTAKER Wm. E. Easton	ADDRESS 916 Penna ave

17
3
8 7

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4832

CERTIFICATE OF DEATH.

92 D 4832

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 913 St. Barnabas ct ST. 47 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Clay

(Residence in Baltimore: No. 913 St Barnabas ct St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Col	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1881 (Year)

7-AGE, 36 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer): Private 037

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Husband

(Address) 913 St. Barnabas St

15-

Filed APR 30 1917 191.... HARRY C. ANDREW, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D. (Coroner)

Apr 30, 1917. (Address) 813 Druid Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Dulaney	May 2 1917
20-UNDERTAKER	ADDRESS
Wm Earlow	916 Park ave

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4833

CERTIFICATE OF DEATH.

92 D 4833

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 S. Sharp ST. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary McCavich

Residence in Baltimore: No. 805 S Sharp St.; yrs., 7 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) ✓

6-DATE OF BIRTH, Sept 20, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. 7 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Baby 000

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Luke McCavich

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Mary Salvalski

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E H Hyatt MD

(Address) 35 E Montgomery St

15- APR 30 1917 Filed....., 191.... HARRY C. ANDREWS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 29-1917, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 21 1917, to April 29 1917, that I saw her alive on April 29 1917, and that death occurred, on the date stated above, at 6.20 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

..... (Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

..... (Duration) yrs. mos. ds.

(Signed) E H Hyatt M. D.

April 29 1917. (Address) 35 E Montgomery St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. in the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross Burial Co.	April 30, 1917
20-UNDERTAKER	ADDRESS
E. Silberman & Son	1039 Hanover

Spec.—8-24-14—M. & T.—2000 Blks.

D 4831

HEALTH DEPARTMENT—CITY OF BALTIMORE

154 D 4831

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2244 Fleet ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kunigunder Berlett

(Residence in Baltimore: No. 2244 Fleet St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, June 4, 1833
(Month) (Day) (Year)

7-AGE, 83 yrs. 10 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Trager

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth B. Black

(Address) 2324 Fleet St

15- APR 30 1917 Filed....., 191.....

HARRY C. ANDREWS
Vital Records Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 27, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15 1917, to April 27 1917, that I saw h[illegible] alive on April 27 1917, and that death occurred, on the date stated above, at 9:15 P m.

The CAUSE OF DEATH* was as follows:

Senility

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) None

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. H. Athey M. D.

April 29, 191.. (Address) 605 Bolton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, April 30 1917

20-UNDERTAKER H. Sander Sons ADDRESS 1 Fleet St

D 4835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 4835

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 605 Park Ave) (ST.) 1 (WARD)
2-FULL NAME Louis Marr (Noon)
(Residence in Baltimore: No. 605 E. Park)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs. 60 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male
4-COLOR OR RACE: white
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Dec 25, 1856 (Month) (Day) (Year)

7-AGE: 60 yrs. 4 mos. 3 ds.
If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Silver Dealer
(b) General nature of industry, business, or establishment in which employed (or employer): Self Employed

9-BIRTHPLACE, (State or Country): Germany

PARENTS.
10-NAME OF FATHER: Frederick Marr
11-BIRTHPLACE OF FATHER (State or Country): Germany
12-MAIDEN NAME OF MOTHER: Unknown
13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Elizabeth Marr
(Address) 605 E Park Ave

15- APR 30 1917 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 27, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.
The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
(Duration).....yrs.....mos.....ds.
CONTRIBUTORY (Secondary)
(Duration).....yrs.....mos.....ds.
(Signed) Thomas Syrd Bussey M. D.
(Coroner.)
April 27, 1917. (Address) 1626 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cem. DATE OF BURIAL, May 1, 1917.
20-UNDERTAKER H. Sander Sons ADDRESS 1710 East H

Important. See instructions on back of certificate.

D 4836

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 4836

REGISTERED No. C 91

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 143 East West St. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie M Boidy

(Residence in Baltimore: No. 143 East West St.; 20 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: white

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: May (Month) 10 (Day) 1886 (Year)

7-AGE: 30 yrs. 9 mos. 19 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): at home 037

9-BIRTHPLACE (State or country): Pennsylvania

PARENTS

10-NAME OF FATHER: James Casey

11-BIRTHPLACE OF FATHER (State or country): Pennsylvania

12-MAIDEN NAME OF MOTHER: Anna Wrigley

13-BIRTHPLACE OF MOTHER (State or country): England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bertha M. Atkinson

(Address) 2919 Hudson St.

15- APR 30 1917 Filed ..... 191 .....

Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 29 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 28, 1917, to, April 29 1917, that I saw her alive on April 29 1917, and that death occurred, on the date stated above, at 7.38 p. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia
following Alcoholism

(Duration) yrs. mos. 2 ds.

Contributory (SECONDARY) Pulmonary Oedema

(Duration) yrs. mos. 1 ds.

(Signed) J. T. Burton M. D.

April 29, 1917 [Address] 301 E. Cross St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Carmel Cem

DATE OF BURIAL: May 1, 1917

20-UNDERTAKER: W. L. Flynn

ADDRESS: 1421 Light St

IMPORTANT. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

30 D 4837

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hosp. ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME B. Mildred Zelle (Zeller)

(Residence in Baltimore: No. 1629 Hanford Ave. St.; —yrs.—mos.—ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH: Sept. 12, 1911. (Month) (Day) (Year)

7-AGE, 5 yrs. 7 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wm Kapp Zellers

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Annie Dubel

13-BIRTHPLACE OF MOTHER (State or Country), ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..L. Phelps.....

(Address)..John Hopkins Hosp.

15- APR 30 1917 Filed....., 191..

HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April 29, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 23 1917, to Apr. 29 1917, that I saw h[illegible] alive on Apr. 29 1917, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Meningitis, Tuberculous

(Duration) 0 yrs. 0 mos. 13 ds.

CONTRIBUTORY (Secondary)..... (Duration)..... yrs..... mos..... ds.

(Signed) Harry B. Conrad M. D.

Apr. 29, 1917. (Address) John Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 6 ds. In the State Life yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1629 Hanford Ave.

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, May 1, 1917.

20-UNDERTAKER Wm Cook ADDRESS 502 E. Hoffman

Spec.—8-24-14—M. & T.—2000 Bks.

D 1838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 1838

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 929 Pierce ST.; 18 WARD)
REGISTERED No. C

2-FULL NAME Chas Marcellus Dobson
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)
Residence in Baltimore: No. 929 Pierce St.; 35 yrs. 8 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colt	Mar.

6-DATE OF BIRTH, Aug 15, 1881
(Month) (Day) (Year)

7-AGE, 35 yrs. 8 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Barber 070
(b) General nature of industry, business, or establishment in which employed (or employer): Saloon

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER, James Dobson
11-BIRTHPLACE OF FATHER (State or Country), Va
12-MAIDEN NAME OF MOTHER, Louisa Barber
13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Lena Dobson
(Address) 929 Pierce

15-
Filed APR 30 1917 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 26, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 191.., to April 26 191.., that I saw h.. alive on April 26 191.., and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:
1 Pulmonary Tuberculosis
(Duration) ....yrs. 6 mos. ....ds.
CONTRIBUTORY (Secondary) Hemorrhage
(Duration) ....yrs. ....mos. ....ds.

(Signed) H. Howard M. D.
April 27, 191.. (Address) 327 N Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, April 30, 191..
20-UNDERTAKER, Samuel Kennedy ADDRESS 5 Bloodgood

D 4839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

71 D 4839

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2914 Bernard St.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Heldae E Reeves

(Residence in Baltimore: No. 2914 Bernard st

St.; Yrs. 4 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, May 5, 1913
(Month) (Day) (Year)

7-AGE, 4 yrs. 8 mos. 20 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Balt City

PARENTS.

10-NAME OF FATHER Walter J Reeves

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Laura F Hughes

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter J Reeves

(Address) 2914 Bernard st

15-

Filed APR 30 1917 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 28, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Convulsions

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D. (Coroner.)

April 29, 1917. (Address) 1132 Rolandpk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet Hampden	April 30, 1917
20-UNDERTAKER	ADDRESS
Unsworth & Son	361 Eastern ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4840

D 4840

CERTIFICATE OF DEATH.

15

1-PLACE OF DEATH St Jos Hosp. REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Caroline & Oliver ST.; 9th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ellerbrock

(Residence in Baltimore: No. 2836 Guilford Ave St.; ..... yrs., ... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April 29, 1917
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 12 hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) 030

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Leo Ellerbrock

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Bagne

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leo Ellerbrock

(Address) 2836 Guilford Ave

15- HARRY C. ANDREWS

Filed APR 30 1917, 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 30 1917, to April 30 1917, that I saw h[illegible] alive on April 30 1917 and that death occurred, on the date stated above, at 12 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

30 mos.
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry Mickel M. D.

April 30 1917. (Address) St Jos Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 2836 Guilford Ave

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem — DATE OF BURIAL, Apl. 30, 1917

20-UNDERTAKER Chas P. Crane & Son — ADDRESS 118 W. Mt Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 4841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9n D 4841

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva Butler

(Residence in Baltimore: No. 1212 E Fayette St St.; — yrs., mos. 7 mos. (or) ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1898 (Year)

7-AGE, 19 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook 021
(b) General nature of industry, business, or establishment in which employed (or employer): Private family

9-BIRTHPLACE, (State or Country), Williamsburg, Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hospital Records

(Address) Greene & Lombard Sts

15- Filed APR 30 1917, 191.. HARRY C. ANDREW, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 25th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 18 1917, to Apr 25 1917, that I saw her alive on Apr 25 1917, and that death occurred, on the date stated above, at 8 7 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pneumonia

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J E Revere M. D.

4/25, 191.7 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 7 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1212 E Fayette St

19-PLACE OF BURIAL, OR REMOVAL, St Peters Cemetery DATE OF BURIAL, April 30th, 191.7

20-UNDERTAKER Joseph Cook ADDRESS 1003 W Baltimore

D 4842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 D 4842

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1157 No Mount ST. 16 WARD)

2-FULL NAME Mary Elizabeth Rickert

(Residence in Baltimore: No. 1157 No. Mount Street St.; yrs. 40 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Dec. (Month) 12 (Day) 1854 (Year)

7-AGE, 62 yrs. 4 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Balto Co Md

PARENTS.

10-NAME OF FATHER, John Gruber

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Charlotte Bolte

13-BIRTHPLACE OF MOTHER (State or Country) Balto Co Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Rickert

(Address) 1157 No Mount St

15- FILED APR 30 1917 191.... HARRY C. ANDREWS Registrar.

Burial Permit Dist.

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 27th (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia 7 days
Mitral Valvular Heart Disease (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) None (Duration) yrs. mos. ds.

(Signed) C. H. Watkins M. D.
(Coroner)
Apr 28, 191.. (Address) 8 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds. None

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Druid Ridge Cem	Apr 30, 1917
20-UNDERTAKER, Joseph D Cook	ADDRESS, 1003 W Balto St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4843

CERTIFICATE OF DEATH.

152

D 4843

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2332 W. Stockton ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Eugene Abrams

(Residence in Baltimore: No. 2332 W. Stockton St.; ....yrs.,....mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April (Month) 13 (Day), 1917 (Year)

7-AGE, ...yrs.....mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Augustus Abrams

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Irene Ellen Durkins

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Irene Ellen Abrams

(Address) 2332 W. Stockton St.

15-

Filed APR 30 1917, 191.... MARY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 27 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 26 1917, to April 27 1917, that I saw him alive on April 27 1917, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Umbilical Hemorrhage

(Duration) ....yrs.....mos. 6 ds.

CONTRIBUTORY (Secondary).....

(Duration) ....yrs.....mos.....ds.

(Signed) John D. Quinn M. D.

April 28, 191.7 (Address) 1507 W. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn cemetery

DATE OF BURIAL, April 30 1917.

20-UNDERTAKER JAMES H. DENNIS

ADDRESS 1303 PRESTMAN ST.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4844 | CERTIFICATE OF DEATH. | 28 | D 4844

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 S. Smallwood ST.: 20 WARD)

REGISTERED No. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. L. Manns.

(Residence in Baltimore: No. 218 S. Smallwood St.; 69 yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Oct. (Month) ..... (Day), 1847. (Year)

7-AGE, 69 yrs. 6 mos. ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Plumber
(b) General nature of industry, business, or establishment in which employed (or employer): 059

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Theodore B. Manns

(Address) 218 S. Smallwood St

15-

Filed APR 30 1917 1917 HARRY C. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April. (Month) 28. (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 5. 1917, to April 28 1917, that I saw h[illegible] alive on April 5. 1917, and that death occurred, on the date stated above, at 10.40 p m.

The CAUSE OF DEATH* was as follows:

Cirrhosis Liver

Hemorrhage from the lungs

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Bright disease

(Duration) [illegible] yrs. 2 mos. ds.

(Signed) [illegible] M. D.

4-28, 191.7 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. | In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. | DATE OF BURIAL, May 1st, 1917

20-UNDERTAKER Charles W. Dill | ADDRESS 319 Fremont Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 4845

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4845

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ~~Baby~~ Miller

Child of Jacob + Marie

(Residence in Baltimore: No. 441 N Luzerne St. ; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Apr 29, 1917 (Month) (Day) (Year)

7-AGE, ...yrs. ...mos. ...ds.

If LESS than 1 day, 2 hrs. of ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Jacob L Miller

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Marie Stoestner

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Miller

(Address) 441 N Luzerne

15-

Filed ..., 191... HARRY C. ANDREWS Registrar

APR 30 1917

APR 30 1917 Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 29, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from on Apr 29 1917 to 191..., that I saw h... alive on Apr 29, 1917 191..., and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

Prematurity (3rd mo)

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Immaturity

(Duration) ...yrs. ...mos. ...ds.

(Signed) C M Harmon M. D.

4/29, 191.7 (Address) Church Home & Inf

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Mathias — DATE OF BURIAL, Apr 30, 191.7

20-UNDERTAKER Philip Honig — ADDRESS 2016 Orleans

Spec.—8-24-14—M. & T.—2000 Bks.

D 4846 HEALTH DEPARTMENT—CITY OF BALTIMORE D 4846

CERTIFICATE OF DEATH. X 110

1-PLACE OF DEATH REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Church Home & Infirmary ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William R Fields

(Residence in Baltimore: No. Church Home & Infirmary St.; ..... yrs., ... mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, Don't know, ... (Month) ..... (Day) 1 (Year)

7-AGE, 60 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Machinist
(b) General nature of industry, business, or establishment in which employed (or employer) 031

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Bennett R Fields

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Lucinda Mancher

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) B. R. Fields

(Address) Farmville N. C.

15-

Filed APR 30 1917 191.... HARRY C. ANDREWS
English Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 17 1917, to Apr 29 1917, that I saw h[illegible] alive on Apr 27 1917, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as followa:

Stricture of rectum

Cause Unknown (Duration) not known yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Surgical Shock

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) C M Harmon M. D.

4/29, 1917. (Address) Church Home & Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 12 ds. In the State ..... yrs. ..... mos. 12 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Farmville N C.

19-PLACE OF BURIAL OR REMOVAL, Farmville Pitt Co N C — DATE OF BURIAL, Apr 30, 1917

20-UNDERTAKER Wm Cook — ADDRESS 502 E Main

Spec.—8-24-14—M. & T.—2000 Bks.

4847 HEALTH DEPARTMENT—CITY OF BALTIMORE D 4847

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Catherine Foley

(Residence in Baltimore: No. In Hospital St.; ..... yrs., 1 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, September 4, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 6 mos. 24 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thomas Foley

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Foley

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed APR 30 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 28, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 26 191 7, to April 28 191 7, that I saw h... alive on April 28 191 7, and that death occurred, on the date stated above, at 1 40 p.m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Intestinal Toxemia

..... (Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Congenital Lues

..... (Duration) ....yrs. ....mos. 1 ds.

(Signed) J.M. Rudos M. D.

April 28, 191 7 (Address) 1100 N. Wolfe St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. 2 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 4 [illegible] Street Govans

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, April 30 191 7.

20-UNDERTAKER John A. Moran — ADDRESS [illegible]

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4848 | CERTIFICATE OF DEATH. | 120 D 4848

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3156 Strafford ST. 20 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Jones

(Residence in Baltimore: No. 3156 Strafford St.; 20 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, ... Sept. (Month) 17 (Day), 1843 (Year)

7-AGE, 73 yrs. 7 mos. 16 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... at Home
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), New Jersey

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Colhouer

(Address) 3156 Strafford St.

15- Filed APR 30 1917 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Apr (Month) 28 (Day), 191 7 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 191 7, to Apr 28 191 7, that I saw h[er] alive on Apr 27 191 7, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

..... (Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cond

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. A. Rule M. D.

4/28, 191 7 (Address) Irvington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore	May 1 ... 1917.
20-UNDERTAKER	ADDRESS
Wellman Cook	507 E North

Spec.—8-24-14—M. & T.—2000 Bks.

D 4849

HEALTH DEPARTMENT—CITY OF BALTIMORE

150 D 4849

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2521 W. Fairmount Ave ST.; 70 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James C. Zimmerman

(Residence in Baltimore: No. 2521 W. Fairmount Ave St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	single

6-DATE OF BIRTH, ...Dec....2...., 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 4 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....000

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Albert G. Zimmerman

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Lucille A. Kastner

13-BIRTHPLACE OF MOTHER (State or Country). A.A.Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucille A. Zimmerman Mother

(Address) 2521 West Fairmount Ave

15-

Filed APR 30 1917. 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 28, 1917.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Dec. 1917, to April 28 1917.
that I saw h alive on April 28 1917,
and that death occurred, on the date stated above, at 6 m.
The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Stricture pylorus and stomach (Duration) ....yrs. 4 mos. 22 ds.

(Signed) Walter Stonem M. D.

4-28-17, 191... (Address) 2300 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Western Cemetery — DATE OF BURIAL. April 30..., 1917.

20-UNDERTAKER ARMSTRONG-DEHNY CO. — ADDRESS 715 Light

Spec.—8-24-14—M. & T.—2000 Bks.

D 4850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 4850

REGISTERED No. C.....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1420 Anthony ST. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME Charles E. Mymar

(Residence in Baltimore: No. 1420 Anthony St.; yrs. 10 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX. Male

4—COLOR OR RACE, White

5—SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6—DATE OF BIRTH, June 10th, 1916 (Month) (Day) (Year)

7—AGE, yrs. 10 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8—OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... N.D.

9—BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10—NAME OF FATHER, Charles Mymar

11—BIRTHPLACE OF FATHER (State or Country), Baltimore

12—MAIDEN NAME OF MOTHER Cora Massieu

13—BIRTHPLACE OF MOTHER (State or Country), Baltimore

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Mymar

(Address) 1420 Anthony St.

15—Filed APR 30 1917 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, April 29th, 1917 (Month) (Day) (Year)

17—I HEREBY CERTIFY, That I attended deceased from April 27 191 7, to April 29 191 7, that I saw h[illegible] alive on April 28 191 7, and that death occurred, on the date stated above, at 7 [illegible] m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

(Signed) W. R. Dorsey M. D.

April 29 191... (Address) 2008 Cobb St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19—PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, May 2 191 7

20—UNDERTAKER Geo. M. Friend ADDRESS 811 N Wolfe

Spec.—8-24-14—M. & T.—2000 Bks.

D 4851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 4851

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hosp ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emil Degler

(Residence in Baltimore: No. 1017 E. Hoffman St. St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov. 8th, 1877
(Month) (Day) (Year)

7-AGE, 39 yrs. 5 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): 041

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Gottlieb Degler

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Catherine Zimmi

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Degler

(Address) 1104 E. Biddle st

15 APR 30 1917

Filed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 27, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 23 1917, to April 27 1917, that I saw her alive on April 27 1917, and that death occurred, on the date stated above, at 5 20 p.m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Cong.

(Duration) yrs. mos. 1 ds.

(Signed) Henry Merkel M. D.

April 27, 1917. (Address) St Jos Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 ds. In the State Life yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Dont know

Former or usual residence 1017 E. Hoffman St.

19-PLACE OF BURIAL OR REMOVAL, Baltimore Conn — DATE OF BURIAL, April 30 1917

20-UNDERTAKER Geo M Fink — ADDRESS 811 N Wolfe

Spec.—8-24-14—M. & T.—2000 Bks.

D 1852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

54 D 1852

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 S. Bethel ST.; V WARD)

2-FULL NAME Evanzis Jablonskie

(Residence in Baltimore: No. 518 S Bethel St.; 28 yrs., mos. ds.)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 9, 1852
(Month) (Day) (Year)

7-AGE, 65 yrs. 1 mon. 19 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Work
(b) General nature of industry, business, or establishment in which employed (or employer) Home

9-BIRTHPLACE, (State or Country), Poland

PARENTS.

10-NAME OF FATHER, Andrew Krygier

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Rosalie Bialczki

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jan Jablonskie

(Address) 518 S. Bethel St.

15- APR 30 1917 Filed, 191

HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 28, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 26 1917, to April 28 1917, that I saw h[illegible] alive on April 28 1917, and that death occurred, on the date stated above, at 6 00 p. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Termination Bronchitis

(Duration) yrs. 1 mos. ds.

(Signed) H. Bernard Wise M. D.

April 30, 1917 (Address) 722 S. Ann St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary Cemetery

DATE OF BURIAL, Apr 30 1917

20-UNDERTAKER Jacob Fidelman & Co

ADDRESS May 1/17

Spec.—8-24-14—M. & T.—2000 Bks.

Cadir Benjamin

D 4853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+92

D 4853

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital ST.; 192 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cadir Benjamin

(Residence in Baltimore: No. 320 S. Hanover St.; yrs., 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Unknown

6-DATE OF BIRTH, Not known, (Month) (Day) 1 (Year)

7-AGE, 30 ? yrs. ? mos. ? ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) " 048

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mercy Hosp
(Address) Calvert St

15-APR 30 1917 HARRY C. ANDREWS
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 29, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 28 191 , to Apr 29 191 , that I saw him alive on Apr. 29 191 , and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Few days
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Edward L. Smith M. D.
Apr 29, 191 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 1 ds. In the State yrs. 7 mos. ds.
Where was disease contracted, if not at place of death? 320 S. Hanover St
Former or usual residence 320 S Hanover St

19-PLACE OF BURIAL OR REMOVAL, Jacksonville N C
DATE OF BURIAL, May 1, 191.

20-UNDERTAKER George A Farley
ADDRESS Fulton & Fayette

Spec.—0 24 17—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4854

CERTIFICATE OF DEATH.

120 D 4854

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2207 Gallagher Court ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jakob Gurny (Gurny)

(Residence in Baltimore: No. 2207 Gallagher Court St.; 26 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Mar

6-DATE OF BIRTH, ... January ..... 25 ....., 1863
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
53 yrs. 9 mos. 5 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer .....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Various 040 .....

9-BIRTHPLACE, (State or Country), Poland

PARENTS.

10-NAME OF FATHER, John Gurny

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Stanislaus Lukowski.....

(Address)..2207 Gallagher Court.....

15- Filed APR 30 1917 191.... HARRY C. ANGELRA Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April ..... 30 ....., 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 29 1917, to April 29 1917, that I saw h... alive on April 29 1917, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

..... (a)
..... Hemiplegia .....
..... (Duration).....yrs.....mos. 12 ds.

CONTRIBUTORY..... Arteriosclerosis .....
(Secondary)
..... (Duration).....yrs.....mos. 10 ds.

(Signed)..... M. D.

4-30-, 191.. (Address)..... St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, May 1, 191.7

20-UNDERTAKER Wm Faessowski ADDRESS 618 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 4855 HEALTH DEPARTMENT—CITY OF BALTIMORE 40 D 4855

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Protestant Infirmary REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1514 Division ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Clara E. Sindall

(Residence in Baltimore: No. 2104 W. Saratoga St.; 57 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, September (Month) 17 (Day), 1859. (Year)

7-AGE, 57 yrs. 7 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Richard Coomes

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Emily Knisey

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Sindall

(Address) 2104 W. Saratoga St.

15- APR 30 1917 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 28 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 20 1917, to April 28 1917, that I saw her alive on April 28 1917, and that death occurred, on the date stated above, at 11 30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of gall bladder
(operation April 21, 1917)

(Duration) ....yrs. 6 mos. —ds.

CONTRIBUTORY (Secondary) Thrombosis left femoral artery

(Duration) —yrs. —mos. 7 ds.

(Signed) R. T. Kieffer M. D.

April 29, 1917. (Address) 1514 Division St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 8 ds. In the State 57 yrs. 7 mos. 11 ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 2104 W. Saratoga St.

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	May 1, 1917.

20-UNDERTAKER Chas. E. Franck ADDRESS 807 Madison Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 4856

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4856

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Church Home 16 ST.; ..... WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr Mathew J. Cavanaugh

(Residence in Baltimore: No. 16 St. Jo Hospital ..... yrs. ..... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Feb 4 (Month) (Day), 1889 (Year)

7-AGE. 28 yrs. 2 mos. 25 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Driver for Home
(b) General nature of industry, business, or establishment in which employed (or employer) Laundry Co

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Frank Cavanaugh

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER. Margaret Conlon

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Cavanaugh

(Address) 121 S Bradden

15- APR 30 1917 Filed....., 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 29 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 28 1917, to April 29 1917, that I saw h.. alive on April 29 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

1 Intermuscular Injections (2)
2
3
(Duration) 1 (2) yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hemorrhage (1) Lung
Bowel (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) ..... M. D.

April 29, 1917. (Address) Church Home Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. 1 ds. In the State 2 yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence 1415 B Fouldin St

19-PLACE OF BURIAL OR REMOVAL. Oak Lawn DATE OF BURIAL. May 2, 1917

20-UNDERTAKER Robt J. Timm ADDRESS 1492 N Broadway

Important. See instructions on back of certificate.

D 4857

HEALTH DEPARTMENT—CITY OF BALTIMORE

163 D 4857

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 920 West Hospital St. WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Gonzales

(Residence in Baltimore: No. 920 Wolfe St.)

St.; yrs. 32 mos. 2, 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec. 31, 1884
(Month) (Day) (Year)

7-AGE, 32 yrs. 3 mos. 28 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER. Nicholas Gonzales

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER. Christina Ruth

13-BIRTHPLACE OF MOTHER (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew Gonzales

(Address) 920 Wolfe St.

15- APR 30 1917 Harry [illegible]
Filed....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 28, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Syncope, apnea
Pyo 5 days

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) C. J. Pfeiffer M. D.
(Coroner)

April 29, 1917. (Address) 916 E. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State 32 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 920 N. Wolfe St.

Former or usual residence 920 N. Wolfe St.

19-PLACE OF BURIAL OR REMOVAL, Dallas Laundry — DATE OF BURIAL, May 1, 1917

20-UNDERTAKER Robt. Turner — ADDRESS 1424 Bway

CAUSE OF DEATH to be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4858

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 4858

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Harris

(Residence in Baltimore: No. 1906 Lanvley St. St.; ...yrs. 9 mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Sing

6-DATE OF BIRTH, June (Month) 6 (Day), 1908 (Year)

7-AGE, ...yrs. 10 mos. 23 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Harris

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Hannah Baker

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) V. Phelps

(Address) John Hopkins Hosp.

15- Filed APR 30 1917, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 9 1917, to Apr 29 1917, that I saw h[illegible] alive on Apr 29 1917, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) ...yrs. ...mos. 25 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ...yrs. ...mos. ...ds.

(Signed) J. M. Rivers M. D.

Apr. 29, 191... (Address) John Hopkins Hy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 20 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1906 Lanvley St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Buckingham Va	April 30, 1917.
20-UNDERTAKER	**ADDRESS**
Theodore White	113 S. Wolfe

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 4859

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 827 N Collington Ave ST.; 7 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 38.)

2-FULL NAME Frank Levy

(Residence in Baltimore: No. 827 N Collington Ave St.; 30 yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Abt (Month) From (Day) 1 (Year)

7-AGE, 30 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home 045

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, Frank Levy

11-BIRTHPLACE OF FATHER (State or Country). Bohemia

12-MAIDEN NAME OF MOTHER Anna Smrka

13-BIRTHPLACE OF MOTHER (State or Country). Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant)..... Joseph Levy
(Address)..... 825 N Collington Ave

15-
Filed APR 30 1917 19.....
HARRY C. ANDREWS Registrar.

Burial Permit Oler

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 26 1917, to April 29 1917, that I saw h[im] alive on April 29 1917, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:
Pneum ia Phthisis
.....
.....
..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Endocarditis
..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) J A Rusch M. D.
April 30, 1917 (Address) 604 N Patterson Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	May 2, 1917
20-UNDERTAKER Frank Grachesky	ADDRESS 1906 Eastwood Ave

Important: See instructions on back of certificate.

Spec.—5-19-15—M. & T.—500 Bks.

D 4860

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 4860

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 N. Gilmor ST.; 19 WARD) REGISTERED NO. C 1

2-FULL NAME George G. Seyler

(Residence in Baltimore: No. 13 N Gilmor St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, Sept 13th, 1901
(Month) (Day) (Year)

7-AGE, 15 yrs. 7 mos. 15 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None 000
(b) General nature of industry, business, or establishment in which employed (or employer) (School Boy)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, George L. Seyler

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mary E Schmuck

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard Talbert M.D.

(Address) 701 N Carrollton Ave

15- Filed APR 30 1917, 191... ROBERT R. KRAUTH Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 28th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 24th 191 7, to April 28th 191 7, that I saw him alive on April 28th 191 7, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Intestinal Perforation
& Peritonitis

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Typhoid Fever

(Duration) yrs. mos. 6 ds.

(Signed) Howard Talbert M. D.

April 29, 1917. (Address) 701 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem.	May 1st, 1917.
20-UNDERTAKER	ADDRESS
Philip Seewald & Son	1195 Eutaw St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4861

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

102 D 4861

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 836 St Peter ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Dundon

(Residence in Baltimore: No. 836 St Peter St.: 30 yrs., .. mos. .. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb 7 (Month) (Day), 1887 (Year)

7-AGE 30 yrs. 2 mos. 21 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto md.

PARENTS.

10-NAME OF FATHER, Wm Dundon

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Dockery

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Dundon

(Address) 836 St Peter

15-

Filed APR 30 1917, 191.. ROBERT B. KRAUTER Registrar.

Burial Permit Issued

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 28 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 28 191.., to Apr 28 191.., that I saw h.. alive on Apr 28 191.., and that death occurred, on the date stated above, at 7½ m.

The CAUSE OF DEATH* was as follows:

(Acute) Dil Bt Vent

..... (Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Carbuncle

..... (Duration) 1 yrs. ..... mos. ..... da.

(Signed) ..... M. D.

....., 191.. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Peters — DATE OF BURIAL, May 1, 1917

20-UNDERTAKER John J Bowman & Son — ADDRESS 901 Hollins Ave

D 4862

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

41 D 4862

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3967 Hickory Ave STREET 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2 FULL NAME Catherine A. Möeller

(Residence in Baltimore: No. 3967 Hickory Ave St.; 52 yrs. 4 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6 DATE OF BIRTH: December 22, 1864 (Month) (Day) (Year)

7 AGE: 52 yrs. 4 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): work

9 BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John Connolly

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary McCarren

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr Peter P. Moeller

(Address) 3967 Hickory Ave

APR 30 1917

15 Filed ....., 191.... ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April 28, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 24, 1917, to April 28 1917, that I saw her alive on April 27, 1917, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Uncontrollable Diarrhoea

(Bloody)

(Duration) ... yrs. ... mos. ds

Contributory (SECONDARY) Pneumonia Collapse

(Duration) - yrs. ... mos. ... ds.

(Signed) Henry L. Alyea M. D.

April 29, 1917 (Address) 3640 Rolandave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: May 1 1917

20 UNDERTAKER: John J. Cowan Son ADDRESS: 901 Hollins St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should be carefully supplied. AGE should be stated EXACTLY.

Spec.—8-24-14—M. & T.—2000 Blks.

D 4863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 4863

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 531 Wayne ST.; 22 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Dickerson

(Residence in Baltimore: No. 531 Wayne St St.; 12 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Maile

4-COLOR OR RACE. Colloyd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Married

6-DATE OF BIRTH, unknone ....., 1 .....
(Month) (Day) (Year)

7-AGE, Bout 41 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Labour
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, unknone

11-BIRTHPLACE OF FATHER (State or Country), Unknone

12-MAIDEN NAME OF MOTHER unknone

13-BIRTHPLACE OF MOTHER (State or Country), U S

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Dickerson

(Address) 531 Wayne St

15-

Filed APR 30 1917 191.... ROBERT R. KRAUTHER, Registrar.

Burial Permit Issued

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 27, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 2 1917, to April 27 1917, that I saw h[illegible] alive on April 26 1917, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows: Pneumonia Lobar TB

(Duration) yrs. mos. 25 ds.

CONTRIBUTORY (Secondary) Ds Pneumonia

(Duration) yrs. mos. 5 ds.

(Signed) [illegible] M. D.

April 30 1917 (Address) 714 S Bond St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn cemetery — DATE OF BURIAL, May 1, 1917.

20-UNDERTAKER Oberth Hooper — ADDRESS 609 Little Wash Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4861

CERTIFICATE OF DEATH.

186

D 4861

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Hopkins Hospital ST. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Marie H May

(Residence in Baltimore: No. 718 N Maderia st

5 7 16

St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
female	white	baby

6-DATE OF BIRTH, Sept 12 1911, 1
(Month) (Day) (Year)

7-AGE, 5 yrs. 7 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work baby
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John May

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Catherine Stuben

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine May

(Address) 718 N Maderia st

15- APR 30 1917 Filed, 191.... ROBERT R. KRAUTER Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 28 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism

Flour box fell on her

acci dent

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J Clark Heckes M. D.
(Coroner.)

....., 191.. (Address) 411 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 718 N Maderia

Former or usual residence 718 N Maderia

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, May 1st, 19....

20-UNDERTAKER Christian Miller

ADDRESS 2339 Jefferson St

CAUSE OF DEATH must be plainly written, and technical terms used only when necessary. Each question must be properly answered. Omission of any item may be important. See instructions on back of certificate.

D 4865

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

81 D 4865

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 518 N. Calhoun St. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 12.)

2-FULL NAME James J Brockey

(Residence in Baltimore: No.) 518 N. Calhoun St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: July (Month) 2nd (Day), 1845 (Year)

7-AGE: 71 yrs. 9 mos. 28 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Ret. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): 086

9-BIRTHPLACE (State or country): Scotland

PARENTS

10-NAME OF FATHER: Jno Brockie

11-BIRTHPLACE OF FATHER (State or country): Scotland

12-MAIDEN NAME OF MOTHER: Kath. Barron

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Mary Brockie
(Address) 518 N Calhoun St

15- APR 30 1917 Filed ....., 191.....
ROBERT B. KRAUTER REGISTRAR
Burial Permit Oler

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Apl. (Month) 30th (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 27th, 1917, to, Apr. 30th 1917, that I saw h.... alive on Apr. 30th 1917, and that death occurred, on the date stated above, at 11A m.

The CAUSE OF DEATH* was as follows:

Artero-sclerosis (general)
Very weak heart
Not known
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Failing Years
(Duration) ..... yrs. ..... mos. One ds.

(Signed), C E Smail M. D.

Apl 30, 1917. [Address] 1005 N Monroe

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park (Cem.)

DATE OF BURIAL: May 2 191 7

20-UNDERTAKER: P Dickinson

ADDRESS: Norman

IMPORTANT.—Physicians are requested to make a full return of all the particulars required by this certificate. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

406 Druid Hill Ave

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 4866 — CERTIFICATE OF DEATH — 120 — D 4866

1-PLACE OF DEATH — Registered No. C

CITY OF BALTIMORE (No. 406 N Bruce St 19 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elezabeth Henry

(Residence in Baltimore: No. 406 N Bruce St.; 11 yrs. mos. ds.)

28 Yrs in City

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Fem	Colored	Married

6-DATE OF BIRTH — Autumn, 1870 (Month) (Day) (Year)

7-AGE — 47 yrs. mos. ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work — Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) — 037

9-BIRTHPLACE (State or country) — Essex Co. Va.

PARENTS

10-NAME OF FATHER — Alfred Johnson

11-BIRTHPLACE OF FATHER (State or country) — Essex Co. Va

12-MAIDEN NAME OF MOTHER — Henrietta Bowen

13-BIRTHPLACE OF MOTHER (State or country) — Essex Co. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thomas Henry

(Address) 3a6 Sarmentlocy

15. Filed APR 30 1917 191 — ROBERT R. KRAUTER Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH — April 29, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 22, 1917, to April 29 1917, that I saw her alive on April 29, 1917, and that death occurred, on the date stated above, at 7 A.M. The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) yrs. 6 mos. ds

Contributory (SECONDARY) Menopause

(Duration) 1 yrs. mos. ds.

(Signed) [illegible] M. D.

April 29, 1917 (Address) 1209 Presstman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. — In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL — Saunders Wharf Essex Co. Va. — DATE OF BURIAL 5-1- 1917.

20-UNDERTAKER — Felix B. Frye — ADDRESS 1022 E. Fayette St.

N. B.—Every question must be answered, if possible. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4867

CERTIFICATE OF DEATH.

120

D 4867

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2203 N Calvert ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benj. F. Hanson

(Residence in Baltimore: No. 2203 N Calvert St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, August (Month) 3 (Day), 1846 (Year)

7-AGE, 70 yrs. 8 mos. 2 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Construction Inspector
(b) General nature of industry, business, or establishment in which employed (or employer): C&O

9-BIRTHPLACE, (State or Country), Delaware

PARENTS.

10-NAME OF FATHER, Benj. F. Hanson

11-BIRTHPLACE OF FATHER (State or Country), Del.

12-MAIDEN NAME OF MOTHER Mary Jones

13-BIRTHPLACE OF MOTHER (State or Country), Del.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. B. Hanson

(Address) 2203 N. Calvert St.

15-APR 30 1917 Filed....., 191.... ROBERT R. KRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1" 1916, to April 29 1917, that I saw h[illegible] alive on April 24 1917, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary oedema

..... (Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

..... (Duration) 2 yrs. ....mos. ....ds.

(Signed) Mabel H[illegible] M. D.

4-30, 1917. (Address) 1007 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Bethel Cemetery Balt Co Md — DATE OF BURIAL, May 2, 1917

20-UNDERTAKER John O Mitchell — ADDRESS 1201 W Fayette St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4868

CERTIFICATE OF DEATH.

81 D 4868

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 831 N. Fulton Ave ST.; 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Leigh Hickey

(Residence in Baltimore: No. 831 N. Fulton Ave St.; 45 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, July (Month) 8 (Day), 1839 (Year)

7-AGE, 77 yrs. 9 mos. 11 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None, just
(b) General nature of industry, business, or establishment in which employed (or employer). Light work at home

9-BIRTHPLACE, (State or Country). Society Hill, St Mary Co. Md

PARENTS.

10-NAME OF FATHER. Wm. William J. Edelen

11-BIRTHPLACE OF FATHER (State or Country). St Mary Co. Md

12-MAIDEN NAME OF MOTHER Eulen

13-BIRTHPLACE OF MOTHER (State or Country). St. Mary Co, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. E. Hickey

(Address) 831 N. Fulton Ave

15- APR 30 1917 ROBERT B. KRAUTH

Filed....., 191.... Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 10.05 P.M. April 29 1917, to 10.30 P.M. April 29 1917, that I saw her alive on April 29 1917, and that death occurred, on the date stated above, at 10.30 P.M.

The CAUSE OF DEATH* was as follows:

Hemorrhage from mouth & nose. Origin not determined

(Duration) 30 minutes

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) E. Chr. T. Rummer M. D.

April 29, 1917. (Address) 532 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. New Cathedral Cem. DATE OF BURIAL. May 2, 1917.

20-UNDERTAKER John C. Mitchell # ADDRESS 1201 W. Fayette St.

Information. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 4869

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 7023 Fernwood Ave ST. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma M. Bare

(Residence in Baltimore: No. 7023 Fernwood Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED~~ WIDOWED, ~~OR DIVORCED~~, (*Write* the word.) Widowed

6-DATE OF BIRTH, February (Month) 7 (Day), 1869 (Year)

7-AGE, 48 yrs. 2 mos. 25 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home D37
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William H. Hergard

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont know

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Bare

(Address) 7023 Fernwood Ave

15- APR 30 1917 Filed....., 191.... ROBERT R. KRAUTH Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 25 191.., to Apr 27 191.., that I saw h.. alive on Apr 27 191.., and that death occurred, on the date stated above, at 8:30 m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ....yrs. ....mos. 2 ds.

(Signed) Emil Krauss M. D.

April 30, 191.. (Address) 711 W. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, May 2, 1917

20-UNDERTAKER Hatzinger & Co

ADDRESS 2038 Aisquith St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4870

CERTIFICATE OF DEATH.

170 D 4870

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Lee

(Residence in Baltimore: No. 823 N. Fulton ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH. ..... (Month) ..... (Day) 1833 (Year)

7-AGE. 84 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). None

9-BIRTHPLACE. (State or Country). Unknown

PARENTS.

10-NAME OF FATHER. Richard H. Stephens

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Margaret Elliott

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Willow Parker

(Address) Simpsonville Howard Co. Md.

15- Filed APR 30 1917 191.. ROBERT R. KRAUTHER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. April (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 27 1917, to April 30th 1917, that I saw h[illegible] alive on April 30th 1917, and that death occurred, on the date stated above, at 8-7a m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) C. Rheumatic Intestinal Hemorrhage, (Duration) ..... yrs. 3 mos. ..... ds.

(Signed) H. D. Bruns M. D.

April 30 1917. (Address) Franklin Square Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 24 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? At home

Former or usual residence 823 N. Fulton ave

19-PLACE OF BURIAL OR REMOVAL. Simpsonville Md. DATE OF BURIAL. May 2, 1917.

20-UNDERTAKER Scott M. Stasz ADDRESS 1703 W. Pratt.

important. See instructions on back of certificate.

D 4871

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 4871

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Bidder & Gilman-Sanatorium 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Elizabeth Vogler

(Residence in Baltimore: No. 1601 John St.: 66 yrs. 5 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH: Nov 17th (Month) (Day), 1850 (Year)

7-AGE: 66 yrs. 5 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House Duties
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: George Lind

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Bertha Beckhold

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Herman E. Vogler Sr

(Address) 1601 John St

Filed APR 30 1917 ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 24 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 25 . 1917 . to. April 29 1917 . that I saw her alive on April 29 . 1917 . and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Duration) yrs. mos. 7 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed). M. L. Ingram M. D.

April 29 . 1917 (Address) 2439 N Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1601 John St

Former or usual residence 1601 John St.

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cem. DATE OF BURIAL: May 2 . 1917

20-UNDERTAKER: Mr & Mrs John W. Seufel ADDRESS: 801 N Fayette St

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4872

CERTIFICATE OF DEATH.

66 D 4872

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3516 Roland Ave. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hannah Johnson.

(Residence in Baltimore: No. 3516 Roland Ave. St.; 30 yrs.. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Aug. 19, 1834.
(Month) (Day) (Year)

7-AGE, 82 yrs. 8 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): 00

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, — Michael

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER — Lauder

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Ella May Johnson

(Address) 3516 Roland Ave.

15- Filed APR 30 1917, 191... ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 27, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 15 191 7, to April 27 191 7, that I saw h— alive on April 27 191 7, and that death occurred, on the date stated above, at 1 10 A. m.

The CAUSE OF DEATH* was as follows:

Acute Hemiplegia

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. mos. 1 ds.

(Signed) R. B. Krauter M. D.

April 28, 1917. (Address) 3341 Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Perryman, Harford Co, Md. DATE OF BURIAL, May 1, 1917.

20-UNDERTAKER Horace Burgee & Son ADDRESS 363 Hollo Road

important. See instructions on back of certificate.

D 4873

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 4873

CERTIFICATE OF DEATH

Registered No. C 24

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2315 N. Charles St. 12 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Isabella Harris Fontaine

(Residence in Baltimore: No. 2315 N. Charles St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widowed

6-DATE OF BIRTH: October (Month) 7 (Day), 1829 (Year)

7-AGE: 87 yrs. 6 mos. 22 ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Samuel H. Wilson

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Mary Gatchell

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Mosher (Ella)

(Address) 2315 N. Charles St.

15 APR 30 1917 Filed ..... 191 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 29 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 23, 1917, to April 29 1917, that I saw h... alive on April 29, 1917, and that death occurred, on the date stated above, at 9.20 m.

The CAUSE OF DEATH* was as follows:

Chronic valvular disease of heart insufficiency

(Duration) several yrs. mos. ds

Contributory (SECONDARY) old age

(Duration) yrs. mos. ds.

(Signed) Wm. R. Eeglen M. D.

April 30, 1917. (Address) 1702 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount-Cemetery | DATE OF BURIAL [redacted] 1917

20-UNDERTAKER: J. E. Hughes | ADDRESS 17 S. Broadway

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4874

CERTIFICATE OF DEATH.

74 D 4874

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 N. Glover ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Junior Volk

(Residence in Baltimore: No. 809 N. Glover St.; 65 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April 23, 1 (Month) (Day) (Year)

7-AGE, 73 yrs. — 6 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House mk
(b) General nature of industry, business, or establishment in which employed (or employer): D37

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rudolph Volk

(Address) 809 N. Glover St

15- Filed APR 30 1917, 191... ROBERT R. KRAUTER Registrar

Burial Permit 5071

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 29, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jany 12 1917, to Apr. 28 1917, that I saw her alive on " " 1917, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Endo-Carditis

(Duration) ... yrs. 4 mos. ... ds.

CONTRIBUTORY (Secondary) Valvular heart disease

(Duration) ... yrs. 4 mos. ... ds.

(Signed) H Hollenberg M. D.

..., 191... (Address) 1810 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, May 1..., 1917

20-UNDERTAKER Christian Miller — ADDRESS 2354 Jefferson St

important. See instructions on back of certificate.

FILL

D 4875

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175 D 4875

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliz. May Walters

(Residence in Baltimore: No. 627 N. Calvert St.; yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Single

6-DATE OF BIRTH, June (Month) 9 (Day) 1908 (Year)

7-AGE, 8 yrs. 10 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, James P. Walters

11-BIRTHPLACE OF FATHER (State or Country), N. Carolina

12-MAIDEN NAME OF MOTHER Bessie Kenney

13-BIRTHPLACE OF MOTHER (State or Country), N. Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Walters

(Address) 627 N. Calvert

15- Filed MAY 1 - 1917 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract. Skull (base)

Struck accidentally by automobile

3 days (Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Pneumonia

30 days (Duration) ....yrs....mos....ds.

(Signed) W. T. Riley M. D. (Coroner.)

Apr 30, 1917. (Address) 1637 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State — yrs. — mos. — ds.

Where was disease contracted if not at place of death? Calvert St. near Eutaw St.

Former or usual residence 627 N. Calvert St.

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	May 1, 1917
20-UNDERTAKER	ADDRESS
Henry W. Dieckmann & Son	805 N. Calvert St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state

KODAK SAFETY FILM

D 4876

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 4876

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 767 W. Pratt ST.: 17 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James St. Jordon.
(Residence in Baltimore: No. 2634 St. Charles St.: Life yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, July (Month) 1 (Day) 1851 (Year)

7-AGE, 65 yrs. 9 mos. 27 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Junior Jordon

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Mary B. Hanralan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Edward J. Christy
(Address) 2634 St Charles St

15- MAY 1 - 1917 HARRY C. ANDREWS
Filed....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 28 (Day); 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Pulmonary Hemorrhage
Pulmonary Tuberculosis
(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. da.

(Signed) Albert D. Driscall M. D.
(Coroner.)
Apl 30 1917. (Address) 512 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery.	5.1.17 19....
20-UNDERTAKER, Henry W. Means & Son	ADDRESS 805 N. Eutaw St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 4877

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 4877

CERTIFICATE OF DEATH

H 542

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 237 S Collington ave St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah C. Sherwood

(Residence in Baltimore: No. 237 S Collington ave St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Oct 18 (Month) (Day) 1847 (Year)

7-AGE: 69 yrs. 6 mos. 11 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Robert Winpeet H.

11-BIRTHPLACE OF FATHER (State or country): Balto Md

12-MAIDEN NAME OF MOTHER: Martha

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ella Sherwood

(Address) 237 S Collington ave

15- MAY 1 - 1917 Filed ..... 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 28th (Month) (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 19th, 1917, to, Apl 27th 1917, that I saw h.. alive on Apl 27th 1917, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma (Pelvic) (Clinical) (Uterus)

(Duration) yrs 6 mos ds.

Contributory (SECONDARY) Cancerosis

(Duration) yrs mos 20 ds.

(Signed) Geo Heller M. D.

Apl 29th 1917 [Address] 1937 Gough St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt St Peter Cem DATE OF BURIAL: May 1 1917

20-UNDERTAKER: Wm J. Evans & Son ADDRESS: 1428 E Chase st

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4878

CERTIFICATE OF DEATH.

D 4878

92

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1209 Edmondson St. 5 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gomer Price

(Residence in Baltimore. No. 1209 Edmondson Av.) St. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Mal

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, August 11, 1854
(Month) (Day) (Year)

7-AGE 63 yrs. 8 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Lab

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Wm Brown

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Wm Brown

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cyrus Price

(Address) 1209 Edmondson Av.

15- MAY 1 - 1917

Filed....., 191.... HARRY C. ARCHER, Clerk

By..... Formerly.....

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 27, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. K. Tuttle M. D.
(Coroner)

....., 191... (Address) 17 E. Lex St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Asbury Cem. DATE OF BURIAL, May 2, 1917

20-UNDERTAKER Wm R A Elliott ADDRESS 606 East-N

D 4879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 4879

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) I2II ST James st ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Smith

(Residence in Baltimore: No. I2II St James st St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
female	col	Married

6-DATE OF BIRTH, Feb I4 (Month) I888 (Day), 1 (Year)

7-AGE, 29 yrs. 2 mos. I5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: H W
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country), Georgia

PARENTS.

10-NAME OF FATHER, Caesar Kabel

11-BIRTHPLACE OF FATHER (State or Country). Geo

12-MAIDEN NAME OF MOTHER Isabella

13-BIRTHPLACE OF MOTHER (State or Country), Geo

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Jones

(Address) I2II St James st

15- MAY 1 - 1917

Filed....., 191.... HARRY C. AMOREUX Clerk Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 29 (Month) I917 (Day), 191 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuburculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) (Coroner.) M. D.

Apr. 29, 191 (Address) N. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, May 1, 191 7

20-UNDERTAKER, Mrs K. A. Ellicott — ADDRESS 416 East St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4880 HEALTH DEPARTMENT—CITY OF BALTIMORE D 4880

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 N. Spring ST.; 5 WARD) REGISTERED NO. C 10

2-FULL NAME Edith Serena Gibson

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 622 N. Spring St.; Yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, Aug 7 (Month) (Day) 1884 (Year)

7-AGE, 32 yrs. 8 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Thomas E. Gibson

11-BIRTHPLACE OF FATHER (State or Country), Talbot Co Md

12-MAIDEN NAME OF MOTHER Henrietta Guest

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henrietta Gibson

(Address) 622 N. Spring Ave.

15- MAY 1 - 1917

Filed....., 191... HARRY ... Registrar.

Burial Permit Olsd

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 29th (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from April 16 1917, to April 29 1917, that I saw h[illegible] alive on April 28 1917, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows: Parenchymatous Nephritis Chronic Contracted Kidneys

(Duration) ....yrs. ....mos. 15 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) ....yrs. ....mos. 21 ds.

(Signed) W. Winans M. D.

....., 191... (Address) 1220 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Zion Cemetery DATE OF BURIAL. May 1, 1917

20-UNDERTAKER Mrs. B. A. Elliott ADDRESS 624 East St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 4881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 4881

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 817 Pebbles Court. ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Groverland Miller

(Residence in Baltimore: No. 817 Pebbles Court

St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Col.	Married

6-DATE OF BIRTH. Unknown, 1 (Month) (Day) (Year)

7-AGE. 43 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer). 040

9-BIRTHPLACE, (State or Country). Maryland.

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). West River Md

12-MAIDEN NAME OF MOTHER. Sarah Jones

13-BIRTHPLACE OF MOTHER (State or Country). West River Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Undertaker. Newsley.

(Address) 578 Biddle St.

15-

Filed MAY 1 - 1917, 191.... HARRY C. ANDREWS Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 28, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Albert A. Driscoll M. D. (Coroner.)

April 29 1917. (Address) 317 Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn Cem. DATE OF BURIAL, May 1, 1917

20-UNDERTAKER Samuel Newsley ADDRESS 578 W Biddle

NOTE.—Entries of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4882

HEALTH DEPARTMENT—CITY OF BALTIMORE

79 D 4882

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 205 W. Montgomery St. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Rice

(Residence in Baltimore: No. 205 W. Montgomery St.; 55 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH, ... (Month) ..... (Day), 1865 (Year)

7-AGE, 52 yrs. mos. ds. — If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 040

9-BIRTHPLACE, (State or Country): Reedsville Va

PARENTS.

10-NAME OF FATHER: Daniel Rice

11-BIRTHPLACE OF FATHER (State or Country): Va

12-MAIDEN NAME OF MOTHER: Lila Johnson

13-BIRTHPLACE OF MOTHER (State or Country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sadie Rice

(Address) 205 W Montgomery

15-MAY 1 - 1917

Filed ....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 27 1917, to April 27 1917, that I saw h— alive on April 27 1917, and that death occurred, on the date stated above, at 7.45 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation (Endocarditis)

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Ca Pneum'a

(Duration) 1 yrs. mos. ds.

(Signed) C. B. Fenton M. D.

April 29, 1917 (Address) 712 S. Stricker St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn

DATE OF BURIAL, May 1, 1917

20-UNDERTAKER: John H. Toadvine

ADDRESS 142 W. Hill St.

CAUSE OF DEATH to be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4883

CERTIFICATE OF DEATH.

D 4883

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 643 Enson ST.; 5 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Laura Beever

(Residence in Baltimore: No. 643 Enson St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, July 4, 1858 (Month) (Day) (Year)

7-AGE. 58 yrs. 8 mos. 26 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... at Home
(b) General nature of industry, business, or establishment in which employed (or employer)..... Housewife

9-BIRTHPLACE, (State or Country), Dont Know

PARENTS.

10-NAME OF FATHER, William White

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Ellen Champion

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Wm. R. Beever

(Address)..... 643 Enson

15-

Filed MAY 1 - 1917 191.. MARRY O. ANDREWS

Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 12th 1917, to April 30 1917, that I saw h.r alive on April 29 1917, and that death occurred, on the date stated above, at 1.55 p. m.

The CAUSE OF DEATH* was as follows:

Apoplexy (Cerebral)

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) John D. Heck M. D.

April 30 191.7 (Address) 2236 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Mt Carmel — DATE OF BURIAL, 5/1 ..., 191.7

20-UNDERTAKER William Cook — ADDRESS 507 E Fayette ave.

Please print plainly. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 4884

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 D 4884

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 533 N Stricker St. 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Martin Walter

(Residence in Baltimore: No. 533 N Stricker St.: Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: February 24, 1887 (Month) (Day) (Year)

7-AGE: 30 yrs. 2 mos. 6 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer): 609

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Geo. Walter

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Catherine Hemmidle

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. Walter

(Address) 533 N. Stricker St

MAY 1 - 1917 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Apr. 30th., 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from about ....., 191 0, to. Apr 30th 1917, that I saw h.im alive on Apr 30th, 1917, and that death occurred, on the date stated above, at 2 P. m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

Had when I first saw him (Duration) 7 yrs. ... mos. ... ds

Contributory (SECONDARY) ..... (Duration) ... yrs. ... mos. ... ds.

(Signed) Herman Stamm M. D.

Apr 30th, 1917 (Address) 833 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park. DATE OF BURIAL: May 3, 1917

20-UNDERTAKER: Wm Cook. ADDRESS: 602 E. Baltimore

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4885

CERTIFICATE OF DEATH.

152 D 4885

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No..... ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME .....

(Residence in Baltimore: No. ..... St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH,

....., 1.....
(Month) (Day) (Year)

7-AGE,

.....yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... 800

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- FILED MAY 1 - 1917, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH,

....., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191..., that I saw h... alive on ..... 191..., and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

.....

.....

.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed).....M. D.

....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Hebrew Mt Carmel

DATE OF BURIAL, 5/1/17

20-UNDERTAKER Jack Levin

ADDRESS 1417 E Balto

CAUSE OF DEATH to be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 4886

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D 4886

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 W. Hamburg ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Morris

(Residence in Baltimore: No. 211 W. Hamburg St.; — yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 17, 1877 (Month) (Day) (Year)

7-AGE, 40 yrs. 1 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer)..... B&O R.R.

9-BIRTHPLACE, (State or Country), Georgia

PARENTS.

10-NAME OF FATHER, Ben Morris

11-BIRTHPLACE OF FATHER (State or Country), Ga

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arena Morris

(Address) 211 W. Lamburg St.

15- Filed MAY 1 - 1917, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 29, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1917, to April 29 1917, that I saw him alive on April 29 1917, and that death occurred, on the date stated above, at 7.30 P.M.

The CAUSE OF DEATH* was as follows: Pneumonia Lobar

(Duration) 1 yrs. mos. 29 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. 29 ds.

(Signed) Chas. W. Thorn M. D.

April 30 1917 (Address) 711 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Savannah Ga — DATE OF BURIAL, May 1, 1917

20-UNDERTAKER L. W. Brown and Son — ADDRESS 108 W. Monty

of Balt O.R.R. Washington Route

D 4887 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 4887

CERTIFICATE OF DEATH.

+181

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Herzog.

(Residence in Baltimore: No. Brownsville. Md St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, November 1 .....
(Month) (Day) (Year)

7-AGE, 46 yrs. ..... mos. ..... ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Engineer
(b) General nature of industry, business, or establishment in which employed (or employer)..... — 030

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hospital Records

(Address) Green & Lombard

15- MAY 1 - 1917 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

THE CAUSE OF DEATH* was as follows:
Erysipelas, following electric burns (accidental)
Combined Effects of Wounds

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert O'Donnell M. D.
(Coroner)
Apl 30, 191.7. (Address) 317 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place University Hospital in the of death.....yrs.....mos...8 ds. State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Brownsville Md

Former or usual residence Brownsville Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Eastport Md	May 1, 1917
20-UNDERTAKER	ADDRESS
Wm J Tuckner & Son	Baltimore Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4888

CERTIFICATE OF DEATH.

92 D 4888

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 N Caroline ST.; 5 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Johnson

(Residence in Baltimore: No. 404 N Caroline St.; Life yrs. mos. da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) 1 (Day) (Year)

7-AGE, 46 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 63
(b) General nature of industry, business, or establishment in which employed (or employer): Lumber yard.

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Henry Johnson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E Johnson

(Address) 404 N Caroline St.

15- HARRY C. ANDREWS

Filed MAY 1 - 1917 191 Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 28 1917, to Apr 29 1917, that I saw h— alive on Apr 29 1917, and that death occurred, on the date stated above, at 11 15 a.m.

The CAUSE OF DEATH* was as follows:

A. L. Lobar Pneumonia

(Duration) yrs. mos. 3 da.

CONTRIBUTORY, (Secondary) Cardiac Dilation

(Duration) yrs. mos. da.

(Signed) Wallis W. Whitson M.D.

Apr. 30, 1917 (Address) 1101 Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury Cemetery — DATE OF BURIAL, May 2, 1917

20-UNDERTAKER Chas H. Johnson — ADDRESS 446 N Caroline St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4889

CERTIFICATE OF DEATH.

D 4889

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Ahlers

(Residence in Baltimore: No. 415 E. Fayette St. Hospital (or Institution) (If non-resident, give STATE or COUNTRY.) (If less than 1 day, give hours or minutes.) (If less than 1 year, give months or days.) (If 1 year or more, give years.) (Yr. 48 mos. 5 ds. 31)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, October 12, 1868.
(Month) (Day) (Year)

7-AGE, 48 yrs. 6 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore City.

PARENTS.

10-NAME OF FATHER, Frederick Ahlers

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Katharine Brandschleger

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Rockstroh

(Address) 3417 E. Preston St.

15-

Filed MAY 1 - 1917 HARRY O. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 26th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 27, 1917, to April 26th, 1917, that I saw him alive on April 26th, 1917, and that death occurred, on the date stated above, at 5.15 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) Unknown

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) G. A. Bowden M. D.

April 28th, 1917 (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 31 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 418 So. Fayette St. Highlandtown

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer Cem. DATE OF BURIAL. May 1st, 1917

20-UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Wolfe St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4890

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66

D 4890

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2016 W. Fayette ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. O'Hare

(Residence in Baltimore: No. 2016 W. Fayette St. Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH Oct 4, 1857. (Month) (Day) (Year)

7-AGE, 59 yrs. 6 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Michael McGee

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget McNaney

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) K. E. O'Hare

(Address) 2016 W Fayette St

15- HARRY C. ANDREWS

Filed MAY 1 - 1917, 191. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 20 191 7, to April 30 191 7, that I saw her alive on April 29 191 7, and that death occurred, on the date stated above, at 5334 m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Paralysis

(Duration) 21 yrs. ....mos. ....ds.

(Signed) M. A. Duvall M. D.

April 30, 191 7. (Address) 108 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
New Cathedral	May 2, 191 7
20-UNDERTAKER Geo J Smith	ADDRESS 1000 Fayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4891

CERTIFICATE OF DEATH.

172

D 4891

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 226 N. Linwood Ave; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margareth Dittrich

(Residence in Baltimore: No. 226 N Linwood Ave St.; 48 yrs., 1 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE~~ MARRIED, ~~WIDOWED~~ OR ~~DIVORCED~~, (Write the word.): Married

6-DATE OF BIRTH, Nov. (Month) Known (Day), 1835 (Year)

7-AGE: 82 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: John Kaffelder

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Margareth Kaffelder

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William H. Dittrich

(Address) 226 N. Linwood Ave

15-

Filed MAY 1 - 1917 191.. HARRY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 29th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 27th 1917, to Apr 29th 1917, that I saw h[illegible] alive on Apr 29th 1917, and that death occurred, on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:

Shock following Rupture of Bladder due to free fluid in Abdomen Accident (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Herman F. Siemens M. D.

Apr. 30, 1917 (Address) 1911 E. Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, May 2, 1917.

20-UNDERTAKER Louis Heemann — ADDRESS 39 S. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4892

CERTIFICATE OF DEATH.

151 D 4892

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 N. Payson ST.; 16 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Swann

(Residence in Baltimore: No. 807 N. Payson St.: —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, May (Month) 1 (Day), 1917 (Year)

7-AGE, ...yrs....mos....ds.

If LESS than 1 day, ...hrs. or 15 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Albert Thos. Swann

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ida Mae Schaffer

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert T. Swann

(Address) 807 N. Payson St.

MAY 1 - 1917

Filed....., 191.... HARRY C. ANDREWS

Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1917, to May 1 1917, that I saw h[illegible] alive on May 1, 1917, and that death occurred, on the date stated above, at 2 30 m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) Homer L. Toad M. D.

5-1..., 1917. (Address) 735 N. Milton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, May ....., 1917.

20-UNDERTAKER Bertram Lee

ADDRESS 1723 Lafayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4893 D 4893

CERTIFICATE OF DEATH.

REGISTERED No. C 152

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bender. Sellman Sanatorium St.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Porter Watson Unger.

(Residence in Baltimore: No. 3026 Brighton St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, or DIVORCED~~ (Write the word.) Single.

6-DATE OF BIRTH, April 26th, (Month) (Day) 1917 (Year)

7-AGE, — yrs. — mos. 5 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, John W. Unger

11-BIRTHPLACE OF FATHER (State or Country), Ga

12-MAIDEN NAME OF MOTHER Katherine Speedy

13-BIRTHPLACE OF MOTHER (State or Country), Ga.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Bruce Weller

(Address) 3026 Brighton St

15- Filed MAY 1 1917 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 1 at ....., 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 26 1917, to May 1 1917, that I saw him alive on April 30 1917, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Debility
due to difficult labor

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Herbert F. Stillman M. D.

May 1st, 1917. (Address) 1207 N. Lafayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL, Waynesboro Franklin Co. Pa. DATE OF BURIAL, May 3 1917

20-UNDERTAKER Bertram Bros. ADDRESS 1734 Lafayette Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 4894

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4894

CERTIFICATE OF DEATH.

29

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 602 Stump Aleey. ST. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Gross.(C)

(Residence in Baltimore: No. 602 Stump Alley St. 11 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	Colored.	Widower.

6-DATE OF BIRTH, Do not know., (Month) (Day) 1 (Year)

7-AGE, 40 yrs. -- mos. - ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Stevedore.
(b) General nature of industry, business, or establishment in which employed (or employer) 074

9-BIRTHPLACE, (State or Country), Williamsport.Pa.

PARENTS.

10-NAME OF FATHER, William Gross.(C)

11-BIRTHPLACE OF FATHER (State or Country) Williamsport.Pa.

12-MAIDEN NAME OF MOTHER Mary.----------(C)

13-BIRTHPLACE OF MOTHER (State or Country) Williamsport.Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Flossie Holmes.(C)

(Address) 603 Stump Alley.

15- FILED MAY 1 1917 191 EMMA C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30th. 1917., (Month) (Day) 191 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart

(Duration) ....yrs....mos....ds.

CONTRIBUTORY, (Secondary) ....

(Duration) ....yrs....mos....ds.

(Signed) Otto A. Rosenhandt M. D. (Coroner.)

April.30,1917 (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?....

Former or usual residence....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn. Cem. DATE OF BURIAL, May 3., 1917

20-UNDERTAKER M. Doyle & Son ADDRESS 15. E. Lee St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1895

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

92 D 1895

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 Hess St. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Parker

(Residence in Baltimore: No. 702 Hess St.; 32 yrs. 4 mos. 13 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, December 16, 1884. (Month) (Day) (Year)

7-AGE, 32 yrs. 4 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....mins.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Rag Picker
(b) General nature of industry, business, or establishment in which employed (or employer). Sorter

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, Columbus Ford

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Sallie Boone

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sallie Boone

(Address) Struggle St

15-

Filed MAY 1 - 1917, 191.... HARRY O. ANDREWS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 29, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 24 1917, to Ap 29, 1917, that I saw h[illegible] alive on Apr. 24, 1917, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) David Franklin M. D.

4/29, 1917 (Address) 172 W Lee St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, May 2, 1917.

20-UNDERTAKER M. Doyle & Son ADDRESS 15 E. Lee St.

D 4896

HEALTH DEPARTMENT--CITY OF BALTIMORE.

CERTIFICATE OF DEATH

D 4896

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2907 Hillendale Road St. 15 WARD)

2-FULL NAME Joseph W. George.

(Residence in Baltimore: No. 2907 Hillendale Road St.; --- yrs. --- mos. --- ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: March (Month) 1 (Day), 1877 (Year)

7-AGE: 40 yrs. 1 mos. 29 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Electrical Supt. 086
(b) General nature of industry, business, or establishment in which employed (or employer): American Rly. Co

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Thomas George.

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Martha Tingrith

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph W. George

(Address) 2907 Hillendale Road

15. Filed MAY 1 - 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 29 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 25, 1917, to, April 29 1917, that I saw h--- alive on April 25 1917, and that death occurred, on the date stated above, at 7 [illegible] m.

The CAUSE OF DEATH* was as follows:

Myocarditis.

(Duration) ..... yrs. ..... mos. 10 ds.

Contributory (SECONDARY) Septicemia

(Duration) ..... yrs. 1 mos. 4 ds.

(Signed) Arthur L. Tabler M. D.

April 29, 1917. [Address] 2806 Eutaw Pl.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	May 1 1917
20-UNDERTAKER	ADDRESS
W. J. Meltner & Son	Pimlico Rd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 4897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

84 D 4897

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 323 N Gilmor St. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Percy Simmons

(Residence in Baltimore: No. 323 N. Gilmor St. yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, Feb (Month) 18 (Day), 1917 (Year)

7-AGE, ...yrs. 2 mos. 11 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer). 000

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Albert Simmons

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Violet Cromwell

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Simmons

(Address) 323 N Gilmor

15-

Filed MAY 1 1917 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Congestion of Lungs

(Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) Intestinal Trouble

(Duration) ....yrs. 2 mos. ....ds.

(Signed) James M Benton M. D. (Coroner.)

April 30 1917 (Address) 700 E. Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, May 1, 1917

20-UNDERTAKER Thomas H Weyland — ADDRESS 114 d. Schroeder

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 4898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 4898

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 807 S. Broadway ST.: 7 WARD)
2-FULL NAME Charles Lehby
(Residence in Baltimore: No. 720 N Milton ave St.: yrs., 37 mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... April 29, 1880
(Month) (Day) (Year)

7-AGE, 37 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Peter Lehby

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Anna Knotek

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) John Lehby
(Address) 720 N Milton Ave

15- MAY 1 - 1917 ROBERT P. KRAUTHER
Filed....., 191.... Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 29, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Wellington
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart disease

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry Ryan Lutz M. D.
(Coroner.)
May 1, 1917 (Address) 1600 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	May 3, 1917
20-UNDERTAKER	ADDRESS
Frank Brack & Son	1916 Eutaw

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 4899

HEALTH DEPARTMENT—CITY OF BALTIMORE

+ 37 D 4899

CERTIFICATE OF DEATH.

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. John Hopkins Hospital 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dennis Carroll

(Residence in Baltimore: No. John Hopkins Hospital St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: June 21 (Month) (Day), 1859 (Year)

7-AGE: 57 yrs. 10 mos. 4 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): 066

9-BIRTHPLACE, (State or Country): Iowa

PARENTS.

10-NAME OF FATHER: Cornelius C. Carroll

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Catharine Cotter

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm J. Carroll

(Address) Hartford Conn

15- MAY 1 - 1917 191.. ROBERT R. KRAUTH Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 25, 191.. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon; and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:*

Syphilis.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] (Coroner)

1917. May 1 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Hartford Conn

19-PLACE OF BURIAL OR REMOVAL, Hartford Hartford Co Conn

DATE OF BURIAL, May 2 191.

20-UNDERTAKER [illegible]

ADDRESS 502 E. North Ave.

1936 E Balto Torsey

Spec.—8-24-14—M. & T.—2000 B...

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4900

CERTIFICATE OF DEATH.

28 D 4900

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1505 E Chase ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred E Vanerka

(Residence in Baltimore: No. 1505 E Chase St ..... St.; ..... yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... July (Month) 15 (Day) ....., 1889 (Year)

7-AGE,	If LESS than 1 day,
27 yrs. 9 mos. 15 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer)..... Housewife

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, John Vaughan

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Sarah Donaghan

13-BIRTHPLACE OF MOTHER (State or Country), New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F. Vanerka

(Address) 1505 E Chase St

15- Filed MAY 1 1917 191.... ROBERT R. KRAUTH Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 15 1917, to April 30 1917, that I saw h e alive on April 27, 1917, and that death occurred, on the date stated above, at 6 6, m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) ..... M. D.

April 30, 1917. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	May 3 1917
20-UNDERTAKER	ADDRESS
Wm Cook	502 E. North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4901

CERTIFICATE OF DEATH.

28 D 4901

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 E. Eager ST.) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Hasselbarth

(Residence in Baltimore: No. 1813 E. Eager st St.: yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 25 (Day), 1885 (Year)

7-AGE, 31 yrs. 9 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Conductor
(b) General nature of industry, business, or establishment in which employed (or employer): Street car

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Charles Hasselbarth

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Mary Baenke

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louise Hasselbarth

(Address) 1813 E. Eager st

15-MAY 1 - 1917 Filed....., 191.... ROBERT R. KRAUTH Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 30 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan 1917, to Apr 30th 1917, that I saw h[e] alive on Apr 28th 1917, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

1. Lumbalis T.B.

(Duration) yrs. 15 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary T.B.

(Duration) 4 yrs. mos. ds.

(Signed) A. F. Hall M. D.

Apr 30th, 191.7. (Address) 24 E. Eager

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore County

DATE OF BURIAL, May 2, 191.7

20-UNDERTAKER Fiskler & Fiskler

ADDRESS 1739 E. Eager

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4902

CERTIFICATE OF DEATH.

29 D 4902

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeth's Home ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Ralph West

(Residence in Baltimore: No. St. Elizabeth's Home, St. Paul St.; ..... yrs. 10 mos. 3 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, ... June (Month) 17 (Day), 1913 (Year)

7-AGE, 3 yrs. 10 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Frederick Co. Md.

PARENTS.

10-NAME OF FATHER, John West

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Tribbe Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Mary Mildred

(Address) St. Elizabeth Home

15- Filed MAY 1 - 1917 191.... ROBERT B. KRAUTHER Registrar.

Burial Permit

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 25, 1917, to April 29, 1917, that I saw him alive on April 25 1917, and that death occurred, on the date stated above, at 10:30 A.m.

The CAUSE OF DEATH* was as follows:

.....(a).....

.....Lobar Pneumonia.....

.....

.....

..... (Duration) ..... yrs. ..... mos. 9 ..... ds.

CONTRIBUTORY (Secondary) General Miliary Tuberculosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edgar D. Friedenwald M. D.

April 30, 1917. (Address) 1616 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 10 mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, May 2, 1917

20-UNDERTAKER Geo. H. Hollinger

ADDRESS 1631 Edmondson Ave

Filed MAY 1 - 1917, 191... ROBERT R. KRAUTER
Burial Permit Registrar.

Cathedral Cemetery

20-UNDERTAKER George H. Hollinsky

ADDRESS 1631 Grundy Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 4903

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4903

CERTIFICATE OF DEATH.

+ 30

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oran Brown

(Residence in Baltimore: No. Mercy Hospital St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write word) ~~Married~~

6-DATE OF BIRTH, Dec 4, 1909 (Month) (Day) (Year)

7-AGE. 7 yrs. 4 mos. 27 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School Boy
(b) General nature of industry, business, or establishment in which employed (or employer) "

9-BIRTHPLACE, (State or Country), W. Va

PARENTS.

10-NAME OF FATHER, John Brown

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Bettie Sullivan

13-BIRTHPLACE OF MOTHER (State or Country), W. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Calvert St

15- Filed MAY 1 - 1917, 191... ROBERT R. KRAUTER
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 1, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 27 1917, to May 1 1917, that I saw ~~him~~ alive on May 1 1917, and that death occurred, on the date stated above, at 2:45 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculit Meningitis

(Duration) ... yrs. 7 mos. ... ds.

CONTRIBUTORY, (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

Signed Edward G. Smith M. D.

May 1, 1917 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. 4 ds. In the State ... yrs. ... mos. 4 ds.

Where was disease contracted if not at place of death? Ridgewood W Va

Former or usual residence Ridgewood W. Va

19-PLACE OF BURIAL OR REMOVAL, Ruchwood W Va DATE OF BURIAL, May 1, 191...

20-UNDERTAKER Joseph Farley Fulton ADDRESS Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 4904

HEALTH DEPARTMENT—CITY OF BALTIMORE

109

D 4904

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1429 S. Charles ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Parks

(Residence in Baltimore: No. 1429 S. Charles St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, May (Month) 21 (Day), 1840 (Year)

7-AGE, 76 yrs. 11 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John L. Langley

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Elanora Brown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Geo. E. Parks

(Address) 26 E. Fort Ave.

15- Filed MAY 1 - 1917 1917 ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 28 1917, to April 29 1917, that I saw h[er] alive on April 29 1917, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Intussusception of the bowel

(Duration) — yrs. — mos. One ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) E. Meehan M. D.

May 1st 1917. (Address) 811 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cem. DATE OF BURIAL, 5/2, 1917

20-UNDERTAKER J. Frank McCauley ADDRESS 130 E. Fort.

NOTE.—Each item should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4905

CERTIFICATE OF DEATH.

79 D 4905

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 242 S. Washington ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Bauer.

(Residence in Baltimore: No. 242 S. Washington St.; 65 yrs. mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, April 27 th. 1852 (Month) (Day) 1 (Year)

7-AGE,	If LESS than 1 day,
65 yrs. mos. 5 ds.	hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): AT Home

9-BIRTHPLACE, (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER, George Preis.

11-BIRTHPLACE OF FATHER (State or Country). Germany.

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country). Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ambrose Bauer.

(Address) 731 N. Patterson Pk. Ave.

15- Filed MAY 1 - 1917, 191 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 19 1917, to Apl 30 1917, that I saw h[illegible] alive on April 28 1917, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis.
Mitral Insufficiency.
(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Dilated Heart.
(Duration) 1 yrs. mos. ds.

(Signed) Wm. McAvoy M. D.

May 1, 1917 (Address) 839 S. Ellwood a

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	May 3rd, 1917
20-UNDERTAKER	ADDRESS
Lilly & Zeiler	403 S. Wolfe St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4906

CERTIFICATE OF DEATH.

91 D 4906

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 S. Dallas. St.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Roppelt.

(Residence in Baltimore: No. 414 S. Dallas. St.; 67 yrs. 7 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Sept. 22nd (Month) (Day) 1849 (Year)

7-AGE, 67 yrs. 7 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). Copper Works

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Mary E. Graff

(Address). 414 S. Dallas St.

15- Filed MAY 1 - 1917, 191.... ROBERT R. KRAUTER Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 23 1917, to April 30 1917, that I saw him alive on April 28 1917, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis Pulmonary

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Congestion

(Duration) yrs. mos. 1 ds.

(Signed) G. G. Rush M. D.

April 30 1917. (Address) 2003 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel. DATE OF BURIAL, May 2nd, 1917.

20-UNDERTAKER Lilly - Zeiler ADDRESS 403 S. Wolfe

I. C. 5.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4907

CERTIFICATE OF DEATH.

D 4907

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Burton

(Residence in Baltimore: No. Mercy Hospital St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, DIVORCED (write which)
Female	White	Married

6-DATE OF BIRTH, ...July.... 20, 1881.
(Month) (Day) (Year)

7-AGE, 35 yrs. 9 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.
10-NAME OF FATHER, John L. Linder
11-BIRTHPLACE OF FATHER (State or Country). Md.
12-MAIDEN NAME OF MOTHER Margaret Tiller
13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mercy Hosp
(Address) Eutaw St.

15- Filed MAY 1 - 1917, 191... ROBERT R. KRAUTER Burial Permit Clerk.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...May.... 1, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 27 191, to May 1 191,
that I saw h alive on May 1 191,
and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
Following Labor at term
(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward G. Smith M. D.
May 1, 191. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 11 ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death? Mercy Hosp.
Former or usual residence Warren Md.

19-PLACE OF BURIAL OR REMOVAL, Poplar Church DATE OF BURIAL, May 3, 191.

20-UNDERTAKER W. C. Brooks & Sparks. ADDRESS Md

Spec.—8-24-14—M. & T.—2000 Bks.

D 4908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 4908

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 21 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eleven Martin

(Residence in Baltimore: No. 1102 Warren Av. St.; ....yrs.. ....mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, Aug 22, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 8 mos. 8 da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), md.

PARENTS.

10-NAME OF FATHER, Adolph Martin

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Rosetta Pinder

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Phelps.

(Address) Johns Hopkins

15- Filed MAY 2 - 1917 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 23 1917, to April 30 1917, that I saw h.. alive on April 30 1917, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(Duration) 0 yrs. 0 mos. 10 da.

CONTRIBUTORY (Secondary) Rachitis

(Duration) 0 yrs. 3 mos. da.

(Signed) Henry D. Conrad M. D.

April 23, 191.7 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ....yrs. ....mos. 7 da. In the State ....yrs. ....mos. ....da.
Where was disease contracted, if not at place of death? ✓
Former or usual residence 1102 Warren Av.

19-PLACE OF BURIAL OR REMOVAL, Woodlawn — DATE OF BURIAL, May 2, 191.7

20-UNDERTAKER J. L. Brownson — ADDRESS 1054 Mason

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4909

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4909

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 Mulliken ST.; 6 WARD)

REGISTERED NO. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Brown

(Residence in Baltimore: No. 1621 Mulliken St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored a.a.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Dec. 27, 1894 (Month) (Day) (Year)

7-AGE, 22 yrs. 4 mos. 3 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Ligon Brown

11-BIRTHPLACE OF FATHER (State or Country), ~~Md~~ Va.

12-MAIDEN NAME OF MOTHER Isabella Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isabella Brown

(Address) 1621 Mulliken St.

15- Filed MAY 2 - 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1917, to April 30 1917, that I saw h alive on April 30 1917, and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) ... yrs. 3 mos. ... ds.

CONTRIBUTORY (Secondary) Pleuritic Pleurisy

(Duration) ... yrs. 5 mos. ... ds.

(Signed) ... M. D.

May 1, 1917 (Address) 1520 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury — DATE OF BURIAL, May 2, 1917.

20-UNDERTAKER John W. Henderson — ADDRESS 317 N. Caroline

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

TYPE

D 4910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 4910

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1731 Mulberry St., 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Colvin.

(Residence in Baltimore: No. 1731 Mulberry St.; 2 yrs., — mos. 6 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Mat

4-COLOR OR RACE, Cauc

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Baby

6-DATE OF BIRTH, April 23, 1915
(Month) (Day) (Year)

7-AGE, 2 yrs. 6 mos. ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Baby
(b) General nature of industry, business, or establishment in which employed (or employer)..... Son

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Robt Colvin

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Nellie Hill

13-BIRTHPLACE OF MOTHER (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nellie Colvin

(Address) 1731 Mulberry

15-

Filed MAY 2 1917 191.. HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 29, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) C. H. Jenkins M. D.
(Coroner)

April 30 1917 (Address) 211 E. Lake Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury — DATE OF BURIAL, May 2, 1917

20-UNDERTAKER John W Henderson — ADDRESS 514 N Caroline

D. A. K O D

Spec.—5-24-14—M. & T.—2000 Blks.

D 4911 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 4911

CERTIFICATE OF DEATH. 92

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 749 Bradley ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Matthews

(Residence in Baltimore: No. 743 Bradley St.; 7 yrs., 7 mos. 7 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Males

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 39 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General natnre of industry, business, or establishment in which employed (or employer): Day work

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura S. Mathew

(Address) 743 Bradley st

15- Filed MAY 2 - 1917, 191.. HARRY C. ARMEN
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 29, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 23 1917, to April 29 1917, that I saw h[illegible] alive on April 28 1917, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

1. Lobar Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. C. Stewart M. D.

April 30, 1917. (Address) 1023 Asquith Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, May 2 191.7

20-UNDERTAKER Charles B. Jones

ADDRESS 235 Pine

Spec.—8-24-14—M. & T.—2000 Bks.

D 4912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 4912

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 Laurens ST.) 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Burman

(Residence in Baltimore: No. 1108 Laurens St.)

70 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (*Write* the word.) Widower

6-DATE OF BIRTH, May 18, (Month) (Day) 1845 (Year)

7-AGE, 71 yrs. 11 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ida Shelley

(Address) 1108 Laurens St

15-

Filed MAY 2 1917, 191.. MARY C. ARMIGER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 26 1916, to April 30 1917, that I saw h alive on April 30 1917, and that death occurred, on the date stated above, at 9.45 p m.

The CAUSE OF DEATH" was as follows:

Cerebral Hemorrhage

(Duration) 4 yrs. mos. da.

CONTRIBUTORY (Secondary) *Arteriosclerosis*

(Duration) 3 yrs. mos. da.

(Signed) *Edward Reese* M. D.

May 1, 1917 (Address) 1021 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Paul's Luth Cmty DATE OF BURIAL, May 3, 191.7

20-UNDERTAKER Wm A Rolde & Son ADDRESS 730 Pa Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4913

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4913

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 N Stricker ST.; 19 WARD) REGISTERED NO. C 15

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Hoffman

(Residence in Baltimore: No. 106 N. Stricker St.; ..... yrs., ... mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, April 28, 1917. (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 3 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Ed. F Hoffman 37

11-BIRTHPLACE OF FATHER (State or Country), Balt.

12-MAIDEN NAME OF MOTHER Kate Schmidt 37

13-BIRTHPLACE OF MOTHER (State or Country), Balt md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant), Ed F Hoffman

(Address) 106 N Stricker St

15-

Filed MAY 2 1917, 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 1, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY. That I attended deceased from April 28 1917, to May 1 1917, that I saw her alive on May 1 1917, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth

Maternal pregnant. only 6 mo

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John A Cairns M. D.

191... (Address) 101 N. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Westlew Cemetery — DATE OF BURIAL, May 2, 191 7

20-UNDERTAKER, Mrs A Rohde & Son — ADDRESS 730 Park Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4914

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 4914

1-PLACE OF DEATH Hebrew aged Home

CITY OF BALTIMORE: (No. 115 Aisquith ST.; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Mericum

(Residence in Baltimore: No. 2128 Orleans St St.; 70 yrs. ..... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, ... Unknown ....., 1852
(Month) (Day) (Year)

7-AGE, ... 65 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Clothing .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Tailors .....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Lewis .....

(Address) ..... 1411 E Baltimore St .....

15- Filed MAY 2 1917, 191.. HARRY C. ANDREAE Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May ..... 1 ....., 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 4 1917, to May 1 1917, that I saw h im alive on May 1 1917, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Chronic interstitial nephritis

(Duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) 4 yrs. ..... mos. ..... ds.

(Signed) D. A. Michelbacher M. D.

May 2, 191 7. (Address) 1420 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 25 ds. In the State 30 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 2128 Orleans St

Former or usual residence 2128 Orleans St

19-PLACE OF BURIAL OR REMOVAL. Hebrew Washington Blvd

DATE OF BURIAL. May 3, 191 7

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E Baltimore St

Spec.—8-24-14—M. & T.—2000 Bks.

D 4915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 4915

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1747 Orleans St.; 6 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Kelly

(Residence in Baltimore: No. 1747 Orleans St.; yrs., 19 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored U.S.	Single

6-DATE OF BIRTH, Sept. 16 (Month) (Day), 1915 (Year)

7-AGE, 1 yrs. 7 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Chas. H. Kelly

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Maria Hewlett

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maria Kelly

(Address) 1747 Orleans St

15- MAY 2 - 1917

Filed....., 191.... HARRY C. ANDREWS, Registrar.

Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 26 1917, to April 30 1917, that I saw h[illegible] alive on April 30 1917, and that death occurred, on the date stated above, 4:45 a m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) ..., yrs. ..., mos. 4, ds.

CONTRIBUTORY (Secondary) Gastric Catarrah

(Duration) ..., yrs. ..., mos. 3, ds.

(Signed) H. K. Bruce M. D.

May 2, 191.., (Address) 1520 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, May 2nd 1917.

20-UNDERTAKER Harry A. Vodery ADDRESS 1720 Orleans st

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4916

CERTIFICATE OF DEATH.

120 D 4916

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 424 N Robinson ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie B Hull

(Residence in Baltimore: No. 424 N Robinson St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	married

6-DATE OF BIRTH. June 2 1869, 1
(Month) (Day) (Year)

7-AGE. 47 yrs. 10 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer). 03

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. George Zimmerman

11-BIRTHPLACE OF FATHER (State or Country). Frederick Md

12-MAIDEN NAME OF MOTHER. Mary E Zimmerman

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clara B Mc Gehenny

(Address) 2634 Harlem Ave

15-

Filed MAY 2 1917 HENRY O. ARCHER
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Apr. 29, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 26 1917, to Apr 29 1917, that I saw h[illegible] alive on Apr 28 1917, and that death occurred, on the date stated above, at 4h m.

The CAUSE OF DEATH* was as follows:

Ascending Pneumonia
Delirium

(Duration) Chr. yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr Dat Bright's

(Duration) Chr yrs. mos. ds.

(Signed) [illegible] M. D.

5-1, 191[illegible] (Address) 364 P Highland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Olivet — DATE OF BURIAL. May 2, 191[illegible]

20-UNDERTAKER W J Jackson's Son — ADDRESS Hartley Pa

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4917

CERTIFICATE OF DEATH.

64 D 4917

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2027 Guilford ave St.; 12 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Roth

(Residence in Baltimore: No. 2027 Guilford Ave St.; — yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Sept. 17 (Month) ..... (Day), 1835 (Year)

7-AGE, 81 yrs. 7 mos. 12 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry Stuerger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Elizabeth Miller

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs C. Grundy

(Address) 2027 Guilford Ave

15- Filed MAY 2 - 1917 191.... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 29 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 25th 1917, to Apr 29th 1917, that I saw h— alive on Apr 29th 1917, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Hypostatic Congestion of Lungs

(Duration), — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 11 yrs. 11 mos. 4 ds.

(Signed) W. H. Hunter M. D.

May 1, 1917 (Address) 1228 St Paul

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL
Loudon Park	May 2, 1917
20-UNDERTAKER	ADDRESS
Wm. J. Pickett & Son	North Ave

Dr. Lee Rawlins 1228 St Paul St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4918

CERTIFICATE OF DEATH.

79 D 4918

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 Appleton St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Haase

(Residence in Baltimore: No. 715 N. Appleton St.; 50 yrs. ... mos. ... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ (*Write* the word.) Married

6-DATE OF BIRTH, Oct. 23, 1844
(Month) (Day) (Year)

7-AGE, 72 yrs. 6 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Hanover, Germany.

PARENTS.

10-NAME OF FATHER, August Rausch

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Fredricka Bender

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Falkut Haase

(Address) 709 N. Linwood Av.

15-

Filed MAY 2 - 1917 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 25 1915, to April 30 1917, that I saw her alive on April 28 1917, and that death occurred, on the date stated above, at 12:50 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Arteriosclerosis

..... (Duration) 6 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

..... (Duration) One yrs. mos. ds.

(Signed) Maurice L. Abrams M. D.

April 30, 1917. (Address) 3200 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery — DATE OF BURIAL, May 2 1917.

20-UNDERTAKER Geo. A. Gerber — ADDRESS Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

D 4919

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 4919

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cheliks Borekoski (Felix Buczkowski)

(Residence in Baltimore: No. 812 S. Ann St. St.; 12 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dont know (Month) (Day) 1891 (Year)

7-AGE, 31 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cheliks

(Address) Johns Hopkins Hosp.

15-MAY 2 1917 HARRY C. ANDREWS

Filed....., 191.... Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30 (Month) (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Apr-30 1917, to Apr 30 1917, that I saw h— alive on Apr 30 1917, and that death occurred, on the date stated above, at 5.30 p. m.

The CAUSE OF DEATH* was as follows:

Edema of Lungs

Pneumonia

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary) Edema of Lungs

Duration yrs. mos. ds.

(Signed) Edward Burns M. D.

Apr 30, 191... (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1/2 ds. In the State 12 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 812 S. Ann St.

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary Cem. DATE OF BURIAL, May 3rd, 1917

20-UNDERTAKER M. F. Sadowski ADDRESS 705 S. Ann St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Physicians should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be

Spec.—8-24-14—M. —.—2000 Blks.

D 4920

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

176 D 4920

1-PLACE OF DEATH Gottlieb Edward Boerner

CITY OF BALTIMORE: (No. 1300 N. Gilmor ST.; 15 WARD) REGISTERED No. C

2-FULL NAME Gottlieb Edward Boerner

(Residence in Baltimore: No. 1300 N. Gilmor St.; — yrs., — mos. — ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, October (Month) 25 (Day), 1834 (Year)

7-AGE, 82 yrs. 6 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer) Farmer do

9-BIRTHPLACE, (State or Country), Bodenwader, Germany

PARENTS.

10-NAME OF FATHER, Gottlieb Boerner

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Hannah Schroder

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Boerner

(Address) 1600 E. Federal St.

15-

Filed MAY 2 1917 HARRY C. ANDREWS Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7 1917, to April 30 1917, that I saw him alive on April 30 1917, and that death occurred, on the date stated above, at 11.27 m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Senile involutional atrophy due to Acute Prostatitis

(Duration) ....yrs. ....mos. 23 ds.

(Signed) Chas. E. Clark M. D.

May 1, 1917. (Address) 1310 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, May 3, 1917

20-UNDERTAKER Em. Wm. Von Lee

ADDRESS 2503 Edmondson Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4921 — 184 — D 4921

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 444 Lorraine av ST.; 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Wilson Harper

(Residence in Baltimore: No. 444 Lorraine av St.; 1 yrs., 6 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct. 15, 1915 (Month) (Day) (Year)

7-AGE, 1 yrs. 6 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Thomas J Harper

11-BIRTHPLACE OF FATHER (State or Country), Georgia

12-MAIDEN NAME OF MOTHER Mary L Clark

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas J Harper

(Address) 444 Lorraine av

15- Filed MAY 2 1917, 191.... HARRY C. AMOREY, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 1, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 17 1917, to April 30 1917, that I saw him alive on April 30 1917, and that death occurred, on the date stated above, at 6a m.

The CAUSE OF DEATH* was as follows:

Anaemia splenic;
Rickitis, Malnutrition.

.....(Duration)..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Indigestion intestinal.

.....(Duration) 1 yrs. 2 mos. ..... ds.

(Signed) Harry Lyman Whittle M. D.

....., 191... (Address) 5 W Mt Royal

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, May 3, 1917.

20-UNDERTAKER E D Hamming — ADDRESS 1938 E Lafayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4922

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+91

D 4922

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oscar Schmidt

(Residence in Baltimore: No. Johns Hopkins Hospital St.; yrs. mos. 29 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, November 7, 1916 (Month) (Day) (Year)

7-AGE, yrs. 5 mos. 23 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Charles Schmidt

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Louisa Buehler

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [illegible]

(Address) Johns Hopkins Hospital

15- MAY 2 - 1917 Filed, 191

[illegible] Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 1, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 3 1917, to May 1 1917, that I saw h[illegible] alive on May 1 1917, and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

(Duration) 0 yrs. 0 mos. 26 ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

(Signed) Henry Barnard M. D.

May 2, 191[illegible] (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 29 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Spencer Ave Md

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem DATE OF BURIAL, MAY 2 1917, 191

20-UNDERTAKER Lilly & Zeiler ADDRESS 403 W Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4923 X 45 D 4923

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Howard A. Kelly Hosp. St.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Luffkin

(Residence in Baltimore: No. 1418 Newton Place Balto St.; ..... yrs., 1 mos. 2 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... (Month) May (Day) 4, (Year) 1848.

7-AGE,	If LESS than 1 day,
68 yrs. 1 mos. 27 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Market Gardner
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country). Maine

PARENTS.

10-NAME OF FATHER. Geo. Luffkin

11-BIRTHPLACE OF FATHER (State or Country). Maine

12-MAIDEN NAME OF MOTHER Annie Luffkin

13-BIRTHPLACE OF MOTHER (State or Country). Maine

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Geo. W. Luffkin

(Address) Phillips - Maine (Me.)

15- MAY 2 - 1917 HARRY C. ANDREWS

Filed....., 191... Special Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 1st, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 29th 1917, to May 1st 1917, that I saw him alive on May 1st 1917, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Primary Cellular Carcinoma of Pancreas (Clinical Diagnosis X Ray Examination)

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cancerous Cachexia

(Duration) 3 yrs. ? mos. ds.

(Signed) E. H. Richardson M. D.

May 2, 1917 (Address) 1418 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 2 ds. In the State ..... yrs. 1 mos. 2 ds.

Where was disease contracted, if not at place of death? Phillips Eau Claire

Former or usual residence Eau Claire Wis Wis.

19-PLACE OF BURIAL OR REMOVAL. Eau Claire Wis

DATE OF BURIAL. May 3, 1917.

20-UNDERTAKER Chas. G. Black

ADDRESS 120 W. Mulberry St

Spec.—8-24-14—M. & T.—2000 Bks.

D 4924

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4921

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1147 N Fulton Ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr William Balke

(Residence in Baltimore: No. 1147 N Fulton Ave St.; ... yrs.. ... mos. ... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Sept (Month) 28 (Day), 1854 (Year)

7-AGE,	If LESS than 1 day,
62 yrs. 7 mos. 2 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wall paper
(b) General nature of industry, business, or establishment in which employed (or employer): Business

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS:

10-NAME OF FATHER, August Balke

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Balke

(Address) 31 E Garrison Ave

15-

Filed MAY 2 - 1917, 191.... HARRY C. ANDREWS

Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 30 1917, to May 1 1917, that I saw h[illegible] alive on May 1 1917, and that death occurred, on the date stated above, at 5.15 P. m.

The CAUSE OF DEATH* was as follows:

apoplexy

(Duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Nephritis of 1 year (Duration) ... yrs. unknown mos. ... ds.

(Signed) [illegible] M. D.

May 2, 191[illegible] (Address) 1001 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Druid Ridge	May 4, 1917
20-UNDERTAKER	**ADDRESS**
John O Mitchell	1201 W Fayette St

D 4925

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

124 D 4925

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 258 W. Hoffman St. 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Philip Tilyard

(Residence in Baltimore: No. 258 W. Hoffman St. 17 yrs. 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
M	W	Married

6-DATE OF BIRTH January (Month) 29 (Day), 1835 (Year)

7-AGE 82 yrs. 3 mos. 1 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Book keeper
(b) General nature of industry, business, or establishment in which employed (or employer) till 2 yrs ago

9-BIRTHPLACE (State or country) Baltimore

PARENTS

10-NAME OF FATHER John Wesley Tilyard

11-BIRTHPLACE OF FATHER (State or country)

12-MAIDEN NAME OF MOTHER Moule

13-BIRTHPLACE OF MOTHER (State or country) England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elizabeth L. Tilyard (wife)

(Address) ~~#~~ 258 W. Hoffman St

15. MAY 2 - 1917 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May (Month) 1 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2 or 3 years Ago, 191..., to, May 1 191 7, that I saw h[illegible] alive on May 1 .191 7, and that death occurred, on the date stated above, at 1.30 A. m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(Duration) ..... yrs. ..... mos. 3 ds.

Contributory (SECONDARY) Cystitis & general debility

(Duration) 2 yrs. 1 mos. ds.

(Signed) Barnett O Cullen M. D.

May 1, 1917 (Address) 1464 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Green Mount — DATE OF BURIAL May 3, 1917

20-UNDERTAKER John O Mitchell — ADDRESS 1301 W Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4926

CERTIFICATE OF DEATH.

79

D 4926

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 1727 Madison Ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Anna Vanderpool Vail

(Residence in Baltimore: No. 1727 Madison Ave St.; since 1860 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-[SINGLE, MARRIED, WIDOWED, DIVORCED,] (Write the word.) Widow

6-DATE OF BIRTH, May 11, 1840 (Month) (Day) (Year)

7-AGE, 76 yrs. 11 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), New York State

PARENTS.

10-NAME OF FATHER, Silas N. Metcalf

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Susan Doll

13-BIRTHPLACE OF MOTHER (State or Country), New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dorval

(Address) 1727 Madison Ave

15- Filed MAY 2 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar. Wm. J. Jenkins Sons Co

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 1st, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 11 1916, to May 1st 1917, that I saw her alive on April 30th 1917, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Hypostasis.

(Duration) 1 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Senile Edema

(Duration) yrs. mos. ds.

(Signed) Robert L. Whitehead M. D.

May 2nd, 1917. (Address) 1727 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, May 3rd, 1917.

20-UNDERTAKER — ADDRESS McCulloh & Orchard

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4927 — 64 D 4927

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 631 W. Lee St ST.; 22 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah A. Myers

(Residence in Baltimore: No. 631 W. Lee St St.; 72 yrs., 1 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, March 10, 1845
(Month) (Day) (Year)

7-AGE, 72 yrs. 1 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): work

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, De. Veer.

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Dorey Devaire

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Myers

(Address) 631 W Lee St.

15- MAY 2 - 1917 HARRY ANDREWS

Filed....., 19... Burial Permit Clark

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 1, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 20 1917, to May 1 1917, that I saw h[illegible] alive on May 1 1917, and that death occurred, on the date stated above, at 4 p. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) C Vo N E

(Duration) ... yrs. ... mos. ... ds.

(Signed) M. C. Trulinger M. D.

5-2, 1917 (Address) 682 Columbus Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Faudon York Road — DATE OF BURIAL, May ..., 1917.

20-UNDERTAKER John Howard Ford — ADDRESS 901 Hollins St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4928

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 4928

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 829 University Pkwy ST.; 12 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Achsah Rigely Preston

(Residence in Baltimore: No. 829 University Parkway St.; 78 yrs., 9 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	widowed

6-DATE OF BIRTH, July (Month) 25 (Day) 1838 (Year)

7-AGE,	If LESS than 1 day.
78 yrs. 9 mos. 2 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None 80
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, James Carroll

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary W. Ludlow

13-BIRTHPLACE OF MOTHER (State or Country), Mass

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Achsah Preston

(Address) 829 University Pkway

15-Filed MAY 2 - 1917, 191.. ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 2 (Day) 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Oct 1916, to May 1917, that I saw h[er] alive on May 2 1917, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Apoplexy 2 hours.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) 10 yrs. ....mos. ....ds.

(Signed) J. Warren Brechin M. D.

May 2, 191.. (Address) 806 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Spesutia Cem' Harford Co

DATE OF BURIAL, May 5th, 1917.

20-UNDERTAKER Henry W. Jenkins' Son Co

ADDRESS Orchard & McCulloh Sts

N.B.—Every item of information should be carefully supplied. AGE should be given EXACTLY. PHYSICIAN making CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4929

CERTIFICATE OF DEATH.

120 D 4929

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 135 Colvin St.; 5 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George H. Young

(Residence in Baltimore: No. 1 St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	Black	

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE	If LESS than 1 day,
45 yrs. / mos. / ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Dent

(Address) 135 Colvin St

15- Filed MAY 2 - 1917, 191... ROBERT R. KRAUS[illegible] Registrar.

Burial Permit [illegible]

Morgue.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April 27, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 27 191..., to April 27 1917, that I saw h[illegible] alive on April 27 191..., and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

(Duration) ..... yrs. Indefinite mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

4/30, 191... (Address) 2311 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
PUBLIC CEMETERY	MAY 2 ....., 191...
20-UNDERTAKER	ADDRESS
[illegible] Commissioner of Health.	

N. B.—Every item of information should be carefully supplied. AGE should be ASCERTAINED. PHYSICIAN'S name and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 4930

HEALTH DEPARTMENT—CITY OF BALTIMORE

169 D 4930

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Found floating at the
CITY OF BALTIMORE (No. Foot of Covington St. ST.; 22 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown (C)

(Residence in Baltimore: No. Unknown. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	Colored	Single.

6-DATE OF BIRTH, Do not know., 1 ..... (Month) (Day) (Year)

7-AGE, about 13 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Do not know.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Do not know.

PARENTS.

10-NAME OF FATHER, Do not know.

11-BIRTHPLACE OF FATHER (State or Country) Do not know.

12-MAIDEN NAME OF MOTHER Do not know.

13-BIRTHPLACE OF MOTHER (State or Country) Do not know.

City to bury. O.M.R.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Dr. Otto M. Reinhardt.
(Address) Coroner.

15- MAY 2 - 1917 ROBERT E. KRAUTH
Filed....., 191... Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Found floating April 22 1917., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
probably accidental.
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner.)
May. 2. 1917 (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
PUBLIC CEMETERY.	MAY 2 1917, 19...
20-UNDERTAKER	ADDRESS
Commissioner Health	

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4931

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4931

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 Aliceanna St.; V; WARD) REGISTERED NO. C

2-FULL NAME Joseph Goldys.

(Residence in Baltimore—No. 1706 Aliceanna St.; 30 yrs., mos., ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, January 1, (Month) (Day) (Year)

7-AGE, 37 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer,
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Poland,

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Poland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Goldys.

(Address) 1706 Aliceanna.

15- Filed MAY 2 - 1917 191 ROBERT B. KRAUTH Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 28 1917, to May 1 1917, that I saw h[e] alive on April 30 1917, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. H. Knott Gunter M. D.

May 2 1917 (Address) 2238 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus — DATE OF BURIAL, May 3, 1917

20-UNDERTAKER Jacob Trallowski — ADDRESS 428 S. Bond St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Particulars given on CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D4932

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4932

CERTIFICATE OF DEATH.

REGISTERED NO. C 29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Abr. Arnbed

(Residence in Baltimore: No. Hebrew Hospital + Asylum St.; 14 yrs., — mos., — ds.)

N.B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. If UNDER ONE DAY, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Unknown, 1830
(Month) (Day) (Year)

7-AGE, 87 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Records

(Address).....

15- MAY 2 1917 ROBERT B. KRAUTH
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 1, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 29 1917, to May 1 1917, that I saw h alive on May 1 at 1917, and that death occurred, on the date stated above, at 9 a.m. p.m.

The CAUSE OF DEATH* was as follows:

Senile Arteriosclerosis

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (Duration) yrs. mos. 4 ds.

(Signed) Bernard S. Jacobson M. D.

Apr 2, 1917 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. mos. ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Hebrew Hospital + Asylum

Former or usual residence Hebrew Hospital + Asylum

19-PLACE OF BURIAL OR REMOVAL, Hebrew Cemetery DATE OF BURIAL, May 3, 1917.

20-UNDERTAKER Hart Goodheim ADDRESS 118 N Eutaw Royal

Theodore Busch.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4933

CERTIFICATE OF DEATH.

91 D 4933

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 919 E Madison ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Theodore Busche.

(Residence in Baltimore: No. 919 E Madison St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Mal

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Bach

6-DATE OF BIRTH, ... Feb (Month) 1 (Day) 13 (Year)

7-AGE, ... yrs. 2 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Baby, Home

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, William Busch,

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Mary Dice

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Busch.

(Address) 919 E Madison

MAY 2 - 1917

Filed....., 191.....

ROBERT B. KRAUTHE
Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

..... (Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs....mos....ds.

(Signed) J. Wirt Smith M. D.
(Coroner.)

May 2, 191. (Address) 919 E Madison St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Laurel Cem

DATE OF BURIAL, May 4, 1917

20-UNDERTAKER Mrs R A Elliott

ADDRESS 506 East

Spec.—8-24-17—M. & T.—2000 Bks.

Letitia S. Wimmer

D 4934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

114 D 4934

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 N. Fulton Ave St.; 19 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Letitia S Wimmer

(Residence in Baltimore: No. 107 N. Fulton Ave St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Jan 29th (Month) (Day), 1860 (Year)

7-AGE, 57 yrs. 3 mos. 2 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Wm A Shannon

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Rhoda E Coat

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John E Wimmer

(Address) 107 N Fulton Ave

15- MAY 2 - 1917 Filed....., 191.. ROBERT B. KRAUTER Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 1st (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 21 1917, to May 1st 1917, that I saw h.. alive on May 1st 1917, and that death occurred, on the date stated above, at 2.6 0 P.M.

The CAUSE OF DEATH* was as follows:

Acute Bright Disease

Unknown (Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) ....yrs. ....mos. ½ ds.

(Signed) J. M. Loane M.D.

May 1st, 1917. (Address) 127 E North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Loraine Cemetery DATE OF BURIAL May 3 1917

20-UNDERTAKER William Lose ADDRESS 1723 E Lafayette Ave

N.B.—Every item of information should be carefully supplied. A CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4935

CERTIFICATE OF DEATH

D 4935

1-PLACE OF DEATH Little Sisters of the Poor 91 REGISTERED NO. C

CITY OF BALTIMORE: (No. 16 ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Schuller

(Residence in Baltimore: No. Little Sisters of the Poor St.; 69 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Widow

6-DATE OF BIRTH, Dec ....., 1847
(Month) (Day) (Year)

7-AGE, 77 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Joseph Schuller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Ellen Trayner

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sisters Benedict

(Address) Little Sisters of the Poor

15- Filed MAY 2 1917, 191 ROBERT B. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 1st, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from No record, 191, to 191,
that I saw h[illegible] alive on April 29 1917,
and that death occurred, on the date stated above, at 5.9, m.
The CAUSE OF DEATH* was as follows:

Bronchopneumonia

1 week (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. A. Damer M. D.

May 1, 191 7 (Address) 1139 Valley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 7 yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, May 3, 191 7

20-UNDERTAKER H. C. Wisdefeld — ADDRESS 914 Fremont Av

N. B.—Every item of information should be carefully supplied. AGE should be given in all cases. Exact statement of OCCUPATION is very important. CAUSE OF DEATH may be properly classified. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4936

CERTIFICATE OF DEATH.

79 D 4936

1-PLACE OF DEATH 4 Mercy Hosp

REGISTERED NO. C

CITY OF BALTIMORE: (No. 4 Mercy Hosp St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Noonan

(Residence in Baltimore: No. 800 Harford Ave St.; 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May (Month) ..... (Day) ....., 1857 (Year)

7-AGE, 60 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Water Dept City

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Edward Noonan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Barry

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jerome Noonan

(Address) 927 Harford Ave

15- MAY 2 1917 ROBERT R. KRAUTER

Filed....., 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 1st (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 30 1917, to May 1 1917, that I saw h[im] alive on May 1 1917, and that death occurred, on the date stated above, at 9.45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Heart Gran

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Pulmonary oedema

(Duration) yrs. mos. ds.

(Signed) W. F. O'Malley M. D.

5/1, 1917. (Address) at Jos Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. 7 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? dont Know

Former or usual residence 800 Harford ave

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, May 4., 1917

20-UNDERTAKER H. C. Wiedefeld — ADDRESS 914 Fremont

N. B.—Every item of information should be carefully sought for and entered. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4937 D 4937

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4000 Massachusetts Av. St.; 20 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Lambert

(Residence in Baltimore: No. 4000 Massachusetts Av St.; ..... yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Unknown or CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
66 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jane Lambert

(Address) 4000 Mass Av

15- Filed MAY 2 1917 191... ROBERT R. KRAUTHE Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 1, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 30 1917, to May 1 1917
that I saw h.. alive on May 1 1917
and that death occurred, on the date stated above, at 1.30 Am
The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Old Age

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Howard W Jones M. D.

May 2, 1917. (Address) Darlington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cathedral Cemetery	May 3d, 1917
20-UNDERTAKER	ADDRESS
John F Norman & Son	901 Hollins St

Spec.—5-19-13—M. & T.—500 Bks.

D 4938

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4938

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1334 Glyndon ave ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Wm + Lelia Eber

(Residence in Baltimore: No. 1334 Glyndon St.; yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) 2 (Day), 1917 (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day. 6 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Wm H. Eber

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Lelia M Pace

13-BIRTHPLACE OF MOTHER (State or Country), Bermuda Is

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lelia M Eber

(Address) 1334 Glyndon ave

15- Filed MAY 3 - 1917 191.... HARRY O. ANGELL Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2 1917, to May 2 1917, that I saw h[illegible] alive on May 2 1917, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Premature Child about 6½ months Gestation

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jos E. Muse M. D.

May 2 191.7 (Address) 1520 Hollins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Western Cemetary.	May 3rd 1917.
20-UNDERTAKER	ADDRESS
John J Fields	1200 W Lombard St

N. B.—Every item of information should be carefully and properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 4939

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

D 4939

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 W Lexington St.: 18 WARD)

REGISTERED No. C.....

2-FULL NAME John W Robinson

(Residence in Baltimore: No. 1107 W Lexington St.; .....yrs. .....mos. .....ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 12.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month) ..... (Day), 1 (Year)

7-AGE: 52 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ida E. Robinson

(Address) 1107 W. Lexington St.

15- Filed MAY 3 - 1917, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 30 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 23, 191 7, to, April 30 191 7, that I saw h.. alive on April 28 191 7, and that death occurred, on the date stated above, at 11A m.

The CAUSE OF DEATH* was as follows:

Subacute Nephritis

unknown (Duration) yrs 11 mos ds.

Contributory (SECONDARY)

..... (Duration) yrs. ..... mos. ..... ds.

(Signed), J. H. Ward M. D.

5/2, 191 7. [Address] 1005 Druid Hill Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos ..... ds. In the State ..... yrs. ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn DATE OF BURIAL: May 3. 191 7

20-UNDERTAKER: John H Joachim ADDRESS 142 Mosher St

Spec.—8-24-14—M. & T.—2000 Blks.

D 4940

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

D 4940

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1343 N Eden St.; 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna M. Heuenmer

(Residence in Baltimore: No. 1343 N Eden St.; 35 yrs., 2 mos. 24 ds.)

N. B.—Every item of information should be carefully sought for, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: February 8, 1882 (Month) (Day) (Year)

7-AGE: 35 yrs. 2 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country): Balto. md

PARENTS.

10-NAME OF FATHER: John Demike

11-BIRTHPLACE OF FATHER (State or Country): Balto. md

12-MAIDEN NAME OF MOTHER: Margaret Meckel

13-BIRTHPLACE OF MOTHER (State or Country): Balto. md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. John A. Heuenmer

(Address) 1343 N. Eden St

15- Filed MAY 3 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 2, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1916, to May 2 1917, that I saw her alive on May 1 191?, and that death occurred, on the date stated above, at 9 12 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 22 ds.

(Signed) F. J. Brown M. D.

5/2, 191.7. (Address) 2511 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, May 5, 1917

20-UNDERTAKER, Henry Hoyer Son — ADDRESS 1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4941 D 4941

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of Poor ST.; 10 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Mudge

(Residence in Baltimore: No. 1119 Somerset St ST.; Lives yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Don't Know (Month) ....., 1 (Day) ..... (Year)

7-AGE, 62 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER, Patrick Powers

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. R. J. Rich

(Address) 1119 Somerset St

15- MAY 3 - 1917 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from No record 191..., to ..... 191..., that I saw h[illegible] alive on April 29 1917, and that death occurred, on the date stated above, at 5.35 m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

1 Day (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (None)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. H. Warner M. D.

May 3, 1917. (Address) 1133 Valley St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 3 mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? Little Sisters of the Poor

Former or usual residence 1119 Somerset St

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem — DATE OF BURIAL, May 4..., 1917

20-UNDERTAKER John T. Irving & Co — ADDRESS 200 E. Lexington St

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 4942

HEALTH DEPARTMENT—CITY OF BALTIMORE

79 D 4942

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1728 Gorsuch ave ST.; 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Moore

(Residence in Baltimore: No. 1728 Gorsuch ave St.; 72 yrs. 7 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, September (Month) 16th (Day), 1844 (Year)

7-AGE, 72 yrs. 7 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Teamster
(b) General nature of industry, business, or establishment in which employed (or employer): own Business

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Christian Moore

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Louisa Moore

(Address) 1728 Gorsuch ave

15- Filed MAY 3 - 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 1st (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 191 6, to May 1 191 7, that I saw h im alive on May 1 191 7, and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

Mitral Regurgitation

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Failure Compensation

(Duration) yrs. 3 mos. ds.

(Signed) J. Walter Thomas M. D.

May 1 191 7. (Address) 1228 N. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cemetery	May 4th, 191 7.

20-UNDERTAKER	ADDRESS
George Schilling & Son	1126 E Monument

N. B.—Every item of information should be given. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4943

HEALTH DEPARTMENT—CITY OF BALTIMORE

91

D 4943

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2008 Harlem ave ST.; 16 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Phineas A Gorsuch

(Residence in Baltimore: No. 2008 Harlem ave St.; 3 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	M

6-DATE OF BIRTH, ... July (Month) 5 (Day), 1832 (Year)

7-AGE, 84 yrs. 9 mos. 25 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... Farmer

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Geo W Gorsuch

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mt Knox

13-BIRTHPLACE OF MOTHER (State or Country), md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E Alfred Gorsuch

(Address) 2008 Harlem ave

15- Filed MAY 3 1917 191.... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) ..... (Day), 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 191.., to April 30 191.., that I saw h.. alive on April 30 191.., and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

..... Senility 9 dys ago

..... (Duration) ..... yrs. ..... mos. ..... ds.

*CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Joseph T. Herring M. D.

May 2, 191.. (Address) 1621 St Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn cemetery — DATE OF BURIAL, May 3, 1917.

20-UNDERTAKER Wm Rowson — ADDRESS 230 N Greene

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FILMED BY ▲ SOCIETY

Spec.—8-24-14—M. & T.—2060 Blks.

D 4944

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4944

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1213 Riverside ave 2d ST.; WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George F. Kaiss

(Residence in Baltimore: No. 1213 Riverside ave. ~~Sta~~ ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Marr

6-DATE OF BIRTH, Aug. 28, 1870 (Month) (Day) (Year)

7-AGE, 46 yrs. 8 mos. 2 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Labor
(b) General nature of industry, business, or establishment in which employed (or employer): 040

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, William Kaiss

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Christina Schultz

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Delia Kaiss

(Address) 1213 Riverside Ave.

15- Filed MAY 3 - 1917, 191. HARRY C. [illegible]
Burial Permit Released

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 1, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 29 1917, to May 1 1917, that I saw h~~im~~ alive on May 1 1917, and that death occurred, on the date stated above, at 8.30 m.

The CAUSE OF DEATH* was as follows:

Bronchial pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Dilated heart

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Jas. H. Bosley M. D.

May 2 1917 (Address) 1026 Mass

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, May 3 1917.

20-UNDERTAKER F. A. Krause ADDRESS 703 Hano

N. B.—Every item of information should be given, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

KODAK

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4945

CERTIFICATE OF DEATH.

91

D 4945

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2201 Hunter ST. 12 WARD)

Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Mary Faulkner

(Residence in Baltimore: No. 2201 Hunter St. St.; x yrs., 2 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. February 26, 1917 (Month) (Day) (Year)

7-AGE. x yrs. 2 mos. 6 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work x
(b) General nature of industry, business, or establishment in which employed (or employer) x

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Chas Faulkner

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Miss Dora Spriggs

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Faulkner

(Address) 2201 Hunter St

15- Filed MAY 3 - 1917, 191... HARRY C. ANDREWS Registrar. Burial Permit 3628 DIST.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 2nd 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 29 191x, to May 2nd 1917, that I saw him alive on May 2nd 191x, and that death occurred, on the date stated above, at 9 30 a.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

x (Duration) x yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Cy. pneumonia

? (Duration) ? yrs. ? mos. ? ds.

(Signed) Geo. L. Hood M. D.

5703 W 191... (Address) 1126 E. 22 St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death x yrs. 2 mos. 4 ds. In the State x yrs. 2 mos. 4 ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence ?

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Friday May 4 191x

20-UNDERTAKER Wm. Cook

ADDRESS 502 E North Ave.

N.B.—Every item of information should be given. Be sure that CAUSE OF DEATH is properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4946

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4946

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 S. Patterson Park Av ST.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. Sommers

(Residence in Baltimore: No. 613 S. Patterson Park Av St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Dec (Month) 31st (Day), 1916 (Year)

7-AGE, ...yrs. 4 mos. 2 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City Md

PARENTS.

10-NAME OF FATHER, James H. Sommers

11-BIRTHPLACE OF FATHER (State or Country), Balto City Md.

12-MAIDEN NAME OF MOTHER Carrie D Smith

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James H. Sommers

(Address) 613 S. Patterson Park Av

15- Filed MAY 3 1917 191... HARRY C. [illegible] Registrar.

BURIAL PERMIT GIVEN

N.B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 2nd (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 29 1917, to May 2 1917, that I saw him alive on May 1 1917, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Double)

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas. S. Miller M. D.

5/7/17, 191... (Address) 408 S Patterson Park Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cem. DATE OF BURIAL, May 3rd, 1917

20-UNDERTAKER I Sander Sons ADDRESS 1110 Mad St

Spec.—8-24-14—M. & T.—2000 Bks.

D 4947

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4947

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Stansell

(Residence in Baltimore: No. 10 days in Hospital St.; ....yrs....mos....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ...Sept.... (Month) 10 (Day), 1857 (Year)

7-AGE, 59 yrs. 8 mos. 23 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Mail Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) U.S.

9-BIRTHPLACE, (State or Country), South Carolina

PARENTS.

10-NAME OF FATHER, Thomas Stansell

11-BIRTHPLACE OF FATHER (State or Country), S. C.

12-MAIDEN NAME OF MOTHER Sarah —

13-BIRTHPLACE OF MOTHER (State or Country), Georgia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. Stansell

(Address) Johns Hopkins Hospital

15- Filed MAY 3 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 18 1917, to May 3 1917, that I saw h.. alive on May 3 1917, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) ....yrs. 6 mos. ....da.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 3 yrs. 2 mos. ....da.

(Signed) Alan C. Woods M. D.

May 3, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 10 da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death? —

Former or usual residence Williamston S. C.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenville S. C.	May 3, 191...
20-UNDERTAKER Albert E Fuller	ADDRESS 221 N Broadway

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4948

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4948

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mrs. Hopkins Hospital ST.; 12 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ann Lantter

(Residence in Baltimore: No. 24th St + W. 15 Rd St.; —yrs.,—mos.—ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	White	Married

6-DATE OF BIRTH, ...Jan.... (Month) ....1.... (Day) ....1.... (Year)

7-AGE, 63 yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work Show man (b) General nature of industry, business, or establishment in which employed (or employer) 086

9-BIRTHPLACE, (State or Country), Ohio

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ....

(Address) Mrs. Hopkins Hospital

15-

Filed ....., 191.... Registrar.

MAY 3 1917 HARRY C. ANDREWS Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...May.... (Month) ....2.... (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....Dec 26.... 191.7, to ....May 2.... 191.7, that I saw h— alive on ....May 2.... 191.7, and that death occurred, on the date stated above, at 10 p. m.

The CAUSE OF DEATH* was as follows:

....Cerebral Hemorrhage....

.....

.....

..... (Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) ....Bronchopneumonia....

..... (Duration) ....yrs. ....mos. 1 ds.

(Signed) ....George W. Preston M. D.

May 3, 191.7 (Address) ....Mrs. Hopkins Hosp....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence 24th St + W. 15 Rd.

19-PLACE OF BURIAL OR REMOVAL, Cincinnati Ohio — DATE OF BURIAL. May 3, 1917

20-UNDERTAKER Elliott E Fuller — ADDRESS 221 N Bond

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4949 ✓ 29 D 4949

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 17 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry M. Thompson Jr.

(Residence in Baltimore: No. 2524 N. Charles St. St.; Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July 31, 1889
(Month) (Day) (Year)

7-AGE, 27 yrs. 9 mos. 3 ds.
If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Auto Salesman Union Co
(b) General nature of industry, business, or establishment in which employed (or employer): 266

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Henry M. Thompson

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Lilly Washook

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry M. Thompson

(Address) 2524 N. Charles St

15-
Filed MAY 3 - 1917 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 2nd, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 14th 1917, to May 2nd 1917, that I saw h.. alive on May 2nd 1917, and that death occurred, on the date stated above, at 9 [illegible] m.

The CAUSE OF DEATH* was as follows:

acute Miliary Tuberculosis

(Duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary) Adenitis (Tuberculous)

(Duration) yrs. mos. ds.

(Signed) M. Baskin M. D.

May 2nd, 1917. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death [illegible] yrs. — mos. 16 ds. In the State Life mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2524 N Charles St

19-PLACE OF BURIAL, OR REMOVAL, Druid Ridge — DATE OF BURIAL, May 4, 1917

20-UNDERTAKER John O. Mitchell — ADDRESS 1201 N. Fayette

N. B.—Every question must be answered. If the exact information cannot be given, the best possible must be stated. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4950

CERTIFICATE OF DEATH.

105 D 4950

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 Mc Henry St.; 21 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Riley

(Residence in Baltimore: No. 700 Mc Henry St.; (2 yrs., 1 mos. 16 ds.)

N. B.—Every item of information should be carefully noted, as any omission or error may be important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, March (Month) 15 (Day) 1915 (Year)

7-AGE, 2 yrs. 1 mos. 16 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Edward M. Riley

11-BIRTHPLACE OF FATHER (State or Country), Mississippi.

12-MAIDEN NAME OF MOTHER Nellie Nedley

13-BIRTHPLACE OF MOTHER (State or Country), Florida

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward M. Riley

(Address) 700 Mc Henry St

15- Filed MAY 3 - 1917 191.... MARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1917, to May 2 1917, that I saw h.r alive on May 1 1917, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Ileo-Colitis

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Toxemia

(Duration) ....yrs. ....mos. 1 ds.

(Signed) J. M. DiLeuto M. D.

May 2, 1917 (Address) 621 Columbia Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. | DATE OF BURIAL, May 3, 1917

20-UNDERTAKER M. D. Flynn | ADDRESS 1422 Light

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4951

CERTIFICATE OF DEATH.

6

D 4951

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1715 Lorman ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Theresa Hill

(Residence in Baltimore: No. 1715 Lorman St.; 5 yrs., 7 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Sept. (Month) 30., (Day) 1911. (Year)

7-AGE, 5 yrs. 7 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Robert F. Hill

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Mary J. Addison

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert F. Hill

(Address) 1715 Lorman St.

15- MAY 3 • 1917 Filed....., 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 2 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 1 1917, to May 2 1917, that I saw h[illegible] alive on May 2 1917, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Measles

..... (Duration) ....yrs. ....mos. 12 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

..... (Duration) ....yrs. ....mos. 10 ds.

(Signed) John D. Lemmon M. D.

May 3, 1917. (Address) 1507 W. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Hill Park

DATE OF BURIAL, May 4th, 1917.

20-UNDERTAKER Clarence Murphy

ADDRESS 1364 Mary

N. B.—Every item of information must be given as far as possible. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 4952

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4952

CERTIFICATE OF DEATH.

REGISTERED NO. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 621- E 28" ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ophelia Carroll

(Residence in Baltimore: No. 621- East 28" St.: —yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) (Year)

7-AGE, 57 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home-duties
(b) General nature of industry, business, or establishment in which employed (or employer): Home Duties

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Carroll

(Address) 621- E 28 St.

15-

Filed MAY 3 - 1917 191 HARRY C. ANDREWS Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 1, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 5 1917, to April 30 1917, that I saw her alive on April 30 1917, and that death occurred, on the date stated above, at 9 22 m.

The CAUSE OF DEATH* was as follows:

Brights Disease

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia (Duration) yrs. 1 mos. 5 ds.

(Signed) D Gardner Carroll M. D.

May 2., 1917. (Address) 1534 O H Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laural Cemitary

DATE OF BURIAL, May 3, 1917

20-UNDERTAKER Mrs R A Elliott

ADDRESS 506 East 25

I. B. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4953

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 4953

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Falvan

(Residence in Baltimore: No. Bond & Caroline Sts. St.; 30 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	married

6-DATE OF BIRTH, March 6, 1860
(Month) (Day) (Year)

7-AGE, 57 yrs. 1 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Mike Falvan

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Mary Mehart

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address) Johns Hopkins Hospital

15-
Filed MAY 3 · 1917, 191... HARRY C. ANDREWS
Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 1, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 25 191..., to May 1 191..., that I saw h... alive on May 1 191..., and that death occurred, on the date stated above, at 1 p.m.

The CAUSE OF DEATH* was as follows:

Acute Bronchial Pneumonia

(Duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary) Emphysema & Chronic Bronchitis (Duration) 7 yrs. ... mos. ... ds.

(Signed) Claude Heaton M. D.

May 1, 191... (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. 1 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Bond St nr Aliceanna

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus Kostka	May 4, 1917
20-UNDERTAKER Stephen Stalkowski	ADDRESS 1019 Kenwood Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 4954

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 4954

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital St.; 4 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John D. Blackburn

(Residence in Baltimore: No. Churchville Md St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 29 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Charles S. Blackburn

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Laura J. Sheppard

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr Wilkinson

(Address) Aberdeen Md

15- Filed MAY 3 - 1917, 191.. MARY C. ANGELL, Burial Permit Clerk. Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 2, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of Femur, cut tendons of toes and face Caused by being struck by handle bar of Motor Cycle. Accidental.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Albert D. Driscoll M. D. (Coroner)

May 3, 1917. (Address) 317 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place Univers. Hospital the of death yrs. mos. 1 ds. State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Churchville Md

19-PLACE OF BURIAL OR REMOVAL Aberdeen Harford Co Md DATE OF BURIAL, May 7, 1917.

20-UNDERTAKER W J Pickner Sons ADDRESS 421 W Camden St

D 4955

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4955

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Boose

(Residence in Baltimore: No. _____ St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Color

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word.) Single

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 60 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) 60

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, "

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hospital Records

(Address) Green & Lombard Sts

15-

Filed MAY 3 - 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 19, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert S Arnold M. D.
(Coroner.)

May 7, 1917 (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place University Hospital In the
of death ....yrs. ....mos. 7 ds. State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, MAY 3, 1917

20-UNDERTAKER ADDRESS

UNIVERSITY OF MARYLAND
Commissioner Health

Mosher

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 4956

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 4956

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St Joseph's Hospital W WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Johanna O'Leary

(Residence in Baltimore: No. 2044 Eastern Ave St.; 61 yrs., 3 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Jan (Month) 29 (Day), 1856 (Year)

7-AGE, 61 yrs. 3 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Michael Finn

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine Cockran

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Hunt

(Address) 405 S Chester St

15- NANCY C. ANDREWS

Filed MAY 3 - 1917 191.....Burial Permit Clerk
Registrar.

N. B.—Entries must be made in this certificate in plain terms, so that it may be properly classified. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 11 1917, to May 2 1917, that I saw her alive on May 2 1917, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Epithelioma of Vulva
(Clinical)
(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Epithelioma of Inguinal Glands
(Duration) yrs. 3 mos. ds.

(Signed) Wm P Johnson M. D.

5/2, 1917. (Address) St Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 17 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 2044 Eastern ave

19-PLACE OF BURIAL OR REMOVAL, Holy Cross

DATE OF BURIAL, May 5, 1917.

20-UNDERTAKER Peter Nicolaus

ADDRESS 2046 Eastern

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4957

CERTIFICATE OF DEATH.

39 D 4957

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Manley

(Residence in Baltimore: No. 1311 E. Lafayette ave St.; ....yrs., ...mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Feb 9th (Month) (Day), 1860 (Year)

7-AGE, 57 57 yrs. 2 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Traveling Agt

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frank J. Manley.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Cath. Lewis

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Frank M. Manley

(Address) 1311 E. Lafayette ave.

15- MAY 3 - 1917 Filed....., 191.....

ROBERT R. KRAUTHE Registrar

Burial Permit

R. B.—CAUSE OF DEATH in plain terms, so that it may be properly classified. Name of disease alone not sufficient. Deaths from violence must state MEANS and whether ACCIDENTAL, SUICIDAL or HOMICIDAL. Where death occurs in a hospital or institution, the PLACE OF USUAL RESIDENCE must be given, if known, in addition to the hospital. Physicians are requested to fill out all the items which are important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 2nd (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 6 1917, to May 2nd 1917, that I saw him alive on May 2nd 1917, and that death occurred, on the date stated above, at 9P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Tongue

(Clinical)

(Duration) yrs. 8 mos. ....da.

CONTRIBUTORY (Secondary) Same

(Duration) ....yrs. ....mos. ....da.

(Signed) Wm. T. Johnson M. D.

5/2, 1917 (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 2 mos. 26 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 1311 E. Lafayette ave

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery. DATE OF BURIAL, May 5, 1917

20-UNDERTAKER George J. Ruth ADDRESS 1735 Hayford ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4958

CERTIFICATE OF DEATH.

28 D 4958

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 N. Pine ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carl Gibbons or Givens

(Residence in Baltimore: No. 410 Pine St.; ....yrs,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	Col.	single

6-DATE OF BIRTH, March 4, 1900.
(Month) (Day) (Year)

7-AGE, 17 yrs. 1 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): 500

9-BIRTHPLACE, (State or Country), Balto city

PARENTS.

10-NAME OF FATHER, John Givens

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Givens

13-BIRTHPLACE OF MOTHER (State or Ccuntry), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Givens

(Address) 410 Pine St

15- Filed MAY 3 - 1917, 191.... ROBERT B. KRAUTER Registrar

Burial Permit No.....

N.B.—Every item of information should be carefully supplied, especially CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 3, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 10, 1916, to May 1, 1917, that I saw h[illegible] alive on May 1, 1917, and that death occurred, on the date stated above, at 7.30 m.

The CAUSE OF DEATH* was as follows:

Intussusception of bowel 2 days

(Duration) ....yrs. 8 mos. ....ds.

CONTRIBUTORY (Secondary) Asthma

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

May 3, 191.. (Address) 824 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cemetery	May 6, 1917

20-UNDERTAKER	ADDRESS
Charles B. Jones	235 Pine

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 4959

1-PLACE OF DEATH

CERTIFICATE OF DEATH

30 D 4959

REGISTERED No. C .....

CITY OF BALTIMORE (No. 612 Sarahamst St. 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Willie Taund

(Residence in Baltimore: No. 612 Sarahamst St.; yrs. mos. 15 ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Mal.

4-COLOR OR RACE: Colord

5-~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED (Write the word): Infant

6-DATE OF BIRTH: April 26 (Month) 29 (Day), 1915 (Year)

7-AGE: Two yrs. — mos. 6 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Savannah Georgia

PARENTS

10-NAME OF FATHER: Willie Taund

11-BIRTHPLACE OF FATHER (State or country): Savannah Georgia

12-MAIDEN NAME OF MOTHER: Bessie Barnes

13-BIRTHPLACE OF MOTHER (State or country): Fairfax S.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bessie Pinn

(Address) 612 Sarahamst St

15-Filed MAY 3 - 1917, 191 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 3 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 2, 1917, to May 3d 1917, that I saw h... alive on May 3d, 1917, and that death occurred, on the date stated above, at 5 a. m.
The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) ..... yrs. ..... mos. 7 ds

Contributory (SECONDARY) Meningitis probably tuberculous

(Duration) ..... yrs. ..... mos. one ds.

(Signed) F. B. Eastman M. D.

....., 191..... (Address) Greene & Franklin Sts.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem'y — DATE OF BURIAL: May 4 1917

20-UNDERTAKER: Charles B. Jones — ADDRESS: 236 Pine St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4960

CERTIFICATE OF DEATH.

D 4960

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 Pierce ST.; 18 WARD)

REGISTERED NO. C 79

2-FULL NAME Annie Goodgood

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 708 Pierce St.; 68 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widd

6-DATE OF BIRTH, January (Month), 1 (Day), (Year)

7-AGE, 68 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Mather Mason

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Stone

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Ruth

(Address) 708 Pierce St.

15- Filed MAY 3 - 1917, 191... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month), 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 17 191., to May 1 191., that I saw h alive on May 1 191., and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. 2 ds.

(Signed) E. F. Norris M. D.

May 2, 1917, (Address) 1519 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, May 4, 1917.

20-UNDERTAKER Charles B. Jones ADDRESS 935 Pine

CAUSE OF DEATH in plain terms, so that it may be properly classified. It is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4961

CERTIFICATE OF DEATH.

79 D 4961

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 S. Durham St.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Luckner

(Residence in Baltimore: No. 721 S Durham St.; Life yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Married

6-DATE OF BIRTH, May 11, 1869 (Month) (Day) (Year)

7-AGE, 48 yrs. 11 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto Md.

PARENTS.

10-NAME OF FATHER, Don't know

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Don't know

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Caroline W. Lauer

(Address) 721 S. Durham St.

15- Filed MAY 3 - 1917 191... ROBERT R. KRAUTER Registrar. Burial Permit Given

N.B.—Every item of information should be given as correctly as possible. Exact information of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact information is important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 2, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 2nd 1917, to May 2nd 1917, that I saw her alive on May 2nd 1917, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Lesion

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. One ds.

(Signed) J. Wade M. D.

May 2nd 1917. (Address) 118 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer — DATE OF BURIAL. May 5..., 1917.

20-UNDERTAKER Wm Cook — ADDRESS 502 E. North Ave

D 4962

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

170 D 4962

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1519 W. Lanvale St.; 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Richard Hall Hopkins

(Residence in Baltimore: No. 1519 W Lanvale St.; — yrs. 9 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Wht.

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Sept. 16, 1827 (Month) (Day) (Year)

7 AGE: 89 yrs. 7 mos. 17 ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Surgeon
(b) General nature of industry, business, or establishment in which employed (or employer): U. S. Navy

9 BIRTHPLACE (State or country): Balto., Md

PARENTS

10 NAME OF FATHER: Richard Hopkins

11 BIRTHPLACE OF FATHER (State or country): Harford Co., Md

12 MAIDEN NAME OF MOTHER: Mary Grove

13 BIRTHPLACE OF MOTHER (State or country): Harford Co., Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary E Hopkins
(Address) 1519 W. Lanvale St.

15 Filed MAY 3 - 1917 19 ROBERT R. KRAUTER REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May 3, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 2, 1917, to May 3 1917
that I saw h[illegible] alive on May 3, 1917,
and that death occurred, on the date stated above, at — m.
The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis
Arterio-Sclerosis

(Duration) 3 yrs. — mos. — ds

Contributory (SECONDARY): Senility & Coma

(Duration) — yrs. — mos. 2 ds.

(Signed) Geo. Lucas Mudd M. D.
5/3, 1917 (Address) 1520 W Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: May 4 1917

20 UNDERTAKER: Wm Cook, for E. Monk & Co. — ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-24-14—M. & T.—2000 Bks.

D 4963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+92 D 4963

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 N Calvert St.; 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Williams Keighler

(Residence in Baltimore: No. (visiting) - 1207 N. Calvert St.; 45 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Widow

6-DATE OF BIRTH, December 24, 1?
(Month) (Day) (Year)

7-AGE, 45 (yrs.) yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Campbell White

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Mary Smith Williams

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. C. Keighler

(Address) Providence R.I.

15- Filed MAY 3 - 1917, 191.... ROBERT B. KRAUTER Burial Permit Clerk. Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 2, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 28 1917, to May 2 1917, that I saw h~~er~~ alive on May 2 1917, and that death occurred, on the date stated above, at 1.15 P m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia
(R. Lung.)

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Charles O'Donovan M. D.

May 3, 1917. (Address) 5 E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Providence R. I.

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, May 4th, 1917.

20-UNDERTAKER Henry R. Jenkins & Sons ADDRESS McCulloh & Orchard

Spec.—8-24-14—M. & T.—5000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4964

CERTIFICATE OF DEATH.

92 D 4961

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 Trinity - ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vincent Barbarino

(Residence in Baltimore: No. 907 Trinity St - St.; 1 yrs., 5 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Oct (Month) 7th (Day), 1916 (Year)

7-AGE, 1 yrs. 5 mos. 5 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), City.

PARENTS.

10-NAME OF FATHER, Charles Barbarino

11-BIRTHPLACE OF FATHER (State or Country), Italy.

12-MAIDEN NAME OF MOTHER Mary D'Amico

13-BIRTHPLACE OF MOTHER (State or Country), Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Barbarino

(Address) 907 Trinity St.

15- Filed MAY 3 - 1917 191 ROBERT B. KRAUTER Registrar. Burial Permit Clerk.

N.B.—Every item of information should be carefully given. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupations most important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 5 (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4-20 1917, to 5-2 1917, that I saw h[illegible] alive on 5-1 1917, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

(Duration) ....yrs. ....mos. 13 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) ....yrs. ....mos. 13 ds.

(Signed) S. Adriance M. D.

5-2-, 1917. (Address) 1101 E. Fayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cem.	May 5th, 1917
20-UNDERTAKER Lilly & Zirkin.	ADDRESS 403 E. Fayette St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4965

CERTIFICATE OF DEATH.

84 D 4965

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1634 N Bradford St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Sommerlot

(Residence in Baltimore: No. 1634 N. Bradford St.; 60 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, March (Month) 15 (Day), 1835 (Year)

7-AGE, 82 yrs. 1 mos. 18 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Wolf

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Elizabeth Moyer

(Address) 1634 N. Bradford St

15- Filed MAY 3 - 1917, 191... ROBERT R. KRAUTER Burial Permit [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April May 3 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 28 1917, to May 3 1917, that I saw h[illegible] alive on May 3 1917, and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) 1 yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Acute Dilitation of Heart

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Emil Schmidt M. D.

May 3, 1917 (Address) 1419 E. Eager

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel — DATE OF BURIAL, May 6, 1917

20-UNDERTAKER W. M. Cook — ADDRESS 502 E Nat[illegible]

Spec.—8-24-14—M. & T.—2000 Blks.

D 4966

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4966

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1151 Myrtle av ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lula L. Murphy

(Residence in Baltimore: No. 1151 Myrtle av St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Oct 30, 1887 (Month) (Day) (Year)

7-AGE, 29 yrs. 7 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, James A Coates

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Laura Campbell

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Pauline Hergch

(Address) 1157 Myrtle Ave

15- Filed MAY 3 - 1917, 191... ROBERT R. KRAUTH Burial Permit Registrar

CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 18 1916, to May 3 1917, that I saw her alive on May 2 1917, and that death occurred, on the date stated above, at 7A. m.

The CAUSE OF DEATH* was as follows:

Valvular Disease 7 Year

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Nephritis

(Duration) yrs. unknown mos. ds.

(Signed) Wm E Burton M. D.

May 3, 191.7 (Address) 762 Dolphin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mon Cathedral	May 7, 191.7
20-UNDERTAKER William Cook	ADDRESS 502 E North ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 4967

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 4967

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital St.; 7 WARD)
REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Lake

(Residence in Baltimore: No. 507 W. Lanvale St.; 29 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, ? (Month) (Day) 1861 (Year)

7-AGE, 36 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Maid
(b) General nature of industry, business, or estsblishment in which employed (or employer): ? ?

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Adams

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Elizabeth Tolbe

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Sarah Adams

(Address) 56 N West Arlington

15- Filed MAY 4 - 1917, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 2 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from April 20 191?, to May 1 191?
that I saw her alive on May 1 191?
and that death occurred, on the date stated above, at 5 9 m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) ? yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ? yrs. ? mos. 2 ds.

(Signed) S. S. Hughes M. D.

May 2, 1917. (Address) 1413 D. Hill

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State 5 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 507 W Lanvale St

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem DATE OF BURIAL: May 4, 1917

20-UNDERTAKER: Samuel Hensley ADDRESS 518 W Baltimore St

Spec.—8-24-14—M. & T.—2000 Bks.

D 4968

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4968

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) St. Joseph's Hospital (St.) 15 (WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Annie B Ball

(Residence in Baltimore: No.) Oaks Apts. 3205 Elgin Ave Walbrook St. (35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July 20 (Month) (Day), 1865 (Year)

7-AGE, 51 yrs. 9 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): 0

9-BIRTHPLACE, (State or Country), Accomack Co Va

PARENTS.

10-NAME OF FATHER, John Broughton

11-BIRTHPLACE OF FATHER (State or Country), Somerset Co Md

12-MAIDEN NAME OF MOTHER Hannah Stevens

13-BIRTHPLACE OF MOTHER (State or Country), Somerset, Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs J. Ball (Husband)

(Address) 3205 Elgin Ave.

15-

Filed MAY 4 - 1917, 191... HARRY C. ANDREWS
Burial Permit Clerk

CAUSE OF DEATH in plain terms, so that it may be properly classified. Name of disease alone insufficient. If from violence, state whether Accidental, Suicidal or Homicidal. Fill all blanks if possible. Omit terms unknown or not important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4/22/17 191... to 5/4/17 191..., that I saw her alive on May 4 191..., and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Cerebro-Spinal Meningitis (Epidemic)

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 1 ds.

(Signed) A. A. McCulloch M. D.

5/4/17, 191... (Address) St Joseph Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State Life yrs. mos. ? ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Oaks Apts Walbrook

19-PLACE OF BURIAL, OR REMOVAL, London Park — DATE OF BURIAL, May 5..., 1917

20-UNDERTAKER Andrew Bros Co — ADDRESS 715 Fifth

Spec.—8-24-14—M. & T.—2000 Bks.

D 4969

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 4969

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 240 S. Washington ST.; V WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georg R. Rossmark

(Residence in Baltimore: No. 240 S. Washington St.; 4 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Oct. 15 (Month), (Day), 1898 (Year)

7-AGE, 18 yrs. 6 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Georg Rossmark

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Margarette Schuppel

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Rossmark

(Address) 240 S. Washington

Filed MAY 4 - 1917, 191.... HARRY O. ANDREWS Registrar. Burial Permit Clerk.

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 1 (Month), (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1- 1917, to May 1- 1917, that I saw him alive on May 1 1917, and that death occurred, on the date stated above, at 10 a.m./p.m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Pleurisy

(Duration) yrs. 1 mos. ds.

(Signed) J. E. Blady M. D.

5/3 1917. (Address) 143 N. 13th way

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, May 7, 1917

20-UNDERTAKER H. Sanders & Sons — ADDRESS 1715 Eutaw St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 4970 + 41 D 4970

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital ST.; 9 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 12.)

2-FULL NAME Lydia Easton

(Residence in Baltimore: No. St Joseph Hospital St.; ..... yrs., 4 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 53 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Home work
(b) General nature of industry, business, or establishment in which employed (or employer)..... Work for

9-BIRTHPLACE, (State or Country), New Castle Pa

PARENTS.

10-NAME OF FATHER, Samuel Easton

11-BIRTHPLACE OF FATHER (State or Country), New Castle Pa

12-MAIDEN NAME OF MOTHER Julia Zolb

13-BIRTHPLACE OF MOTHER (State or Country), New Castle Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Zolb

(Address) New Castle Pa

15- Filed MAY 4 - 1917, 191.... HARRY C. ANDREWS Registrar

Burial Permit Issued

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 3, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 19 1916, to May 3rd 1917, that I saw h er alive on May 3rd 1917, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

..... (Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Carcinomatosis from Metal Carcinoma (Clinical) (Duration) 5 yrs. ..... mos. ..... ds.

(Signed) Millard L Rumore M. D.

May 3, 1917 (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 4 mos. 15 ds. In the State ..... yrs. 4 mos. 15 ds.

Where was disease contracted, if not at place of death? Home - New Castle Pa

Former or usual residence New Castle Pa

19-PLACE OF BURIAL OR REMOVAL, New Castle Pa — DATE OF BURIAL, May 4, 1917.

20-UNDERTAKER John F Bowan & Son — ADDRESS 901 Hollins St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 4971

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1807 Riggs Ave. ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma L. Scheer

(Residence in Baltimore: No. 1807 Riggs Ave. St.; 52 yrs., 2 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Widow

6-DATE OF BIRTH, February 15, 1865
(Month) (Day) (Year)

7-AGE, 52 yrs. 2 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Philip Conrad

11-BIRTHPLACE OF FATHER (State or Country), France

12-MAIDEN NAME OF MOTHER Eva Anna Ziegler

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Henry L. Scheer
(Address) 1807 Riggs Ave.

15- Filed MAY 4 - 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CAUSE OF DEATH in plain terms. Every item important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 2, 1917.
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 10 1916, to May 2 1917, that I saw h er alive on May 2 1917, and that death occurred, on the date stated above, at 2.20 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) 0 yrs. 11 mos. ....ds.

(Signed) J. Homer Nelson M. D.

May 3 1917. (Address) 1021 N. Dallas Town

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, May 4.., 191.7

20-UNDERTAKER Jos B Cook — ADDRESS 1003 W. Balto.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4972 D 4972

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2112 Vine ST.; 20 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Miller

(Residence in Baltimore: No. 2112 Vine St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Widow

6-DATE OF BIRTH, June (Month) 20 (Day), 1840 (Year)

7-AGE, 76 yrs. 10 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Mr. Denner

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Lena Schulthels

(Address) 2112 Vine St.

15- Filed MAY 4 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CAUSE OF DEATH to be plainly written. Every question must be answered if possible. Omissions will cause delay, and may cause return of certificate for information. Every item is important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 1 1917, to May 3 1917, that I saw her alive on May 3 1917, and that death occurred, on the date stated above, at 9:15 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Finley Soaig M. D.

May 4 191 (Address) 1426 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	May 6, 1917
20-UNDERTAKER J. B. Cook	ADDRESS 1003 W. Balto.

Spec.—8-24-14—M. & T.—2000 Blks.

D 4973

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40

D 4973

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1912 E Baltimore ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August Borchers

(Residence in Baltimore: No. 1912 E Baltimore St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	married

6-DATE OF BIRTH. Feb. (Month) 9 (Day), 1857 (Year)

7-AGE. 60 yrs. 7 mos. 27 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cigar maker
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, John Borchers.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Minnie Huessing

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Smith

(Address) 216 Allegany St.

15- MAY 4 - 1917 Burial Permit Clerk

Filed ....., 191.. .....
Registrar.

CAUSE OF DEATH to be filled in plainly and accurately. Every question important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1916, to May 1 1917, that I saw h[im] alive on May 1 1917, and that death occurred, on the date stated above, at 11:45 A m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Walter W. Wolfe M. D.

May 2, 1917 (Address) 11 O 1 Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cem.	May 5, 1917
20-UNDERTAKER Geo M. Frick	ADDRESS 814 N Wolfe

D 4974

28 D 4974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1022 Fullmore alley St.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Jones

(Residence in Baltimore: No. 1022 Fullmore alley St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown Unknown 1 (Month) (Day) (Year)

7-AGE, 39 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Ambrose Jones

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Mary E. Allen

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Jones

(Address) 718 N. Dolphin St

15- MAY 4 - 1917 HARRY C. ANDREWS

Filed....., 191.... Vital Statistics Clerk

Registrar.

N. B.—Every item of information must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Chas. Bryan M. D. (Coroner)

5/3, 1917 (Address) 710 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health

Per Wm. E. Woodall

D 4975

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167 D 4975

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1[illegible] Joseph Hospital ST. WARD)

2-FULL NAME Gotlib Wozniak

(Residence in Baltimore: No. 303 S Collington Ave St. 3 yrs. 2 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Mal

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Sin

6-DATE OF BIRTH, Dec. 9, 1913
(Month) (Day) (Year)

7-AGE. 2 yrs. 2 mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....Baby
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Stanislaus Wozniak

11-BIRTHPLACE OF FATHER (State or Country), Indiana,

12-MAIDEN NAME OF MOTHER Frances Pantzlo

13-BIRTHPLACE OF MOTHER (State or Country), Balto,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Francis Wozniak

(Address) 303 S Collington Ave

15- Filed MAY 4 - 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 2, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Burns; accidental
while playing with
matches
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) [illegible] (Coroner) M. D.
May 3, 1917 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State 2 yrs. mos. ds.
Where was disease contracted, if not at place of death?
303 S Collington Ave
Former or usual residence 303 S Collington Ave

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, May 4, 1917

20-UNDERTAKER Wm Fackowski — ADDRESS Md Eastern Ave

N. B.—Every item of information must be given, so that it may be properly classified. Exact statement of OCCUPATION is important. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 4976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 D 4976

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2443 Maryland ST.; 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Atlanta H. Miller

(Residence in Baltimore: No. 2443 Maryland St.; — yrs., — mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Nov 28 (Month) (Day), 1846 (Year)

7-AGE, 70 yrs. 5 mos. 4 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, James P. Selby

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Rachel A. Godwin

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Logan S. Miller

(Address) 2443 Maryland Ave.

15- MAY 4 - 1917

Filed....., 191.... HARRY O. ANDREWS Burial Permit Clerk Registrar.

CAUSE OF DEATH to be filled in plain English by physician only. Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 2 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 28 1917, to May 2 1917, that I saw h[illegible] alive on May 2 1917, and that death occurred, on the date stated above, at 10 20 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Clinical)

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [signature] M. D.

5/4, 191[illegible] (Address) 1733 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn Cemy	May 3, 1917
20-UNDERTAKER	ADDRESS
Elliott E Fuller	221 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4977

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 4977

CERTIFICATE OF DEATH.

79

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 722 E. Preston St. ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara Starr Crowe

(Residence in Baltimore: No. 722 E. Preston St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Jan 16, 1856 (Month) (Day) (Year)

7-AGE. 61 yrs. 3 mos. 27 ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION.
(a) Trade, profession, or particular kind of work. Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer). None

9-BIRTHPLACE. (State or Country). Md

PARENTS.

10-NAME OF FATHER. Georgia Starr

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Wallace Carb

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H R Crowe

(Address) 722 E Preston

15- HARRY C. ANDREWS

Filed MAY 4 - 1917, 191... Burial Permit Clerk Registrar.

CAUSE OF DEATH to be filled in plainly and completely. Use no abbreviations or ditto marks. Cross out words not necessary. If uncertain, say so. Butchers, Bakers, Grocers, Manufacturers, Clerks, Laborers, etc., are not sufficiently definite. Such terms as Consumption, Pneumonia, Dropsy, Cancer, Old Age, Accident, Fracture, Homicide, Suicide, are sufficiently definite. Indefinite and insufficient answers may cause delay in burial. Return this certificate to Undertaker. Information as to time, place and cause of death is important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 5, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 21 1916, to May 2 1917, that I saw h[illegible] alive on May 2 1917, and that death occurred, on the date stated above, at 4.35 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Heart Disease

(Duration) ... yrs. 5 mos. ... ds.

CONTRIBUTORY (Secondary) Heart Failure & Exhaustion

(Duration) ... yrs. ... mos. 1 ds.

(Signed) J M Robinson M. D.

May 3, 1917. (Address) 726 E. Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Greenmount Cem DATE OF BURIAL. May 6, 1917

20-UNDERTAKER Halbert W. Shriver ADDRESS 1018 Edmondson Ave

Spec.—5-19-13—M. & T.—500 Bks.

D 4978

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113

D 4978

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 McHenry ST.: 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kate Dunn

(Residence in Baltimore: No. 909 McHenry St.: 70 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1 (Year)

7-AGE, 70 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. F. Dearborn

(Address) 909 Mc Henry st

15- Filed MAY 4 - 1917, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

CAUSE OF DEATH must be plainly stated. Every question must be answered if important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 24 1917, to May 2 1917, that I saw her alive on May 2 1917, and that death occurred, on the date stated above, at 8.20 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Jaundice

(Duration) yrs. mos. ds.

(Signed) Joseph E. Muse M. D.

May 5, 1917 (Address) 1520 Hollins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, May 5, 1917

20-UNDERTAKER John J. Fields — ADDRESS 1711 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 4979

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 4979

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1052 Saratoga ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Nearman

(Residence in Baltimore: No. 1052 Saratoga St. Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH July 20, 1855 (Month) (Day) (Year)

7-AGE, 61 yrs. 9 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles E. Nearman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Hannah Hanney

13-BIRTHPLACE OF MOTHER (State or Country), Ire.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Hannah Nearman

(Address) 1052 Saratoga St

15-Filed MAY 4 - 1917, 191.... HARRY C. ANDREWS Registrar.

Burial Permit Clerk

CAUSE OF DEATH must be plainly stated. Every question must be answered if possible. Be particular and exact. Name disease causing death, not mode of dying. Do not use indefinite terms. If from accident, state the nature of accident and whether it was accidental, suicidal or homicidal. If from any disease of a female specific to her sex, state it. If a woman has died in childbirth, or within one month thereafter, state the fact. If the deceased was a child, state whether it was born alive. If the cause of death was not known to the attendant, he should state the fact. If the death was sudden, or if the coroner was notified, he should state the fact. If the death was caused by violence, the coroner should be notified. If the death was caused by violence, the coroner should be notified. If the death was caused by violence, the coroner should be notified

D 4980

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 4980

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 404 Eislen ST.: 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Perry

(Residence in Baltimore: No. 404 Eislen St.; ~ yrs., ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, Unknown (Month), 1 (Day) (Year)

7-AGE, 38 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hostler
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henrietta Chapman

(Address) 404 Eislen St

15- MAY 4 - 1917 Burial Permit Clerk

Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Gilbert Donnelly (Coroner) M. D.

May 4, 191 7 (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	May 4, 1917
20-UNDERTAKER	ADDRESS
Charles B Jones	925 Pine St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4981

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 4981

1-PLACE OF DEATH Md. General Hospital REGISTERED NO. C

CITY OF BALTIMORE: (No. Linden Ave Madison ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Bertha A. Funk

(Residence in Baltimore: No. 638 W. Lee St. St.; 1 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept 2, 1892
(Month) (Day) (Year)

7-AGE, 24 yrs. 8 mos. 1 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Christian Christian

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Elizabeth Rossing

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clarence E. Funk

(Address) 638 W. Lee St.

15- Filed MAY 4 - 1917, 191 HARRY C. ANDREWS Registrar. Burial Permit Clerk

CAUSE OF DEATH. Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 3, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 3 1917, to May 3 1917, that I saw h[illegible] alive on May 3 1917, and that death occurred, on the date stated above, at 12.25 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema.

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Puerperal Eclampsia.

Chronic Nephritis (Duration) — yrs. mos. ds.

(Signed) J. A. Bauereis M. D.

May 3 1917 (Address) Md Gen. Hosp.

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 3 hrs. ds. In the State 24 yrs. 8 mos. 1 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 638 W. Lee Street

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem — DATE OF BURIAL, May 5, 1917

20-UNDERTAKER Mrs. Mrs John W. Temple — ADDRESS 801 W. Fayette St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4982

HEALTH DEPARTMENT—CITY OF BALTIMORE

1917
1402
D 4982

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. 2021 St Paul ST.; 12 WARD) REGISTERED NO. C 91

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Celesta M Albert

(Residence in Baltimore: No. 2021 St Paul St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female
4-COLOR OR RACE: White
5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, July 5, 1842 (Month) (Day) (Year)

7-AGE, 74 yrs. 9 mos. 29 ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Pa

PARENTS.
10-NAME OF FATHER: Isaiel Nichols
11-BIRTHPLACE OF FATHER (State or Country): Pa
12-MAIDEN NAME OF MOTHER: Martha Brockway
13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Bessie Albert
(Address) 2021 St Paul

15-MAY 4 - 1917 Filed ....., 191.... ROBERT R. KRAUTH Burial Permit Clerk

CAUSE OF DEATH is plain and important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: May 4, 1917 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from April 9 1917, to May 4 1917, that I saw her alive on May 3rd 1917, and that death occurred, on the date stated above, at 4 20a m.

The CAUSE OF DEATH* was as follows:
Bronchio-pneumonia
(Duration) ....yrs. ....mos. 11 ds.
CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) A. F. Robinson M. D.
May 7, 1917. (Address) 141 E. Northern

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Clearfield Pa. DATE OF BURIAL, May 5, 1917.
20-UNDERTAKER Eder & Fanning ADDRESS Lafayette & Mulberry

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4983 D 4983

CERTIFICATE OF DEATH. Banks 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 570 Walnut St.; 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julius Banks

(Residence in Baltimore: No. 570 Walnut St.; ... yrs., ... mos. ... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	C	Married

6-DATE OF BIRTH, ... (Month) ... (Day) 1 (Year)

7-AGE, 38 yrs. ... mos. ... da. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): Private House

9-BIRTHPLACE, (State or Country): Va

PARENTS.

10-NAME OF FATHER.

11-BIRTHPLACE OF FATHER (State or Country): Va

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence Compher

(Address) 570 Walnut St.

15- Filed MAY 5 - 1917 191... ROBERT R. KRAUTH Registrar.

Burial Permit [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 4th, 1917 (Month) (Day) (Year)

17- I, HEREBY CERTIFY, That I attended deceased from April 18th 1917, to May 4th 1917, that I saw h[illegible] alive on May 4th 1917, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Organic Heart Trouble (Mitral)

(Duration) ... yrs. 7 mos. ... da.

CONTRIBUTORY (Secondary) Alcoholism

(Duration) 7 yrs. ... mos. ... da.

(Signed) A. Fenhler M. D.

5/4, 191.7 (Address) 924 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
UNIVERSITY OF MARYLAND.	MAY 4 1917
20-UNDERTAKER	ADDRESS

Commissioner Health.

THOS. E. WOODALL

CAUSE OF DEATH must be stated in plain English. See instructions on back of certificate. important.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1984

CERTIFICATE OF DEATH.

120

REGISTERED NO. C D 1984

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1919 Homewood Ave St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry F. Kleinhauk

(Residence in Baltimore: No. 1919 Homewood Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH ..... (Month) Aug 8 (Day), 1874 (Year)

7-AGE, 42 yrs. 8 mos. 25 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Jeweler
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country) Cincinnati Ohio

PARENTS.

10-NAME OF FATHER Sidney Kleinhauk

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Dinah Klein

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gertrude V Kleinhauk

(Address) 1919 Homewood Ave

15-

Filed MAY 5 - 1917 ROBERT B. KRAUTER Registrar.

Burial Permit Issued

CAUSE OF DEATH must be stated plainly and fully. Indefinite terms, such as "Debility," "Old Age," "Paralysis," "Convulsions," "Cancer," "Tumor," "Abscess," "Child-bed," "Fever," "Inflammation," "Hemorrhage," "Dropsy," "Consumption," "Heart Disease," "Kidney Disease," "Liver Disease," "Lung Disease," "Stomach Disease," "Bowel Disease," "Womb Disease," "Brain Disease," "Blood Disease," "Skin Disease," "Bone Disease," "Joint Disease," "Muscle Disease," "Nerve Disease," "Eye Disease," "Ear Disease," "Throat Disease," "Nose Disease," "Mouth Disease," "Tongue Disease," "Teeth Disease," "Gum Disease," "Lip Disease," "Chin Disease," "Cheek Disease," "Forehead Disease," "Temple Disease," "Scalp Disease," "Hair Disease," "Beard Disease," "Whiskers Disease," "Mustache Disease," "Eyebrow Disease," "Eyelash Disease," "Eyelid Disease," "Eyeball Disease," "Pupil Disease," "Iris Disease," "Retina Disease," "Optic Nerve Disease," "Cornea Disease," "Sclera Disease," "Conjunctiva Disease," "Lacrimal Gland Disease," "Lacrimal Duct Disease," "Lacrimal Sac Disease," "Nasolacrimal Duct Disease," "Nasolacrimal Sac Disease," "Nasolacrimal Gland

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 4985 — 28 — D 4985

CERTIFICATE OF DEATH

1-PLACE OF DEATH — Registered No. C.....

CITY OF BALTIMORE (No. 516 E 21st St. 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Usher

(Residence in Baltimore: No. 516 E 21st St.; yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH: May (Month) 16 (Day), 1884 (Year)

7-AGE: 32 yrs. 11 mos. 16 ds. — If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Insurance
(b) General nature of industry, business, or establishment in which employed (or employer): Agent

9-BIRTHPLACE (State or country): Balto

PARENTS

10-NAME OF FATHER: Richard Usher

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Kenny

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Usher

(Address) 516 E 21st St

15- MAY 5 - 1917 191.. ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 2 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 20, 1917, to May 2nd, 1917, that I saw him alive on May 1st, 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) one yrs. ..... mos. ..... ds

Contributory (SECONDARY) Septic Intoxication

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) James M Hanlon M. D.

May 3, 1917 (Address) 100 E Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	May 5, 1917

20-UNDERTAKER: C. N. Friedgen Jr. ADDRESS: Eden St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4986 — 40 — D 4986

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 2069 Woodberry Ave St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Washington Foreman

(Residence in Baltimore: No. 2069 Woodberry Ave St.; 78 yrs., — mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April (Month) 14 (Day), 1839 (Year)

7-AGE, 78 yrs. — mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) Cotton mill supplies

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Joseph E. Foreman

11-BIRTHPLACE OF FATHER (State or Country), Penna.

12-MAIDEN NAME OF MOTHER Mary J. Davis

13-BIRTHPLACE OF MOTHER (State or Country), Penna.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth E. Foreman

(Address) 2069 Woodberry Ave.

15- Filed MAY 5 - 1917, 191.... ROBERT R. KRAUTH Registrar

Burial Permit Issued

CAUSE OF DEATH to be plainly written. Every item important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1st 1916, to May 2 1917, that I saw h[illegible] alive on May 2 1917, and that death occurred, on the date stated above, at 11.40 A.m.

The CAUSE OF DEATH* was as follows: Carcinoma Stomach & Rectum (Inoperable)

(Duration) 1 yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) Uncertain

(Duration) ....yrs. ....mos. ....ds.

(Signed) L. P. Wantz M. D.

May 3rd, 1917. (Address) 865 W. Lafayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Mary's Hampden — DATE OF BURIAL, May 5, 1917

20-UNDERTAKER Horace Burgee & Son — ADDRESS 363 Fallo Road

Spec.---8-24-14—M. & T.—2000 mks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4987

CERTIFICATE OF DEATH.

28 D 4987

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1823 N. Patterson Pk Ave ST.; 18 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John E Forster

(Residence in Baltimore: No. 1823 N. Patterson Pk Ave St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May 2, 1887 (Month) (Day) (Year)

7-AGE, 29 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Beer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Driver

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Forster

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER, Lena Spindler

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Ella Forster Pk ave

(Address) 1823 N Patterson

15- MAY 5 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar.

Burial Permit 31671

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 2, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 20 1917, to May 2 1917, that I saw h[illegible] alive on May 2 1917, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs. 6+ mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) ..... M. D.

May 4, 1917. (Address) 1419 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, May 5, 191..

20-UNDERTAKER Roth & Thuss — ADDRESS 1414 Bway

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4988 ✓ 120 D 4988

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3710 Springdale ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence Dickis Foster

(Residence in Baltimore: No. 3710 Springdale ave St.; 49 yrs., 8 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Wht-	Married

6-DATE OF BIRTH, September 3, 1867.
(Month) (Day) (Year)

7-AGE, 49 yrs. 8 mos. 0 ds.

If LESS than 1 day, — hrs. or — min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Agent to Warehouse
(b) General nature of industry, business, or establishment in which employed (or employer)..... B & O R R Co

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James Webb Foster

11-BIRTHPLACE OF FATHER (State or Country), Cecil Co. Md.

12-MAIDEN NAME OF MOTHER Mary A Moore

13-BIRTHPLACE OF MOTHER (State or Country), Cecil Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sadie E Foster

(Address) 3710 Springdale Ave

15- MAY 5 - 1917 ROBERT R. KRAUTH
Filed..... 191... Registrar
Burial Permit Issued

CAUSE OF DEATH in plain terms, so that it may be properly classified. Abbreviations not important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 3, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1917, to May 3 1917, that I saw him alive on May 3 1917, and that death occurred, on the date stated above, at 12.55 ~~A~~ P.M.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) — yrs. 3 mos. 15 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C W Tolbert M. D.

May 3, 1917. (Address) 1000 N Fremont Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, London Park Cemetery — DATE OF BURIAL, May 5 1917.

20-UNDERTAKER Leo J Smith — ADDRESS 1000 N Fayette

D 4989

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

D 4989

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 118 W. Mulberry St.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Thomas J. Walsh

(Residence in Baltimore: No. 118 W. Mulberry St.: 64 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): single

6 DATE OF BIRTH: Don't Know (Month), 1 (Day), (Year)

7 AGE: 64 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Marble & Tile
(b) General nature of industry, business, or establishment in which employed (or employer): Business

9 BIRTHPLACE (State or country): Ireland

PARENTS

10 NAME OF FATHER: Patrick Walsh

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Catherin Walsh

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Martin

(Address) 118 W. Mulberry st

Filed MAY 5 - 1917 191

ROBERT R. KRAUTER
Burial Permit Clerk

N. B.-Every item of information should be carefully supplied. Fill out blanks completely so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 4 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 30, 1917, to May 4 1917, that I saw h im alive on May 3, 1917, and that death occurred, on the date stated above, at 8.50 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumond

(Duration) yrs. mos. 5 ds

Contributory (SECONDARY) Bronchitis & Asthma

(Duration) 30 4 yrs. mos. ds.

(Signed) H K Gorsuch M. D.

May 4, 191 (Address) 117 W. Saratoga

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New Cathedral Cem.

DATE OF BURIAL: May 8th 191 7

20 UNDERTAKER: George J. Ruth

ADDRESS: 1735 Harford Ave.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 4990 +150 D 4990

1-PLACE OF DEATH — Registered No. C

CITY OF BALTIMORE (No. Balto Presby. Eye, Ear Throat Hosp. ST.: ? WARD)

2-FULL NAME Jergen Petersen Jr

(Residence in Baltimore: No. 611 Hillen ST.: — , 5 mos. 2 ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED WIDOWED OR DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: Jan 28, 1917 (Month) (Day) (Year)

7-AGE: ~~Yrs.~~ 3 mos. 7 ds. If LESS than 1 day, ——hrs. or ——min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Co Md

PARENTS

10-NAME OF FATHER: Jergen Petersen

11-BIRTHPLACE OF FATHER (State or country): Denmark

12-MAIDEN NAME OF MOTHER: Petra Plaza

13-BIRTHPLACE OF MOTHER (State or country): Porto Rica

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jergen Petersen Sr

(Address) Govanstown Md

15. MAY 5 - 1917, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 5, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 3, 1917, to May 5 1917, that I saw h— alive on May 5, 1917, and that death occurred, on the date stated above, at 1 a. m.
The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) — yrs. — mos. 2 ds

Contributory (SECONDARY) (Operation for Split Lip)

(Duration) yrs. mos. ds.

(Signed) B O'Kelly M. D.

, 191 (Address) 100 N Linwood Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. 2 ds. In the State Life yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence Govanstown Md

19-PLACE OF BURIAL OR REMOVAL: Mt Carmel Cemetery — DATE OF BURIAL: May 5, 1917

20-UNDERTAKER: Einstein Miller — ADDRESS: 2334 Jefferson St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 4991

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 D 4991

REGISTERED No. C

PLACE OF DEATH

CITY OF BALTIMORE (No. 1103 Forrest Place ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John McKernan

(Residence in Baltimore: No. 1103 Forrest Place St.; yrs., 60 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Unknown, 1833 (Month) (Day) (Year)

7-AGE, 84 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Steel
(b) General nature of industry, business, or establishment in which employed (or employer): Broker

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Michael McKernan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ambrose Smith

(Address) 1103 Forrest St

15-

Filed MAY 5 1917 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 4, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Endocarditis Mitral
Incompetency 7 yrs
Compensated
(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart (Duration) yrs. 15 mos. ds.

(Signed) James M Reuben M. D. (Coroner.)

May 6 191.7 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..yrs..mos..ds. In the State..yrs..mos..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, May 7 19.17

20-UNDERTAKER Chas. P. Evans & Son — ADDRESS 118 W. Mt. Royal Ave

N. B.—Every question must be properly classified. Place a line (—) where it is not important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Place a line (—) where it is not important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4992

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4992

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Preston Apartments ST.; 11 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Marida King

(Residence in Baltimore: No. Preston Apartments St.; 65 yrs., 9 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, July 30, 1851
(Month) (Day) (Year)

7-AGE, 65 yrs. 9 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John J. Snyder

11-BIRTHPLACE OF FATHER (State or Country), Penna

12-MAIDEN NAME OF MOTHER Mary E. Hays

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr John R. King

(Address) Preston Apts

15-
Filed MAY 5 - 1917, 191.....
HARRY C. ANDREWS
Burial Permit Clerk
Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 4, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 2 1917, to May 4 1917, that I saw h[er] alive on May 4 1917, and that death occurred, on the date stated above, at 1:30 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Mitral insufficiency

(Duration) yrs. mos. 10 ds.

(Signed) J Warren Buckley M. D.

May 4, 191.7. (Address) 806 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery — DATE OF BURIAL, May 6, 191.7.

20-UNDERTAKER Stewart & Warren Co — ADDRESS 1088 W. Mt Rd

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4993

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50

D 4993

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) Mercy Hospital ST.; 15 WARD)
REGISTERED No. C

2-FULL NAME Emma Blake

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 16 1/2 Lawrence St. St.; ✓ yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Single

6-DATE OF BIRTH, Jan 3, 1863
(Month) (Day) (Year)

7-AGE, 54 yrs. 4 mos. 1 ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Genl. 03

9-BIRTHPLACE, (State or Country), Ohio

PARENTS.

10-NAME OF FATHER, Wm. Henry

11-BIRTHPLACE OF FATHER (State or Country), Canada

12-MAIDEN NAME OF MOTHER Rebecca Snyder

13-BIRTHPLACE OF MOTHER (State or Country), Ohio

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mercy Hosp
(Address) Calvert St

15- Filed MAY 5 - 1917, 191.... MARY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 4, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 27, 191.., to May 4 191.., that I saw h.. alive on May 4 191.., and that death occurred, on the date stated above, at 4.50 p.m.

The CAUSE OF DEATH* was as follows:
Diabetes Mellitus
(Duration) 5 yrs. mos. ds.
CONTRIBUTORY (Secondary): Ch. Bronchitis
(Duration) 2 wks mos. ds.
(Signed) Chas. A. Smith M. D.
May 4, 191.. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death .....yrs.....mos. 10 ds. In the State 72 yrs. — mos. — ds.
Where was disease contracted, if not at place of death? 16 1/2 Lawrence St.
Former or usual residence 16 1/2 Lawrence St.

19-PLACE OF BURIAL OR REMOVAL, Millcreek-Middleto Va. DATE OF BURIAL, May 6, 191..

20-UNDERTAKER Wm Cook ADDRESS 502 E North Ave.

To Warner & Blake via M & O R.R.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 4994

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 4994

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3447 Roland Ave. St.; 13 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Melvin A. Kopp

(Residence in Baltimore: No. 3447 Roland Ave. St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, December (Month) 31 (Day) 1896 (Year)

7-AGE, 20 yrs. 4 mos. 4 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Mill Hand,
(b) General nature of industry, business, or establishment in which employed (or employer): Spinner of cotton yarn

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER, George W. Kopp

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Annie M. Fuhrman

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie M. KOPP

(Address) 3447 Roland Ave,

15- Filed MAY 5 - 1917, 191.

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 3 1916, to May 4 1917, that I saw h[illegible] alive on May 4 1917, and that death occurred, on the date stated above, at 1045 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

May 5, 1917. (Address) 865 W. 36th

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St, Mary,s Cemetry H. DATE OF BURIAL, May 7th., 1917

20-UNDERTAKER A.S.Marshall ADDRESS 3539 Falls Road

Spec.—8-24-14—M. & T.—2000 Bks.

D 4995

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

D 4995

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 605 N. Collington Ave ST.; (WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Wakefield

(Residence in Baltimore: No. 605 N. Collington Ave St.; 25 yrs., 2 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	white	Single

6-DATE OF BIRTH. Feb 12, 1892 (Month) (Day) (Year)

7-AGE. 25 yrs. 2 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Chocolate
(b) General nature of industry, business, or establishment in which employed (or employer). Upper 6th

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Chas Wakefield

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER. Louisa Stein

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Wakefield

(Address) 605 N. Collington

15-

Filed MAY 5 1917 191.... HARRY C. ANDREWS Registrar.

Burial Permit Issued

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 2 (Month) May 3 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from April 27 1917, to May 3 1917, that I saw h[illegible] alive on May 3 1917 and that death occurred, on the date stated above, at 1030 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

(Signed) W. J. Peaut M. D.

May 5, 191.. (Address) 2048 Eden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Oak Lawn — DATE OF BURIAL. May 6 191.7

20-UNDERTAKER Philip Herring — ADDRESS 2016 Orleans St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 4996 — 120 — D 4996

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3039 Brighton St. ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles F. Hopkins

(Residence in Baltimore: No. 3039 Brighton St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, July (Month) 29 (Day), 1849 (Year)

7-AGE, 67 yrs. 9 mos. 4 ds. — If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ship Joiner
(b) General nature of industry, business, or establishment in which employed (or employer): 015

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, James Hopkins

11-BIRTHPLACE OF FATHER (State or Country), Balto. City

12-MAIDEN NAME OF MOTHER Margaret Inloes

13-BIRTHPLACE OF MOTHER (State or Country), Balto. City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Hopkins

(Address) 3039 Brighton St.

15- Filed MAY 5 - 1917, 191.... MARY C. ARNOLD Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 3 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 2 1916, to May 3 - 1917, that I saw him alive on About May 1 1917, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows: Chronic Nephritis uraemia

Several years standing

(Duration) ...yrs...mos...ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) ...yrs. 3 mos...ds.

(Signed) Wesley Cole M. D.

May 4, 1917. (Address) 720 Gittings

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Loudon Park Cem.	May 6, 1917
20-UNDERTAKER	ADDRESS
Wm. C. Black,	927 N. Broadway

important. See instructions on back of certificate.

over

Spec.—8-24-14—M. & T.—2000 Blks.

D 4997

HEALTH DEPARTMENT—CITY OF BALTIMORE

152

D 4997

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 N Fayette St. 20 ST.; ..... WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Harbaugh

(Residence in Baltimore: No. 405 N Fayette St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Single

6-DATE OF BIRTH, May (Month) 3 (Day), 1917 (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 8 hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Ernest Harbaugh

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Margaret Flemen

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS ~~TRUE~~ TO THE BEST OF MY KNOWLEDGE.

(Informant) Ernest Harbaugh

(Address) 405 N. Fayette St

15. Filed MAY 5 - 1917, 191... HARRY C. ANDREWS Clerk. Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 3 (Day), 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 3 191, to May 3 191, that I saw h... alive on May 3 191, and that death occurred, on the date stated above, at 10.0 m.

The CAUSE OF DEATH* was as follows:

Prematurity

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Congenital Atelectasis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. V. Cowdrey M. D.

....., 191... (Address) 24 N Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, St Peters Cemetery

DATE OF BURIAL, May 5, 191...

20-UNDERTAKER, Geo A Foley Sons

ADDRESS Fulton & Fayette

important. See instructions on back of certificate.

D 4998

HEALTH DEPARTMENT—CITY OF BALTIMORE

91

CERTIFICATE OF DEATH.

D 4998

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 16 S. Carlton ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grace E. Campbell

(Residence in Baltimore: No. 16 S Carlton St.; yrs., 4 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	Colored	Single

6-DATE OF BIRTH, June (Month) 1 (Day) 1917 (Year)

7-AGE,	If LESS than 1 day,
yrs. 4 mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Edward P. Campbell

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Mary F. R. Wirth

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rodie Campbell

(Address) 16 S. Carlton

15- MAY 5 - 1917

Filed....., 191.... HARRY C. ARCHER Registrar of Vital Statistics

CAUSE OF DEATH in plain terms, so that it may be properly classified. Fill out all items. Every item is important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Puerperal Hemorrhage

(Duration) ....yrs. 4 mos. ....ds.

(Signed) James M. Faulton M. D. (Coroner.)

May 4, 191 7 (Address) 720 E. Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Peters Cemetery	May 5, 1917

20-UNDERTAKER	ADDRESS
John J. Conan	70 Hollins

D 4999

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH — Registered No. C 30

CITY OF BALTIMORE (No. 1904 Elm St.) (Ward 13)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Michael Abbott Welsh

(Residence in Baltimore: No. 1904 Elm St.: 1 yrs. 1 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Infant.

6 DATE OF BIRTH: March (Month) 9 (Day), 1916 (Year)

7 AGE: 1 yrs. 1 mos. 25 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore City

PARENTS

10 NAME OF FATHER: William Michael Welsh

11 BIRTHPLACE OF FATHER (State or country): Baltimore City

12 MAIDEN NAME OF MOTHER: Mary Baxter

13 BIRTHPLACE OF MOTHER (State or country): Baltimore City

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Welsh

(Address) 1904 Elm Place

15 Filed MAY 5 - 1917 MARRY C. ANDREWS Burial Permit Clerk REGISTRAR

N. B.—Every item must be answered. Do not state that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 4 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 12, 1917, to May 4 1917.

that I saw him alive on May 4th 1917.

and that death occurred on the date stated above, at 10 p m.

The CAUSE OF DEATH* was as follows:

~~Cerebro Spinal~~ Meningitis
(Probably Tubercular)

(Duration) ..... yrs. ..... mos. 9 ds

Contributory (SECONDARY) Measles + Bronchopneumonia

(Duration) ..... yrs. ..... mos. 14 ds.

(Signed) J. W. Keown M. D.

May 5, 1917 (Address) 1938 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St Peters — DATE OF BURIAL: May 6 1917

20 UNDERTAKER: Lowe Cook — ADDRESS: 502 E Fait

D 5000

HEALTH DEPARTMENT--CITY OF BALTIMORE 28

D 5000

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 3130 Strickland St 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Justine Hill

(Residence in Baltimore: No. 3130 Strickland St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE, MARRIED WIDOWED OR DIVORCED~~ (Write the word): Married

6 DATE OF BIRTH: Jan 8, 1876 (Month) (Day) (Year)

7 AGE: 41 yrs. 3 mos. 26 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): Nom 039

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: W Hantsch

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: M Schaffer

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo Hill

(Address) 3130 Strickland St

15 Filed MAY 5 - 1917 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

N. B.—Every item of information must be given, so that it may be properly classified. Exact statement of OCCUPATION state CAUSE OF DEATH in plain terms, so that it may be prop is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May 4, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 17, 1917, to May 4 1917, that I saw h[illegible] alive on May 4, 1917, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds

Contributory (SECONDARY) Cardiac asthma

(Duration) yrs. ..... mos. ds.

(Signed) Marshall B West M. D

May 5, 1917 (Address) Catonsville Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Salem Lutheran Catonsville — DATE OF BURIAL: May 7, 1917

20 UNDERTAKER: Henry V Ecker — ADDRESS: 944 N Gay St

Spec.—8-24-14—M. & T.—2000 Bks.

D 5001 64 D 5001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 718 N. Arlington ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Harider Hauck

(Residence in Baltimore: No. 718 N. Arlington ave St.; 72 yrs., 5 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov 22, 1844
(Month) (Day) (Year)

7-AGE, 72 yrs. 5 mos. 12 ds. If LESS than 1 day, ...hrs. or.....mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Insurance
(b) General nature of industry, business, or establishment in which employed (or employer)..... Agent 086

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James E. Hauck

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Guilelma Hauck

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) May Laud Hauck

(Address) 718 N. Arlington ave

15. Filed MAY 5 - 1917, 191. HARRY C. ANDREWS Burial Permit Clerk... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 4 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 3 1916, to May 4 1917, that I saw him alive on May 4 1917, and that death occurred, on the date stated above, at 11.40 a.m.

The CAUSE OF DEATH* was as follows:

Senile Arterio sclerosis

(Duration) 1 yrs. 4 mos. ... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ... yrs. ... mos. ... ds.

(Signed) Mary E Ottie M. D.

May 7, 1917. (Address) 1203 W. Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cemetery — DATE OF BURIAL, May 7th, 1917

20-UNDERTAKER John O. Mitchell — ADDRESS 1201 W. Fayette

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1382 N Woodyear ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wallace Boswell

(Residence in Baltimore: No. 1382 N Woodyear St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1907 (Year)

7-AGE, 10 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Schoolboy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wallace Boswell

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Harrietta Jones

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harrietta Jones

(Address) 1382 N Woodyear St

15-
Filed MAY 5 - 1917 191
HARRY C. ANDREWS
Registrar
Burial Permit Issued

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 3rd (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 191, to 191, that I saw h alive on 191, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Unknown

Autopsy findings not returned

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Not reported) Over

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

191, (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, May 6, 1917

20-UNDERTAKER James H. Dennis

ADDRESS 1303 Pennsylvania Ave

Spec.—8-24-14—M. & T.—2000 Blks.

B 5003

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5003

150

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 727 Forrest ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Robert E Armstrong

(Residence in Baltimore: No. 727 Forrest St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May 3, 1917
(Month) (Day) (Year)

7-AGE, ... yrs. ... mos. ... ds.

If LESS than 1 day, 5 hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Robt. M. Armstrong

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Elvira Fowler

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt. M. Armstrong

(Address) 727 Forrest St.

15- MAY 5 - 1917 Filed ... 191... HARRY C. ANDREWS Registrar.

BURIAL PERMIT GIVEN

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 3, 1917
May 3 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 3 1917, to May 3 1917, that I saw him alive on May 3 1917, and that death occurred, on the date stated above, at 7 1/4 P m.

The CAUSE OF DEATH* was as follows:

Apparent Weak Heart

(Duration) ... yrs. ... mos. 5 hrs. ... ds.

CONTRIBUTORY (Secondary) Weak Heart

(Duration) ... yrs. ... mos. 5 hrs. ... ds.

(Signed) D. R. McKennard M. D.

May 3, 1917. (Address) 708 Mason St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, May 6 1917

20-UNDERTAKER Mrs. R. A. Elliott — ADDRESS 506 East St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5004 — 64 — D 5004

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1843 Lemmon ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Perry Dixon

(Residence in Baltimore: No. 1843 Lemmon St.; ~~yrs.~~ mos. ds.)

50 yrs in City.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Married

6-DATE OF BIRTH, April (Month) 19 (Day), 1834 (Year)

7-AGE,	If LESS than 1 day,
82 yrs. — mos. 15 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Drayman
(b) General nature of industry, business, or establishment in which employed (or employer): 123

9-BIRTHPLACE, (State or Country), Chestertown Md

PARENTS.

10-NAME OF FATHER, Benjamin Dixon

11-BIRTHPLACE OF FATHER (State or Country), Chestertown Md

12-MAIDEN NAME OF MOTHER Sallie —

13-BIRTHPLACE OF MOTHER (State or Country), Chestertown Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary L. Dixon

(Address) 1843 Lemmon St.

15- Filed MAY 5 1917 191.... HARRY C. ANDREWS Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 15 1916, to May 4 1917, that I saw h[illegible] alive on May 4 1917, and that death occurred, on the date stated above, at 8.45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage Right Side

Brain (Duration) yrs. 4 mos. 19 ds.

CONTRIBUTORY (Secondary) Age.

(Duration) yrs. mos. ds.

(Signed) Wm H Wright M. D.

May 5, 1917. (Address) 1209 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....moe....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	May 8 191 7
20-UNDERTAKER	ADDRESS
Edward Ringgold	1407 Mary

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5005

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 D 5005

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 Ford ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Brooks

(Residence in Baltimore: No. 606 Ford ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May 2nd, 1917
(Month) (Day) (Year)

7-AGE, 7 Months 2 ds. yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.†

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer) ooo

9-BIRTHPLACE, (State or Country), 606 Ford ave

PARENTS.

10-NAME OF FATHER, Ernest Brooks

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Lottie Owens

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lottie Brooks

(Address) 606 Ford ave

15- MAY 5 - 1917 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

CAUSE OF DEATH. See instructions on back of certificate. important.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 4th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2nd 1917, to May 4th 1917, that I saw h— alive on May 3rd 1917, and that death occurred, on the date stated above, at 4 A.M. m.

The CAUSE OF DEATH* was as follows:

Convulsions

Duration ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

Duration ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

May 5th 191 7 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Zion — DATE OF BURIAL, May 5, 1917

20-UNDERTAKER Edward Ruppold — ADDRESS 1837 Bway

Spec.—8-24-14—M. & T.—2000 Bks.

D 5906

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5906

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 160 N. Gay ST.; 4 WARD) REGISTERED NO. C

2-FULL NAME Chas. Kellard

(Residence in Baltimore: No. 160 N Gay St.; yrs., 4 mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) single

6-DATE OF BIRTH, April 11, 1832 (Month) (Day) (Year)

7-AGE, 85 yrs. ~~11~~ mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Iron Worker
(b) General nature of industry, business, or establishment in which employed (or employer): Ret

9-BIRTHPLACE, (State or Country), Long Island N.Y.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Killiges

(Address) 160 N. Gay St.

15- MAY 5 - 1917 HARRY C. ANDREWS

Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 29 1917, to April 3rd 1917, that I saw him alive on April 3rd 1917, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

(a) Pneumonia (Lobar)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Old age (Senile debility)

(Duration) 5 yrs. mos. ds.

(Signed) F. J. Siebold M. D.

May 3rd, 1917. (Address) 1601 Aisquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. National Cem. DATE OF BURIAL. May 7th, 1917.

20-UNDERTAKER Chas. W. Dill ADDRESS 3189 Frank. Ave.

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5007 — 151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 23 S Stricker ST.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Geo R & Mary E Colliflower

(Residence in Baltimore: No. 23 S Stricker St.; yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) 5 (Day), 1917 (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or 15 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Geo R Colliflower

11-BIRTHPLACE OF FATHER (State or Country), Penn

12-MAIDEN NAME OF MOTHER Mary E Stedman

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo R Colliflower

(Address) 23 S Stricker St.

15- Filed MAY 5 - 1917, 191... HARRY C. ANDREWS Burial Permit Clerk (Registrar)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 5 1917, to May 5 1917, that I saw h.. alive on May 5 1917, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Premature birth about 5½ months

Pregnancy Hand presenting Scanty liquor amnii

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Joseph E. Myers M. D.

May 5 1917 (Address) 1520 Hollins st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, MAY 5 1917
20-UNDERTAKER	ADDRESS

Commissioner Health.

per Wm. T. WOODALL

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5008

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5008

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. N. Broadway ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Louise Hambleton

(Residence in Baltimore: No. Lutherville, Baltimore Co. ST.; yrs. mos. 3 ds.)

In Hospital

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Sept. 6 (Month) (Day), 1914 (Year)

7-AGE, 2 yrs. 8 mos. 29 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thomas Edward Hambleton

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Adele McGaheran.

13-BIRTHPLACE OF MOTHER (State or Country), N. G.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Batchelor

(Address) J. H. Hosp.

15- Filed MAY 5 1917, 191... HARRY O. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 5 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 3 191 7, to May 5 191 7, that I saw h.... alive on May 191 7 and that death occurred, on the date stated above, at 2.30 p m.

The CAUSE OF DEATH* was as follows:

Cirrhosis Disease

(Duration) 2 yrs. mos. 2 9 ds.

CONTRIBUTORY (Secondary) Respiratory Failure

(Duration) yrs. mos. ds.

(Signed) Geo. Batchelor M. D.

May 5, 191 7 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? at birth in home

Former or usual residence Lutherville Md

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, 5-6, 1917

20-UNDERTAKER Henry Wenkins Sons Co ADDRESS Orchard & McCulloh Sts

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Eks.

D 5009

HEALTH DEPARTMENT—CITY OF BALTIMORE

35

D 5009

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2820 ~~Harlem~~ W. Lanvale St.; ~~Ward~~ Ward)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm H. Tice

(Residence in Baltimore: No. 2820 W. Lanvale St.; 42 yrs., 8 mos., 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Aug 15, 1874 (Month) (Day) (Year)

7-AGE. 42 yrs. 8 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Teamster on
(b) General nature of industry, business, or establishment in which employed (or employer). City Work for

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. Louis H. Tice

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md.

12-MAIDEN NAME OF MOTHER. Mary J. Pease

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. H. Tice

(Address) 2820 W. Lanvale St.

15-

Filed MAY 5 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 4, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 3 1917, to May 4 1917, that I saw him alive on May 2. 1917, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis General

(Duration) 2 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) yrs. 2 mos. ds.

(Signed) George C. Shannon M. D.

May 4., 1917 (Address) 702 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, May 7, 1917.

20-UNDERTAKER F. B. Redpath

ADDRESS 738 Fremont Ave

important. See instructions on back of certificate.

D 5010

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 5010

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2519 E. Fayette St. WARD) 6

REGISTERED No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Christian Krug

(Residence in Baltimore: No. 2519 E. Fayette St. Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-~~SINGLE~~, MARRIED, ~~WIDOWED~~ OR DIVORCED (Write the word)
Male	White	married

6-DATE OF BIRTH October 31, 1883
(Month) (Day) (Year)

7-AGE 33 yrs. 6 mos. 4 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Restaurant Proprietor
(b) General nature of industry, business, or establishment in which employed (or employer) 1043

9-BIRTHPLACE (State or country) Baltimore Md.

PARENTS

10-NAME OF FATHER Matthew Krug

11-BIRTHPLACE OF FATHER (State or country) Unknown

12-MAIDEN NAME OF MOTHER Katherine Sendebeck

13-BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bertie Krug (wife)

(Address) 2519 E. Fayette St.

15. Filed MAY 5 - 1917, 19 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May 4th, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1916, to May 4 1917, that I saw h[illegible] alive on May 4, 1917, and that death occurred, on the date stated above, at 4:15 P.m.
The CAUSE OF DEATH* was as follows:

Mitral insufficiency and
Hypertrophy of the Heart

(Duration) 2 yrs. mos. ds

Contributory (SECONDARY) Intestinal Nephritis - Uremia

(Duration) 7 yrs. mos. ds.

(Signed) Chas Bullens M. D.

May 5, 1917 (Address) 6 N. Howard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Baltimore Cemetery — DATE OF BURIAL May 6 1917

20-UNDERTAKER H E Hughes — ADDRESS 17 E Broadway

N. B.—Every question must be answered, and the space must not be left blank. If the information required cannot be obtained, the reason must be stated. Exact statement of OCCUPATION may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5011

D ~~5011~~

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

103

D 5011

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1071 Argyle Ave ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A Baker

(Residence in Baltimore: No. 1071 Argyle Ave St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: Unknown (Month) (Day), 1853 (Year)

7 AGE: 64 yrs. mos. ds.

If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: James Young

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Tamar Stewart

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bell Baker

(Address) 1071 Argyle Ave

15 Filed MAY 6 - 1917 by HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 3 (Day), 1917 (Year).

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1917, to May 3 1917.

that I saw her alive on May 2, 1917.

and that death occurred, on the date stated above, at 10 15 A m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(Duration) yrs. mos. 3 ds

Contributory (SECONDARY) Acute Indigestion

(Duration) yrs. mos. 3 ds.

(Signed) Edw. V Fitzgerald M. D.

5/3, 1917 (Address) 1118 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: May 6, 1917

20 UNDERTAKER: Samuel Wesley — ADDRESS: 578 W Fredk

N. B.—EVERY ITEM must be answered in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FILM

Spec.—5-19-13—M. & T.—500 Bks.

9 D 5012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 5012

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 h Carey ST.; 18 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harvey M. Briggs

(Residence in Baltimore: No. 17 N Carey St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, June (Month) 20 (Day) 1876 (Year)

7-AGE	If LESS than 1 day, ...hrs. or....min.?
40 yrs. 10 mos. 15 ds.	

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Foreman
(b) General nature of industry, business, or establishment in which employed (or employer): Oil

9-BIRTHPLACE, (State or Country), East Hopewell York Co Pa

PARENTS.

10-NAME OF FATHER, Daniel Briggs

11-BIRTHPLACE OF FATHER (State or Country) East Hopewell York Co Pa

12-MAIDEN NAME OF MOTHER Amnatia Stone

13-BIRTHPLACE OF MOTHER (State or Country), Baltic Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J T Briggs

(Address) Red Lion Pa

15- Filed MAY 6 - 1917 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

Important. See instructions on back of Certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 5 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1st 1917, to May 5 1917, that I saw h in alive on May 5 1917, and that death occurred, on the date stated above, at 6.2½ p.m.

The CAUSE OF DEATH* was as follows:

Septicemia

Cerebral Hem (Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary), Bronchitis (Duration) yrs. mos. 7 ds.

(Signed) T. H. Phillips M. D.

....., 191... (Address) 1701 Hollins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, May 8 191...7

20-UNDERTAKER Kirkwood Burke ADDRESS 1728 Calhoun

over

Spec.—8-24-14—M. & T.—2000 Bks.

9 5013

HEALTH DEPARTMENT—CITY OF BALTIMORE

9 5013

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 N. Hill Street 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Grossman

(Residence in Baltimore: No. 25 N. Hill Street - St.: 11 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	white	Married

6-DATE OF BIRTH. ..... March ....., 1 .....
(Month) (Day) (Year)

7-AGE. 70 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sexton
(b) General nature of industry, business, or establishment in which employed (or employer): Congregation

9-BIRTHPLACE. (State or Country). Russia

PARENTS.

10-NAME OF FATHER. Jacob Grossman

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Ida Kann

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lewis

(Address) 1411 E. Baltimore

15- Filed MAY 6 - 1917, 191.....

HARRY C. ANDREWS
Burial Permit Officer
Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. ..... 5 ..... (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 15 1917, to May 5 1917, that I saw him alive on May 5 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic Interstitial Nephritis

..... (Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia

..... (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) P. Chase Smith M. D.

May 5, 1917. (Address) 817 Park ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Hebrew Washington Cd

DATE OF BURIAL. 5/6, 1917

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E. Balt

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

9

5014

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5014

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew aged Home St.; 3 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Glaser

(Residence in Baltimore: No. 115 Augusta St.; 26 yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, (Month) November, (Day) ....., 1847. (Year)

7-AGE, 70 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Expressman
(b) General nature of industry, business, or establishment in which employed (or employer) 023

9-BIRTHPLACE, (State or Country). Russia

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jews

(Address) 1411 E. Biddle

15- MAY 6 - 1917

Filed....., 191.... HARRY C. ANDREWS

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) May (Day) 5, (Year) 1917.

17- I HEREBY CERTIFY, That I attended deceased from June 191?, to May 5 191?, that I saw him alive on May 5 191?, and that death occurred, on the date stated above, at 5.30 p.m.

The CAUSE OF DEATH* was as follows:

(a) Gastric Carcinoma (Clinical)

(Duration) yrs. 10 mos. da.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) 2 yrs. mos. da.

(Signed) W. F. Baughman M. D.

5/5-17 191... (Address) 212 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death 3 yrs. mos. 7 ds. In the State 26 yrs. mos. ds.

Where was disease contracted, if not at place of death? Hebrew Aged Home

Former or usual residence Hebrew Aged Home

19-PLACE OF BURIAL OR REMOVAL, Hebrew Union Rm

DATE OF BURIAL, 5/6....., 191.7

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E Biddle St

Important. See instructions on back of Certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 5015 HEALTH DEPARTMENT—CITY OF BALTIMORE D 5015

CERTIFICATE OF DEATH.

REGISTERED NO. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Lipsitz

(Residence in Baltimore: No. 2008 E. Fayette St.; 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1872 (Year)

7-AGE, 45 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 03

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Harris Miller

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E. Baltimore St.

15- MAY 6 - 1917 Filed 191 HARRY O. ANDREAE Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 26 1917, to May 5 1917, that I saw h[illegible] alive on May 5 1917, and that death occurred, on the date stated above, at 5.45 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(Duration) 7 yrs. 3 mos. ds.

(Signed) Israel Strauss M. D.

May 6, 1917. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 9 ds. In the State 15 yrs. mos. ds.

Where was disease contracted, if not at place of death? — —

Former or usual residence 2008 E. Fayette St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Rosedale	5/6, 191[illegible]
20-UNDERTAKER Jack Lewis	ADDRESS 411 E. Balt St

Important. See instructions on back of Certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5016

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 5016

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1947 Penna Av St. 14 WARD)

REGISTERED No. C.....

(If death occurred in a Hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Blum

(Residence in Baltimore: No. 1947 Penna Ave St.; 31 yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Unknown ..... (Month) ....., 1 ..... (Day) (Year)

7-AGE, 75 75 yrs. ... mos. ... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Blum

(Address) 1947 Penna Ave

15-

Filed MAY 5 - 1917 191... HARRY C. AMOREL
Burial Permit Clerk
Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1917, to May 3 1917, that I saw h.. alive on May 3 1917, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

May or may not be due to
Arteriosclerosis

(Duration) ? yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Heart block - Syncope

(Duration) ... yrs. ... mos. 5 ds.

(Signed) Frank R Smith M. D.

..., 191... (Address) 1126 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1947 Penna Ave

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington Rd — DATE OF BURIAL, May 6, 191.7

20-UNDERTAKER S. Levinson & Bro — ADDRESS 1107 E Baltimore St

D 5017

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 5017

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 331 Pierce ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Lee

(Residence in Baltimore: No. 331 Pierce St., yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col	Single

6-DATE OF BIRTH, Unknown (Month), 1 (Day), ... (Year)

7-AGE	If LESS than 1 day,
62 yrs. ..... mos. ..... ds.	..... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): (W)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Salomon Lee

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Harriett Brown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fleet Lee

(Address) 331 Pierce St

15-

Filed MAY 6 - 1917, 191..... HARRY C. ANDREWS Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert D. Procell M. D.

(Coroner)

May 5, 1917. (Address) 512 Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
W Arlington	May 6, 1917

20-UNDERTAKER Harris & Wright ADDRESS 1641 Park Ave

CAUSE OF DEATH must be plainly written, and all questions answered if possible. Important. See instructions on back of certificate.

D 5018

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5018

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 306 S Durham ST.: 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Ulrich

(Residence in Baltimore: No. 306 S Durham St.: 39 yrs., 4 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Dec 6, 1877
(Month) (Day) (Year)

7-AGE, 39 yrs. 4 mos. 27 ds. If LESS than 1 day, ...hrs. or.....mts.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bottler at
(b) General nature of industry, business, or establishment in which employed (or employer): Mon Brew Co

390

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, John Ulrich

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Heiner

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Barbara Ulrich

(Address) 306 S Durham St

15- Filed MAY 6 - 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 3, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Medicata (Inquest, autopsy or inquiry.) find that said deceased came to d...death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Thurs Ryan Dunk M. D.
(Coroner)

May 3, 191 7 (Address) 16 E Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Carmel	May 6, 1917
20-UNDERTAKER	ADDRESS
Peter Nicolaus	2046 Eastern

Spec.—8-24-14—M. & T.—2000 Bks.

D 5019

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 5019

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 617 N. Washington ST.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adam M. Bock

(Residence in Baltimore: No. 617 N. Washington St.; 48 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept. 29 (Month) (Day), 1833 (Year)

7-AGE, 83 yrs. 7 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Mattaus Bock

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Appolonia Jann

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Mary B. Bock

(Address). 617 N. Washington St.

15-

Filed MAY 6 - 1917 191 HARRY C. ANDREWS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 4th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 13th, 1917 to May 4th, 1917, that I saw h m alive on May 4th, 1917, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

X Senile Debility

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia

(Duration) yrs. mos. 2 ds.

(Signed) Wyatt A. Wiley M. D.

May 5th, 1917. (Address) 1031 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Holy Redeemer — DATE OF BURIAL, May 7, 1917

20-UNDERTAKER J. R. F. Ider — ADDRESS 156 N. Luzerne ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 5020

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5020

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1834 N. Chester st. ST.; 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret L Haven

(Residence in Baltimore: No. 1834 N. Chester st. St.; Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Single

6-DATE OF BIRTH, August 20th, 1916
(Month) (Day) (Year)

7-AGE, yrs. 8 mos. 14 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Haven

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Leonora Bunch

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Haven

(Address) 1834 N. Chester st

15-

MAY 6 1917 191 HARRY O. ANDREWS
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 4, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April-15 1917, to May 4 1917, that I saw her alive on May 3 1917, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Elmer G. Hall M. D.

May 5, 1917. (Address) 1617 E. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery

DATE OF BURIAL, May 6, 1917.

20-UNDERTAKER George J. Ruth

ADDRESS 1735 Hanford Ave.

important. See instructions on back of certificate.

D 5021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 D 5021

REGISTERED No. C

1-PLACE OF DEATH: BIEDLER & SELLMAN SANATORIUM
BALTIMORE, MD.

CITY OF BALTIMORE (No. ... St.: 9 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillie A. Hoffmann

(Residence in Baltimore: No. 726 East Twenty first St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
female	white	married

6-DATE OF BIRTH: Feb. 2 (Month) (Day), 1877 (Year)

7-AGE: 40 yrs. 2 mos. 7 ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Jacob H. Hess
11-BIRTHPLACE OF FATHER (State or country): Maryland
12-MAIDEN NAME OF MOTHER: Mary E. Preston
13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W F Hoffmann
(Address) 726 E. 21st St

15.
Filed MAY 6 - 1917 MACRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 5 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 10, 1917, to May 5 1917.
that I saw h.er alive on May 4 1917.
and that death occurred, on the date stated above, at 5 a. m.
The CAUSE OF DEATH* was as follows:
pulmonary embolism. Hysterectomy
for removal of fibroid tumor
Contributory (SECONDARY) fibroid tumor (Duration) ... yrs. ... mos. ... ds
(Duration) ... yrs. ... mos. ... ds.

(Signed) W. F. B. Sellman M. D.
May 5, 1917. (Address) 5 E Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ... yrs. ... mos. 18 ds. In the State Life ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence 726 E. 21st St Baltimore

19-PLACE OF BURIAL OR REMOVAL: Goodwill Cem. Fallston — DATE OF BURIAL: May 8, 1917

20-UNDERTAKER: Wm. Cook — ADDRESS 502 E. North Ave

NOTE—State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—3-24-14—M. & T.—2000 Blks.

D 5022

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 5022

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1406 Lugerne ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christiah E Howe

(Residence in Baltimore: No. 1406 Lugerne St. 42 yrs. ..... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 25, 1857 (Month) (Day) (Year)

7-AGE, 62 yrs. 11 mos. 6 da.

If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Night Watchman Die
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Boyle Lum Co

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, James Howe

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary E. Howe

(Address) 1406 Lugerne

15- MAY 6 - 1917 Filed ....., 191.... MARY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 4, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 30 1917, to May 4 1917, that I saw him alive on May 3rd 1917, and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage -

(Duration) ..... yrs. ..... mos. 4 da.

CONTRIBUTORY (Secondary) Senerol Arteria Sclerosis

(Duration) ..... yrs. ..... mos. don't Know da.

(Signed) H. Carroll Lockard M. D.

May 4, 1917. (Address) 4 E Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, May 6, 1917

20-UNDERTAKER Robt E Turner ADDRESS 1742 N Broadway

Important. See instructions on back of this sheet.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5023

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 5023

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 N. Linwood ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie M. Bandel

(Residence in Baltimore: No. 823 N. Linwood ave ST.)

51 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Jan. (Month) 27 (Day), 1866 (Year)

7-AGE, 51 yrs. 3 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. md.

PARENTS.

10-NAME OF FATHER, John Baierlipp

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Kellner

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Geo. H. Bandell

(Address) 823 N. Linwood Ave.

15- MAY 6 - 1917 Filed....., 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

Important. See instructions for Filling out Certificate

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 5-10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 12th 1917, to May 5th 1917, that I saw her alive on May 4th 1917, and that death occurred, on the date stated above, at 5:50 m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
Chronic Nephritis
Uraemia

(Duration).....yrs. Dont know.

CONTRIBUTORY (Secondary) Myocarditis & Uraemia

(Duration).....yrs. Dont know mos. ds.

(Signed) Wm F Eveleigh M. D.

May 5th 1917. (Address) 1 E Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, May 7th, 191.7

20-UNDERTAKER Henry Horsch Sons

ADDRESS 1801 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5021

CERTIFICATE OF DEATH.

92 D 5021

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1612 Miller ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Polak

(Residence in Baltimore: No. 1612 Miller St. 12 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March 22nd, 1874.
(Month) (Day) (Year)

7-AGE. 43 yrs. 1 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor (Mens)
(b) General nature of industry, business, or establishment in which employed (or employer): Wholesale Clothing House

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Joseph Polak

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Mary Kruckye

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. Anna Polak
(Address) 1612 Miller st.

15-
Filed MAY 6 1917, 191.... HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 3rd, 1917.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 3rd, 1917, to May 3rd, 1917, that I saw him alive on May 3rd, 1917, and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ... yrs. ... mos. 5 ds.

(Signed) Giles H. A. Wiegert M. D.

May 4th, 191.7. (Address) 1031 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, May 7th 191.7

20-UNDERTAKER Frank Grecht Son — ADDRESS 1906 Eden Road

Important. See instructions on back of Certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5025 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 5025

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital St. [illegible] WARD) REGISTERED No. C

2-FULL NAME Vincent F. Worrel

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 322 S Hanover St St.; — yrs., 5 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. Oct (Month) 25 (Day), 1913 (Year)

7-AGE. 3 yrs. 6 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 00

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Jessie F Worrel

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Ethel Waller

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jessie F Worrel

(Address) 322 S Hanover St

15-
Filed MAY 6 - 1917, 191.... HARRY C. ANGELRODT Registrar.
Burial Permit Clerk

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2nd 191 7, to May 5 191 7, that I saw him alive on May 5th 191 7, and that death occurred, on the date stated above, at 12 20 P m.

The CAUSE OF DEATH* was as follows:

Bronchio pneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Measles

(Duration) ....yrs. ....mos. 3 ds.

(Signed) C. C. C. Waldo M. D.

5/5, 191 7 (Address) Md Gen Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 322 S Hanover St

Former or usual residence 322 S. Hanover St.

19-PLACE OF BURIAL OR REMOVAL, CEDAR HILL. DATE OF BURIAL, MAY 6 1917

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5026 D 5026

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2624 Bernard St.; 17 WARD) REGISTERED No. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen R. Ensor

(Residence in Baltimore: No. 2624 Bernard St. St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, June (Month) 20th (Day), 1914. (Year)

7-AGE, 2 yrs. 10 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City Md

PARENTS.

10-NAME OF FATHER, Isaac Ensor

11-BIRTHPLACE OF FATHER (State or Country), Balto Co Md

12-MAIDEN NAME OF MOTHER Maggie E Ensor

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isaac Ensor

(Address) 2624 Bernard St

15-

Filed MAY 6 - 1917, 191 HARRY C. AMORLY
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 4th (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1917, to May 4th 1917, that I saw h[illegible] alive on May 4th 1917, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Measles (Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia (Duration) yrs. mos. 4 ds.

(Signed) M. H. Face M. D.

May 5, 1917. (Address) 12 E 25th

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Westview Cemetery Perkton Md — DATE OF BURIAL, May 6, 1917

20-UNDERTAKER E. L. Roy Stiffler — ADDRESS 844 N 36th St

D 5027

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 D 5027

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 414 E. 31 - 00 " ST. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Samuel R. McLeane

(Residence in Baltimore: No. 414 E. 31 St. ; St., 91 yrs. 5 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~SINGLE~~, ~~MARRIED~~, WIDOWED OR DIVORCED (Write the word): widowed

6 DATE OF BIRTH: Dec 2, 1825 (Month) (Day) (Year)

7 AGE: 91 yrs. 5 mos. 3 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: retired
(b) General nature of industry, business, or establishment in which employed (or employer): Lumber Merchant

9 BIRTHPLACE (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm. G. White

(Address) 2108 St Paul St

15 Filed MAY 6 - 1917, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May 5, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Apr 10, 1917, to May 3rd 1917, that I saw h— alive on May 3rd, 1917, and that death occurred, on the date stated above, at 2.50 m.

The CAUSE OF DEATH* was as follows:

1 Bronchs. Pneumonia

(Duration) ..... yrs. ..... mos. 25 ds

* Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H J Stricker Jr M. D.

May 5, 1917 (Address) 632 Gorsuch ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Green Mount — DATE OF BURIAL: May 7, 1917

20 UNDERTAKER: John O. Mitchell — ADDRESS: 1200 W. Fayette

Exact statement of OCCUPATION is very important. See instructions on back of certificate.

State CAUSE OF DEATH in plain terms, so that it may be properly classified.

5

D 5028

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 5028

32

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 527 N. Decker Av. St., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Josephine Koenig

(Residence in Baltimore: No. 527 N. Decker Av. St., Life mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): single

6-DATE OF BIRTH: March (Month) 19 (Day), 1917 (Year)

7-AGE: — yrs. 1 m. 15 d. | If LESS than 1 day, ... hrs., ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): 527 N. Decker Av. Baltimore Md.

PARENTS

10-NAME OF FATHER: Geo Koenig

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Josephine Wagner

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. Koenig

(Address) 527 N. Decker Av.

15-

Filed MAY 6 - 1917 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 4th (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 22d, 1917, to, May 4th 1917, that I saw her alive on May 4th 1917, and that death occurred, on the date stated above, at 9.20 p.m.

The CAUSE OF DEATH* was as follows:

General Sepsis due to two psoas abscesses on front Lip.

(Duration) ..... yrs ..... mos. 12 ds.

(Contributory (SECONDARY) .....

(Duration) ..... yrs ..... mos. ..... ds.

(Signed) Geo. Seymour M.D. M. D.

May 5th, 1917. [Address 1528 E. Monument St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: May 7 1917

20-UNDERTAKER: Wendell Offutt — ADDRESS: 3[illegible] Mon

TION is very important. See instructions on back of certificate.

D 5029

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

D 5029

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1401 Linden ave 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Hannie M. Hall

(Residence in Baltimore: No. 1401 Linden ave 36 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, ~~MARRIED~~ WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Oct (Month) 5 (Day), 1848 (Year)

7 AGE: 68 yrs. 7 mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Frederick Co Md

PARENTS

10 NAME OF FATHER: Nicholas Hall

11 BIRTHPLACE OF FATHER (State or country): Frederick Co Md

12 MAIDEN NAME OF MOTHER: Elizabeth Hammond

13 BIRTHPLACE OF MOTHER (State or country): Frederick Co Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Mary H. Hilmer

(Address) 1401 Linden Ave

15

Filed MAY 6 - 1917 19[illegible] HARRY C. ANDREWS Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 5 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 4 1917, to May 5 1917.
that I saw h[illegible] alive on May 5 1917.
and that death occurred, on the date stated above, at 10 45 a.m. p.m.
The CAUSE OF DEATH* was as follows:

Chronic Nephritis.

(Duration) ? yrs. mos. ds

Contributory (SECONDARY) acute Pneumonia

(Duration) yrs. mos. ds.

(Signed) Wm Buckler M. D.

5-6, 1917 (Address) 1309 Linden ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Centreville Md — DATE OF BURIAL: May 8 1917

20 UNDERTAKER: J & B Cook — ADDRESS: 1003 W Baltimore St

For Dr. Riley 412 Cathedral St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5030 × 109 D 5030

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Winfield S. Ellefelt

(Residence in Baltimore: No. University Hospital St.; ..... yrs., 1 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, May (Month) 4 (Day) 1852 (Year)

7-AGE.	If LESS than 1 day,
65 yrs. ..... mos. 1 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Own

9-BIRTHPLACE, (State or Country), W. Va.

PARENTS.

10-NAME OF FATHER, Wm C. Ellefelt

11-BIRTHPLACE OF FATHER (State or Country), W. Va.

12-MAIDEN NAME OF MOTHER Mary Dodson.

13-BIRTHPLACE OF MOTHER (State or Country), W. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hospital

(Address) Greenmount Ave & 22nd St

15- Filed MAY 6 - 1917 191.. HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 4 1917, to May 5 1917, that I saw him alive on May 5 1917, and that death occurred, on the date stated above, at 9:30 p m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Post Operative Pneumonia

(Duration) .....yrs. .....mos. 3 ds.

(Signed) C A Reynolds M. D.

5/5, 1917. (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 31 ds. In the State ..... yrs. ..... mos. 31 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Greenville W. Va

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenwood W Va	May 6, 1917.
20-UNDERTAKER	ADDRESS
J & I Block	1003 W Balto

IMPORTANT.—See instructions on back of Certificate.

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 30th DAY July OF 1964 THE MICROPHOTOGRAPHS APPEARING HEREIN STARTING WITH D 1561 (Reg JAN 2, 1917 - Reg MAY 6, 1917) AND ENDING WITH D-5030 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics AS DELIVERED IN THE REGULAR COURSE OF BUSINESS FOR PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC COPY.

CAMERA OPERATOR: L Pryor

END OF REEL